

## PQI Plan I. Introduction

### A. Organization's Philosophy of PQI

Families First is a social service agency which has been providing services to families in Palm Beach County, FL, since 1990. The mission of Families First is to create a safe, healthy, and sustainable environment for families and their children through innovative practices. The agency offers a number of different programs which are client-centered, strength-based, and committed to building stronger families and stronger communities. In a recent strategic planning process, the board of directors and agency leadership established a goal to improve organizational competence, structure, and performance as well as increasing accountability, ensuring that Families First will continue to be a high-performing organization and a leader in the local social service community. One step in reaching that goal was to develop and implement a formal PQI plan.

Although until recently Families First has not had a formal PQI plan/process, it has been operating with an informal PQI philosophy for many years. There is an openness in the agency – transparency apparent in interactions on the board, between board and management, between management and staff. There is on-going dialogue among all of these stakeholders regarding what needs to be done to maintain/improve the professionalism of the agency and to continue to provide quality services to clients. Management has established regularly-scheduled meetings at every level where issues related to PQI are addressed. The agency solicits input from clients through discussion with them regarding their needs, through regular review of their progress in reaching their goals, through client satisfaction surveys, through input at the program support groups. The agency works closely with funders to determine program outcomes to evaluate a program's success. Program directors and staff regularly monitor the progress in accomplishing the anticipated outcomes established by program funders. As part of the COA accreditation, the agency has formalized this process and the following is the Families First PQI Plan.

In order to maintain its reputation for excellence in the community, Families First makes every effort to operate in a highly professional, ethical manner, offering programs geared to developing healthy relationships between parents (or caretakers) and children, to helping clients establish and work toward personal/family goals, building on their own strengths and community supports. The agency has received funds over the years from most of the primary funders in the community and has been acknowledged as a leader in the local social service arena.

The agency recently completed a strategic planning process and each of the four major goals addresses the need to expand and enhance certain areas of agency functioning: board governance, funding opportunities, communication – both internal and external. The fourth goal is to improve the organization's competence, structure, and performance. The board and management are supportive of the COA process and eager to see what recommendations for improvements in program/structure/operations might result from this process.

The development of a formal PQI process is one way to help the agency reach the goals that it has set for the next few years. The process will help the agency to establish priorities, goals, program outcomes, establish timelines, monitor progress, and determine the level of success in accomplishing these goals. This plan involves the board members, staff at every level, as well as clients, funders, and to some degree, the community as a whole.

## B. PQI Structure

The Deputy Director is the person with the primary responsibility for implementing the PQI Plan. The DD already works closely with the CEO and with the program directors, so is familiar with many of the issues that come up on a regular basis (from problems with a particular client to more general staff and agency concerns). The Executive Leadership Team (CEO, Deputy Director, Chief Financial Officer, Development Director, and three Program Directors) meet on a bi-monthly basis to discuss agency-related issues. These, of course, vary from month to month, but may include staff concerns, program-specific issues, updates from funders, etc. As part of the PQI plan, the program directors will be completing quarterly reports which will outline the program activity for the quarter (# of cases opened/active/closed, record reviews, outcomes, staffing or funding issues, risk management issues, etc.) The Chief Financial Officer and the Development Director will also be completing quarterly reports about the financial status of the agency and the fundraising efforts/results for the quarter. The Deputy Director will review these reports prior to the designated quarterly PQI meeting and will facilitate a discussion at the meetings regarding trends, areas of concern, etc. Follow-up will be done as needed, with action steps and time lines established. Review of the progress toward resolution of particular issues will be done at the next quarterly meeting, at the next bi-monthly ELT meeting, or sooner if the situation needs more immediate attention. The CEO will include a summary of these quarterly reports in the monthly report to the BOD.

The Deputy Director meets monthly with the program directors and supervisors. Program directors meet with their entire staff on at least a monthly basis. Program supervisors meet with their caseworkers at least twice a month to review cases, discuss interventions, progress, etc. The staff will be encouraged at these meetings to provide input regarding the issues addressed in the quarterly PQI reports. Staff will also be updated as to any decisions or changes which might be implemented through the PQI process as a result of the information. This will be done through program-level staff meetings, agency-wide staff meetings, e-mails, or through the monthly newsletter.

