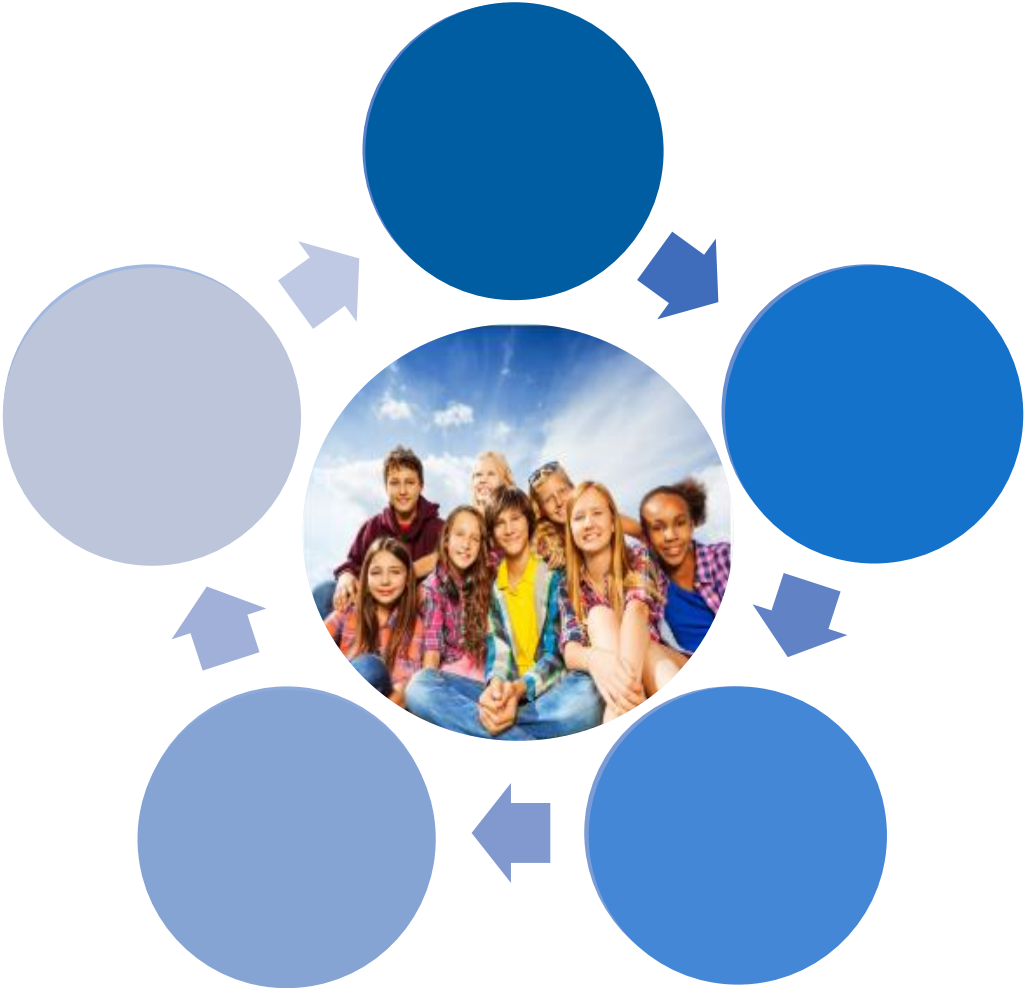


Performance and Quality Improvement 2019 Report



Performance and Quality Improvement Report 2019



A message from the Executive Director:

Performance and Quality Improvement is a thread that runs through all that we do at St. Mary's.

With the addition of key positions, we are just beginning to see our vision play out and to see evidence of the incredible things that we are able to accomplish. With enhanced PQI resources, data collection and outcomes tracking, we have a wonderful opportunity to show the effectiveness of our initiatives, services, and management and operations systems. In turn, this sets St. Mary's up for a strong position in negotiating contracts, obtaining grant funding and cultivating donor support.

A message from Director of Operations and Performance & Quality Improvement:

We're very pleased to present the 2019 Annual PQI Report, which reflects snapshots of the excellent work done being done by staff, and evidences our vision and commitment to continuous quality improvement. For many years, we've consistently applied our PQI Plan and philosophy to improve practices and services. Each year we set new goals that build on our accomplishments, and that stay true to our vision. A dedicated PQI position was long a part of that vision and was carried out in late 2019. We are already seeing the benefits of the expanded team. We're excited to see our plans for 2020 and beyond come to fruition. I would be remiss not to say a special thank you to all PQI Committee Chairs, Co-Chairs and members. Your work is valued & appreciated – I hope you see your hard work reflected in this report.

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Client Outcomes

SAFETY: Children will be free of abuse and neglect while in care.

RESTRAINTS

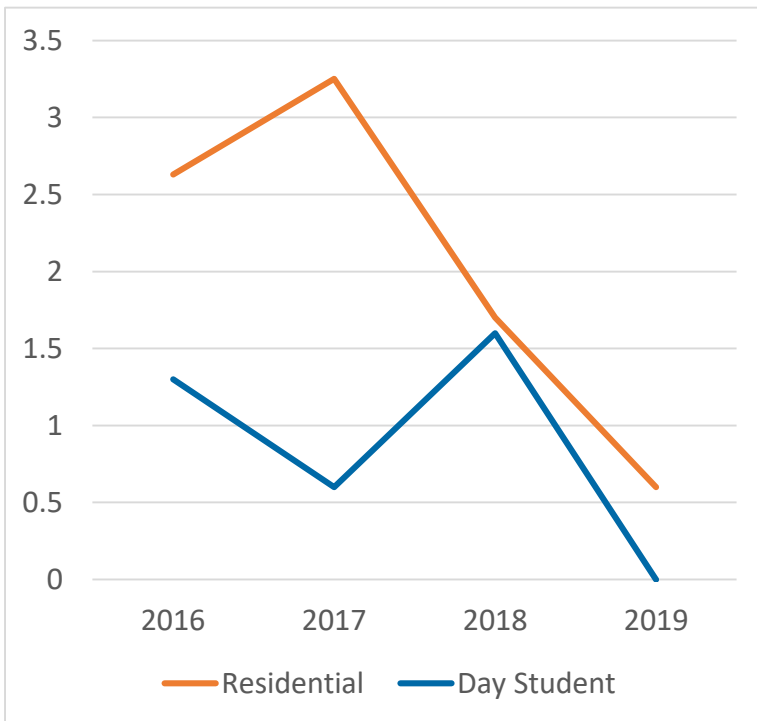
Physical interventions are tracked and reported in programs allowing the practice, specifically residential and school. Data is collected from BestNotes, analyzed first by the PQI team, and then reported for monthly assessment by the entire Critical Incident PQI Committee. Reports and analysis include client and staff injuries, post-incident debriefs, and a breakdown of incidents by house/school. The PQI team recently expanded their support to program staff by providing a data analysis to help identify possible triggers and mitigation strategies for struggling youth.

In 2019, staff excellence and adherence to the Six Core Strategies Restraint Reduction Action Plan yielded a 75% reduction in the number of physical restraints from 2018, as well as a 65% decrease in the rate of restraint from the previous year.