In order to increase the staff's direct involvement in the PQI process, the agency has developed an opportunity for them to participate in discussion/planning sessions on a quarterly basis when the entire staff meets for at least a half-day training. As part of the PQI process, at these meetings, a 30-40 minute time slot will be set aside for group interaction. Several topic-related groups will be available and staff will choose which discussion group they would like to join. There will be some "starter questions" available and one member in each group will facilitate the discussion. The group results will be shared with the entire staff at the end of the discussion period. The topics may change from session to session, depending on the agency needs/staff interest, but some possibilities include: staff morale, improving agency communication, safety issues related to home visits, new community resources, training needs, etc. At each quarterly meeting there will be a group for new hires to discuss their adjustment and to answer any questions they may have regarding the agency mission/values, the PQI process, policies/procedures, where to find the information they need, etc. The Deputy Director/ELT will be responsible for following up with the recommendations from these breakout groups and moving them forward as appropriate. Staff will be kept informed about any action steps via e-mail, the monthly newsletter, or at the next staff meeting.

## C. Stakeholders

The BOD is certainly part of the PQI structure. They were actively involved in the strategic planning process and established goals which are monitored quarterly by the executive committee. All of the board committees meet monthly to review/monitor the agency finances, HR issues, programmatic issues, development plans. The CEO attends these meetings and keeps the members apprised of agency progress and challenges. The CEO also distributes a thorough agency update to the board prior to every monthly general meeting. The BOD, with input from the CEO, review and select insurance coverages for the agency; they approve new policies as recommended by staff or as necessitated by changes in the laws or local regulations. The CEO will be presenting quarterly PQI summary reports to the board, addressing issues such as program numbers/outcomes, risk management issues (incident/accident/grievance reports).

Staff participation has been discussed above. However, there are additional ways that staff input is solicited. There is a suggestion box available and staff is encouraged to submit any ideas they have in that. The CEO reviews and responds to each of these suggestions – either to the staff person individually, or if it was submitted anonymously, in a general e-mail to all staff. The CEO also sends out a monthly newsletter to all staff, the Inner Circle, which includes information about new grants, awards to a program, staff achievements, etc.

Staff is also asked to complete an annual Employee Satisfaction Survey. The results are compiled and presented to the ELT which discusses ways to address the areas of concern. The results are also shared with the BOD and the staff at an agency-wide training day.

Staff training is highly valued in the agency. Each staff person is allowed 15 hours of paid annual training in the community. Training needs are identified at the time of the annual performance reviews or during staff meetings when particular issues are raised. Staff is also involved in determining some of the trainings offered quarterly by the agency. At each agency-wide training, the evaluation form includes a space for recommending topics for future trainings.

Clients are also considered shareholders in the agency. They are asked for input regarding the program services/outcomes as part of the ongoing casework activity. Their input regarding unmet needs is solicited at the group sessions offered by some programs. Satisfaction surveys are sent to clients by each of the programs at various points in their work with the agency. Client input was solicited via focus groups as part of the agency strategic planning process.

Funders are important shareholders of the agency. Often the agency staff will work closely with funders to develop new programs to address specific needs in the local community.

It is generally the program funder, with some input from agency staff, who determines the treatment model to be used and the program outcomes that are to be measured in a particular program. Progress toward those outcomes is monitored by staff and funder on a regular basis.

Various members of the staff are also active in community groups which discuss the needs of the community and try to find ways to address them.

## II. Measures & Outcomes

A. The BOD recently completed a strategic planning process and established four major

goals for the agency. These broad goals involve board governance, organization improvements, enhanced funding, and internal and external communications. Each goal includes several action steps, with expected completion dates and assigned responsibility. The executive committee of the BOD reviews progress toward these goals with the CEO on a quarterly basis and prepares a report for the whole board.

Funders of a particular program generally mandate the outputs and outcomes and methods/frequency of reporting. The program director is responsible for monitoring the progress toward these outcomes and for preparing the required reports which are shared with the Deputy Director. Any problems in meeting the expected outcomes are discussed on the program level and then with the funder on an as-needed basis. The outcome reports are now a part of the quarterly PQI report prepared by each program director.

B. The agency and board monitor the financial stability of the agency very closely. The Chief Financial Officer prepares monthly financial statements. These are reviewed by the board finance committee and then presented to the entire board at the monthly meeting. Investments are also closely monitored with a bi-annual report prepared for the general board by the finance committee. Recommendations have been made by the committee to form a separate foundation board to solicit larger donors.

The number of risk management issues such as incident/accident reports or grievances has been minimal for the past several years. They are generally brought to the attention of the DD/CEO as they occur and the information is shared, as appropriate, with the executive committee of the board or with the board as a whole. These reports will now be included as part of the quarterly PQI reports.