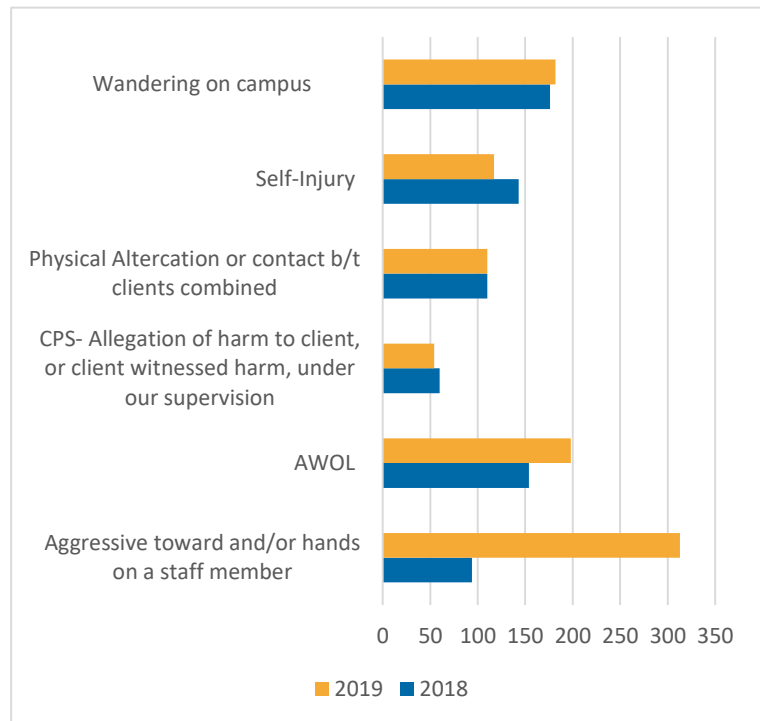
INCIDENTS

Critical incidents with the potential to impact client safety (included in chart below) are collected from BestNotes and analyzed by PQI and Critical Incident PQI Committee members. While some incidents were reduced in 2019, others increased in 2019. This may be due to a more systematic reporting structure which was fully executed for 1/1/2019 implementation via BestNotes. The disparity in incidents involving aggression towards staff members is impacted by the fact that this incident type was not tracked until mid-2018. Regardless of reporting differences, this incident type was noted in Critical Incident meetings in September 2019; mitigation strategies to address this issue were implemented and this incident type declined month-over-month through the remainder of 2019. It is also likely that unintended consequences of the Restraint Reduction Action Plan are being evidenced in the data, and they are being addressed by the committee utilizing PQI principles and practices.

Aggregate Restraint Rate Data



YOY Analysis of Incidents Impacting Safety



In 2019, SMHFC was awarded BCBS Safe Zone certification after implementation of various policies, procedures, training requirements and practice changes. This designation identifies SMHFC as a provider of safe, affirming, and inclusive care to the LGBTQ community. We display a PRIDE flag proudly in our lobby to ensure all clients and visitors know they are welcome at St. Mary's.

Client Outcomes

FAMILY AND YOUTH ENGAGEMENT: Family relationships will be improved and strengthened. Youth will have a strong voice in policies and decisions which affect them.

YOUTH VOICE AND CHOICE

SMHFC follows the principle that youth involvement in care is central to their well-being and improvement. In 2019, the residential Youth Council held weekly meetings; reviewed 7 youth-related policies; participated in PRIDE week; advocated for positive changes to the agency welcoming process; participated in employment interviews; and participated in Level UP, a day-long workshop for teens and young adults impacted by foster/congregate care. Youth also participated in critical incident debrief sessions, participated in their treatment planning, and completed the annual youth survey. The work of the Council is to be congratulated with additional thanks to the staff who guide them.

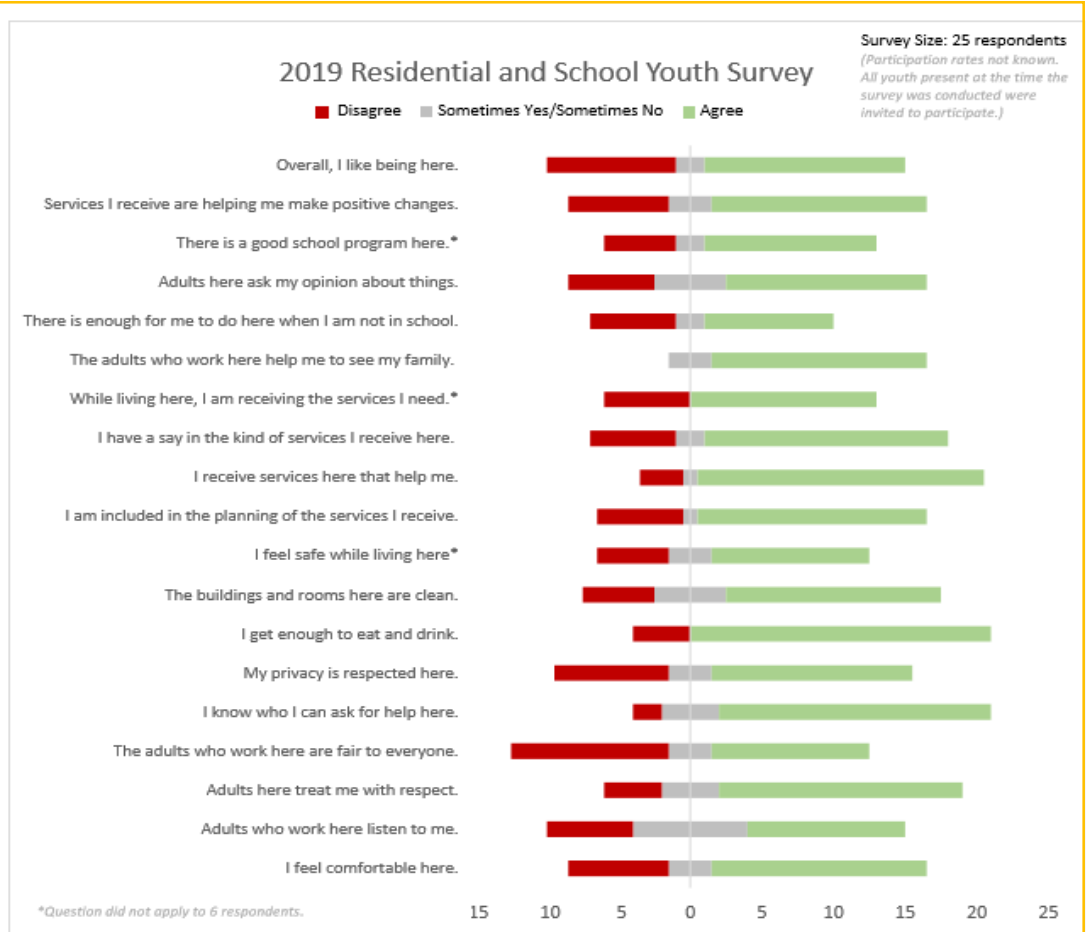
FAMILY ENGAGEMENT

Under the guidance of the Residential Clinical Director, SMHFC uses the principle “*Nothing about me, without me*” in our work with youth and families. We believe in working with families as partners, and including family members in all decision making. A residential Parent Council began in 2018, with limited success. In 2019, emphasis on family engagement was a focus of the Strategic Planning process, and more resources were devoted to family engagement. BBI and clinical team members persistence resulted in significant improvement in 2019: the Parent Council met 37 times. The Council is led by BBI Team members including the Family Engagement Specialist and Parent Partners.

The BBI Aftercare Program provided services to 23 clients and their families in 2019.

YOUTH SURVEY

25 residential and school youth participated in the annual youth survey, which was co-facilitated by the PQI team and one of our High School students in late 2019. Youth were provided with touch-screen tablets to complete the survey anonymously. Some youth took the time to provide additional comments and suggestions. Youth survey results appear on this page. The results were shared with all staff, and Leadership Team members were asked to talk further with youth and take action to address concerns.



Client Outcomes

WELL-BEING: Children will exhibit improved daily functioning and emotional health.

OFFICE AND COMMUNITY BASED SYMPTOM SURVEYS

Thirty-six clients from 5 office-based programs completed pre- and post-treatment symptom surveys during this report period. These surveys show significant gains in clients' ability to manage symptoms in areas such as behavior, emotional regulation, sleep, sexualized behavior, self-care, and family functioning. In 2020, these surveys will be moved to Outcomes Tools in Best Notes, so that scores become part of the client record and can be easily aggregated for analysis. Because we will have the ability to extract the data for individual and groups of individuals, changes to policy and procedure regarding when the tool is administered is taking place to further support use of standardized testing as a part of clinical practices.

THERAPY DOGS

All youth in our residential, outpatient, and home-based programs can visit with our therapy dogs. There are currently 8 therapy dogs who work with clients on request. *Ask any staff member for an impact story – there are many!*



FAMILIES IMPACTED BY SEXUAL ABUSE (FISA)

FISA participants completed 21 surveys in 2019. All provided positive feedback on the materials and structure of the FISA Curriculum, were satisfied by treatment by staff, would re-contact us in the future, and would recommend our services to others.

The Director of Outpatient Services continues to meet with Bradley Hospital's Research Center for Evidence Based Practice as a part of our long-term Strategic Plan goal for the FISA Curriculum to be recognized as an evidence-based practice. Toward that goal, a new FISA pre-post questionnaire was implemented to better yield data for future program needs. We are fortunate to move this into Outcomes Tools in 2020 for easier extraction and data analysis.

RESIDENTIAL OUTCOMES REPORTING

Residential clinicians collect data on client well-being through administration of the Children and Adolescent Needs and Strengths (CANS) and Youth Problems, Functioning, and Satisfaction Scales (OHIO). These scales are completed within 30 days of admission, and every 90 days thereafter to support treatment planning. CANS and OHIO scores are provided to DCYF to support effective service planning. These tools help inform the clinician's understanding of the client's unique needs.

EQUINE THERAPY

Equine Assisted Psychotherapy (EAP) is a program in which clients participate in activities with horses, and then review their feelings and behaviors. In 2019, a pilot including 37 office and community based EAP participants was conducted by the Assistant Director of Outpatient Services, whereby clients provided pre- and post-session mood and anxiety scores. A recent PQI analysis of these scores showed a marked decrease in mood and anxiety scores (reflecting an improvement in client's mood and a reduction of their anxiety) following treatment, which evidences the value of EAP. We will continue to expand data collection and report results to ascertain if this treatment modality is effective with the clients we serve.



Clients Younger than 13
Reduction in Anxiety: -62.5.4%
Improvement in Mood Scores: 53%



Clients Aged 13-17
Reduction in Anxiety Scores: -61.5%
Improvement in Mood Scores: 49%



Clients Older than 17
Reduction in Anxiety Scores: -63%
Improvement in Mood Scores: 55%

Program Monitoring

Consistent with our PQI Plan, we collect and monitor data on management and operational performance to strengthen and build capacity; measure progress toward achieving our Strategic Plan goals; evaluate operational functions that influence the capacity to deliver services; and to identify and mitigate risk.

DATA QUALITY

To monitor data quality and ensure consistency with the application of Best Notes agency-wide, a team was formed including residential and outpatient intake staff, records and administrative support staff, PQI and OB/CBS administration. The formation of the team was also geared at addressing observations made during the strategic planning process that programs could be better connected. While the team's primary focus is to develop, maintain and implement consistent practices with regard to data entry and reporting, it also helps build broad institutional knowledge regarding system functionality; opportunities for cross-training between programs / departments; and facilitates

implementation of practices to increase efficiencies. Membership on the data quality team is expanding in 2020.

One example of the team's effectiveness can be seen in regard to agency-wide discharge data. Through various PQI processes, we identified that "discharge reason" was not being used consistently, and there was no agency-wide key guiding staff decisions for their categorization. The team helped facilitate Program Directors to align on a protocol for discharge information, and make the necessary changes for consistent reporting.

CLIENT RECORD AUDITS

Client Record Reviews are conducted quarterly in office, community-based and residential programs. Audits focus on Medicaid compliance with documentation standards, clinical quality, and provide an element of peer guidance. PQI analyzes and reports data to the Executive Director, Chief Operating Officer, and the respective Program Director. Reporting includes recommendations for improvement through practice or systems changes, use of technology for efficiency, and helps to identify areas in need of support.

Residential program audits include 100% of clients open during the quarter under review. Office and community-based audits contain a representative sample of cases according to COA guidelines.

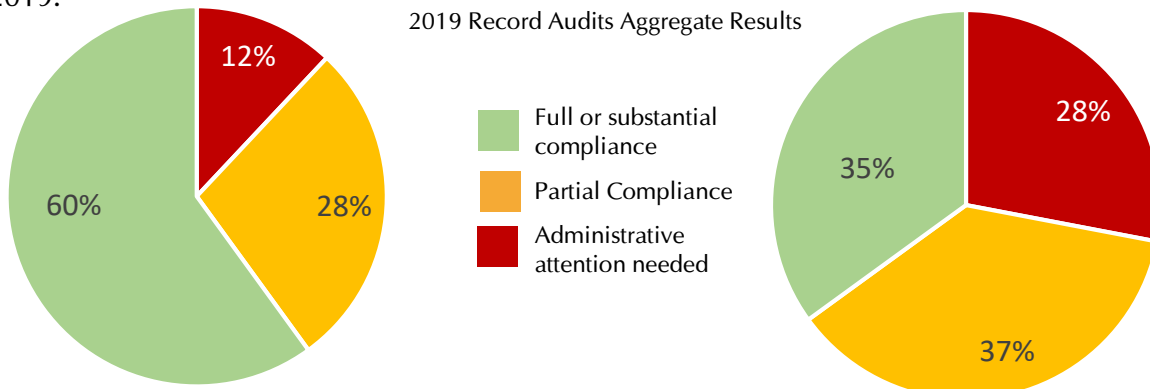
OFFICE AND COMMUNITY BASED

192 records were reviewed in 2019. Each quarter showed a steadily improving percentage of fully compliant records, with 81% of all reviewed records demonstrating zero documentation errors in Q4 2019.

RESIDENTIAL

233 records were reviewed in 2019. PRTF and ASC evidenced steady improvements in many key clinical documentation areas. In 2020, programs will be reported by category (PRTF, ASC and ARTS).

2019 Record Audits Aggregate Results



MANAGING RISK: Significant emphasis is placed on risk prevention and management practices in all areas of the agency as evidenced by implementation of our PQI Plan. The PQI Plan is available for anyone interested, and is available on our website www.smhfc.org

FINANCIAL STABILITY

Organizational leadership examines industry trends and opportunities for development of new programs and/or services, and brings potential opportunities to the Board for further assessment. Together with the Board, Executive leadership continuously monitors revenue and expenses so that adjustments and corrections can be made to prevent significant loss and financial instability.

The following reports are reviewed by the Director of Administration and Executive Director on a weekly basis: Outpatient productivity reports, overtime expenditures, payroll analysis. Billing procedures and collections are regularly analyzed as are payables/receivables reports. Monthly and year-to-date financial summaries and five year comparison reports are presented to the Board Finance Committee.

BUSINESS CONTINUITY PLAN

This Plan, monitored by the PQI Risk Prevention and Management Committee, is a living document that helps us remain proactive with regard to organizational incidents, and that also catalogues institutional knowledge and history of events that took place. It is used as a reference and guide, and helps inform action plans needed to mitigate identified risks.

SUCCESSION PLANNING

In response to challenges identified with the unexpected absence of multiple Program Directors and Managers in 2019, the Executive Director facilitated development and execution of an expansive Succession Plan for all leadership level positions. Combined with the existing formal Executive Director Succession Plan, this expanded planning has strengthened our risk practices.

SAFETY AND WELLNESS

Multiple PQI Committees maintain active roles in safety and wellness practices. Please see PQI Quarterly Reports for details with regard to their achievements in 2019. PQI quarterly reports are available at www.smhfc.org

RISK PREVENTION

The PQI Risk Prevention and Management Committee expanded in late 2019 to include six administrators with roles that include strong risk prevention responsibility, including the Director of Information Technology which was a position added to the agency in late 2019. The Committee regularly reviews compliance with legal and licensing requirements, insurance and liability (including Workers Compensation), human resources practices, technology risks, contracting, client rights and confidentiality, high risk practices, strategic goals, financial risk and conflicts of interest. As a part of Business Continuity Planning, they use a risk assessment tool to help guide where efforts are needed to strengthen safety and mitigate risk at least annually.

Actions to decrease risk and improve practices are generated and monitored by the Committee. In 2019, the Committee's assessment continued to focus on Residential Milieu Staff retention and began assessing residential staff overtime as major PQI initiatives. While the data fluctuates, it can be reported that overtime was reduced by 33% over the last year, and retention was reduced by 12% from the last fiscal year to present date.

Notably, the Committee advocated for increased involvement from the Board related to monitoring risk. That process resulted in the ultimate creation of a Board Risk & Audit Subcommittee (formerly the Audit Committee), designed to ensure active engagement and ongoing conversation with the Board relative to agency risks. Their first meeting was held in late 2019.

Management and Operations

LICENSE COMPLIANCE AND EXTERNAL REVIEW

PQI centralizes the agency's licensing and compliance certificates, however Facilities and Kitchen Managers, School Program Directors, Director of Administration, HR Manager, Nursing Director, Residential Clinical Director and Milieu Leadership execute the work necessary to stay in compliance. Site Visits, inspections and audits are often a part of these external monitoring practices. In 2019, there were no licensing actions taken or gaps in regard to compliance, although we did make the decision to end our federal food breakfast program following their 2019 audit due to extensive new staff training requirements and new complex reporting / documentation requirements.

POLICY AND PROCEDURE REVIEWS

Our agency goal is to review, and edit as needed, all policies and procedures approximately every two years as a sound risk management practice. PQI maintains a tracking system, facilitates reminders, assists Directors with research and new policy development / writing, and maintains access by all staff on our shared network. This provides systemic opportunity to assess if 'policy and practice match', and make corrections as needed. In 2019, 88% were reviewed and/or edited within the goal of 'no less than 2 year' reviews.

STRATEGIC PLANNING

As a result of grant funding, formal Strategic Planning took place in 2019. The extensive process was led by the firm FIO and included our Board of Directors, Leadership Team, stakeholders including all staff, clients and their families, and professional community members. PQI facilitated creation of the Annual Plan of Work, and maintains a role in monitoring Directors and Leadership's progress toward achievement of goals and objectives. The Strategic Plan is available for anyone who would like a copy and is posted publically on our website www.smhfc.org

The school took its first major steps fulfilling goals of the Strategic Plan in 2019 by introducing project-based learning. Teachers were trained in project-based learning theory and techniques, and then engaged students to identify a project. Students wanted to run a Farmer's Market. An extensive gardening project followed including youth researching, planning, planting, watering and learning much about gardening so they could hold a weekly Farmer's Market. The Market provided opportunities to learn marketing, advertising and money-management techniques. Teachers and Assistants guided youth through all phases of this very successful project.

CLIENT AND STAFF GRIEVANCES

No formal grievances were filed by clients, their families, or employees in 2019.

STAFF AND SUPERVISOR SATISFACTION SURVEY

75 Supervisors and Employees participated in the annual staff satisfaction survey, conducted in late 2019. Goals for 2020 include increasing staff participation in the survey by providing additional response methods. *Results of the Staff survey with 49 respondents are included below.*

2019 Employee Survey Results

Survey Size: 49 respondents
(36% participation rate)

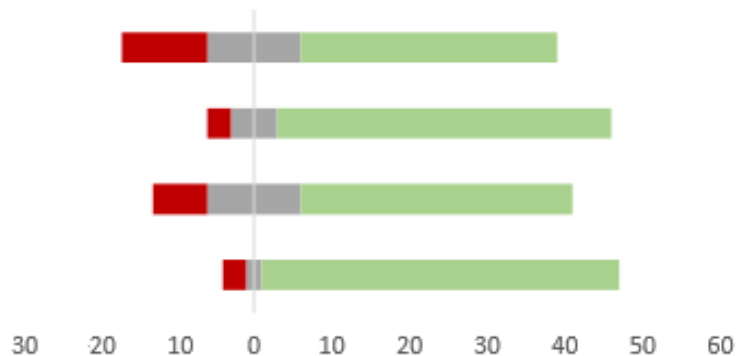
■ Disagree ■ Neutral/Not Known ■ Agree

The agency uses employee feedback and other PQI activities to improve outcomes for our clients

My manager provides regular supervision, annual performance reviews, and opportunities for advancement

I understand the agency's systems, policies, and procedures

My on-boarding and job training experiences help me do my job



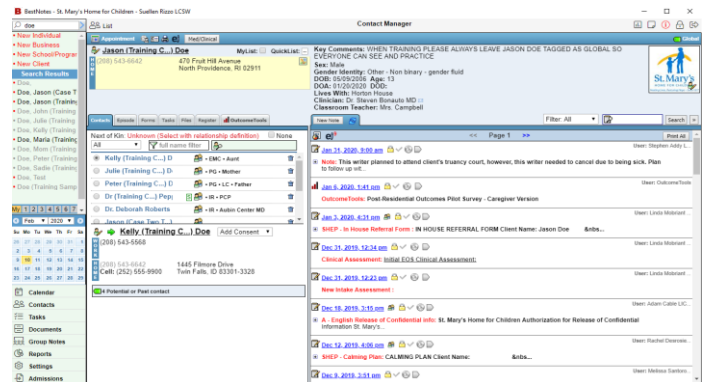
Agency-wide implementation of Best Notes: 2019 saw the culmination of a 4-year plan to revolutionize practice and procedure at SMHFC*.

PRTF IMPLEMENTATION AND PLANNING

During 2019 SMHFC fully implemented Medicaid standards for the transition from Residential Treatment to Psychiatric Residential Treatment Facility (PRTF).

Highlights:

- Extensive collaboration with RI DCYF regarding standards and their implementation;
- Extensively expanded on-site nursing staffing;
- Implemented practice and policy changes with regard to physical restraint and debrief;
- Planned and implemented efficient systems to support new practices, including use of Best Notes for Nursing Crisis Order, Clinical Debrief Note, Psychiatric Certification and Alternatives, auto-notes, and quick adds regarding special medical needs and discharge planning to highlight a few.
- Created new monitoring and tracking systems to support full implementation of key clinical documentation standards;
- On-boarded and trained Administrative Assistant for the Residential Clinical Department to maintain those systems;
- Transformed the New Client Intake to a full Assessment, including preliminary treatment goals to support admissions;
- Residential administration and Nursing maintain 2x monthly on-campus meetings with RI DCYF to monitor and support the PRTF.



RESIDENTIAL AND DAY STUDENTS

Residential records and intake departments were extensively involved in the PQI implementation plan to bring these programs into BN. PQI worked with Best Note's development team to create multiple custom functions to support our needs with regard to critical incident reporting, created calendar appointments, templates, a records transition plan, and provided or facilitated training to support staff in use of the system. This was a year-long intensive process.

OUTCOME TOOLS

In 2019, we assessed use of Outcome Tools, a BestNotes add-on, which allows treatment teams and others to send, receive, monitor, and analyze client reports and standardized testing electronically. Implementation has begun in increments, and includes tracking outcomes for former clients. It is expanding to quarterly symptom surveys, FISA pre/post tests and equine pre/post session surveys.

FINANCE

As a part of the 4 year plan, electronic billing took place over time. In 2019, the last phase was completed with implementation of institutional billing for the ARTS program. Best Notes, the related electronic billing system EZ Claim, and the clearinghouse Office Ally, were all aligned, followed by research and training to support finance staff's use of the system. These systems collectively allow for a live time view of amounts owed by each insurer, as well as extensive reporting features.

DR FIRST



In response to changes in state law requiring electronic prescription for Class 2 narcotics effective 1/1/2020, the Nursing Director and Psychiatrist with support from PQI fully implemented Dr. First, a nationally recognized system that works in conjunction with Best Notes.

NURSING

PQI worked closely with the Nursing Director and the Best Notes development team to create a compliant Nursing Assessment, Nursing Notes, appointment types, etc. A transition plan was created with PQI, and was implemented under the direction and leadership of the Nursing Director.

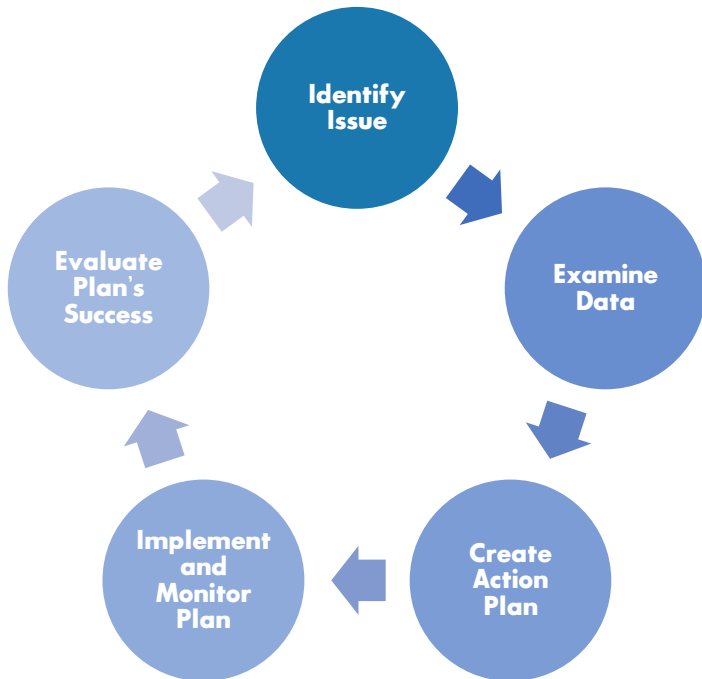
**This four-year process included but was not limited to formal staff 'needs interviews', research and selection, extensive 'behind the scenes' set-up by the IT Network Administrator, comprehensive development of secure access practices and policies, staff training, planned transition periods and implementation over time by programs. The next four years of development plans are solidly in place through our Strategic Plan.*

PQI AT SMHFC

PQI: At a Glance

Stakeholder Input	Program and Service Delivery	Performance and Improvement	Risk Prevention and Management	Financial Viability	2019 PQI Initiatives and Action Plans
Client, Employee, and Board Surveys	Data Quality Team	Client Record Audits	Critical Incident Review Committee	Board Reporting	Six Core Strategies Restraint Reduction Action Plan
Wellness Committee	Strategic Planning	Employee Evaluations	CERT/Safety Committee	Audit and Risk Subcommittee	Buildings & Grounds Board Subcommittee Implementation
Residential and School Improvement Committee	PBIS / Social Emotional Learning	Contract Monitoring	Risk Prevention and Management Committee		Electronic Record System Full Implementation
Residential Youth Council and Parent Council	Intake & Admissions Teams		External Auditing and Reviews		Statewide CSEC Taskforce Piloting Practices
LGBTQQ+ Committee	Client Outcomes		Regulatory Inspections and Site Visits		Affirmative Action Plan Monitoring
Staff Relations Committee	PQI Committee		Client and Employee Grievances		Residential Staff Retention Plan and High Acuity Youth Plan
					Agency Wide Data Collection and Reporting System Implementation

PQI: Improvement Cycle



PQI: Staff



Linda Mobriant, L.I.C.S.W.
Director of Operations and PQI



Suellen Rizzo, L.C.S.W.
PQI Specialist