Staff retention has not been a big issue as more than 80% of those who responded to the recent employee satisfaction survey were satisfied or very satisfied with employment conditions at the agency. Over the past year the agency has had to terminate employment for some staff based on funding changes or poor performance, but the number who left voluntarily was very small. Employee satisfaction and turnover are monitored on an annual basis. The goal over the next year is to reduce the staff turnover rate, bringing the percentage down from the current 28% to a more typical 15-20% level. The goal for employee satisfaction over the next year is to maintain the overall satisfaction rate of 80% indicated in the most recent employee satisfaction survey.

C. The programs are generally directed by the funders to accept any client that is referred through the system. In most programs there is staff available to meet the need and reasonable caseloads are maintained. Particularly in contract-funded programs, there are also timeframes that must be met regarding how soon a new client must be seen, how often contacts must be made, etc. Cases are reviewed on a regular basis between the supervisor and the caseworker to determine the appropriateness of the intervention and the progress in reaching agreed-upon goals. Client satisfaction surveys are distributed by every program, most at the time of termination. Other pertinent programmatic information related to intakes, waiting lists, case reviews, client satisfaction surveys, is now being collected/collated as part of the quarterly PQI reports. The Deputy Director is responsible for reviewing this information, recognizing trends, and bringing the information to the PQI team for discussion/follow-up as appropriate.

#### D. Client & Program Outcomes

Program outcomes and the methods of reporting are generally established by the program funder. These may include the number of reports of child abuse for families involved in the program; number of disrupted kinship placements; number of months clients remained in housing. Some programs report outcomes on a quarterly basis; others are only expected to do so annually. These outcome reports are included in the quarterly PQI reports and reviewed by the Deputy Director. The outcome reports are shared at the quarterly PQI/ELT meeting and then with the BOD by the CEO. As part of the PQI process, the DD is working with each program to evaluate success in reaching program outcomes – what is being measured, what tools are being used to determine that program interventions are effective and result in positive change. Individual client goals are a part of the service assessment plan. Progress toward those goals is reviewed regularly by the client and the caseworker and by the caseworker and his/her supervisor. These goals are formally reviewed every 90 days and revised as appropriate.

### III. PQI Operational Procedures

#### A. Data Collection and Aggregation

Case record reviews occur in every program, although the process does differ from program to program. It may occur as part of peer review process or as a part of supervision. The results are reviewed and followed up by the program directors on a regular basis.

Fortunately there have been very few risk management issues within the agency. The one that is on-going is the safety of the staff as they make home visits in high crime areas. Staff input is being solicited about what would make them more secure and comfortable in their jobs. Measures will be taken to implement their suggestions as appropriate. Protocols for home visit safety are being developed which will help the management team better monitor staff whereabouts and expected return time. Monthly facility safety checklists are now being completed to ensure that the condition of the offices poses no threat to staff or clients.

Client satisfaction surveys are collected by every program at various points in their intervention with clients. The results are reviewed by the program director, but as part of the PQI process will be summarized and included in the quarterly program reports. There will be periodic discussion in the PQI/ELT meetings regarding client survey effectiveness – rate of return, wording, helpfulness of information collected, etc.

Client outcomes are generally monitored by the program director and the funder. These will also be collected as part of the quarterly PQI report and evaluated by the Deputy Director. The PQI/ELT team will be looking for any trends that might need to be addressed to improve service delivery/results.

Staff input regarding agency-related issues – training topics, communication, employee satisfaction, safety, etc. - will be collected in a number of ways: via training evaluations, annual employee satisfaction survey, quarterly break-out groups at agency-wide staff meetings, etc. This information will be compiled and presented by the Deputy Director at the PQI/ELT groups for discussion and follow-up action as appropriate.

#### B. Data Review and Analysis

Currently program funders receive information regarding outputs, outcomes, and financial status of a grant on a regular basis. This information is often used in discussion between the agency and the funder

regarding the effectiveness of the program and the possible need for changes in the service delivery, re-allocation of funding, etc.

The Deputy Director will be working with the program directors to analyze the quarterly report information on a programmatic level – looking for trends, identifying areas of concern, developing action plans and time lines for improvement/change as needed.

The Deputy Director will also be looking at the programs over-all to determine trends/concerns that might be occurring for the agency as a whole. The issues will be discussed by the PQI/ELT to determine possible solutions/action steps/evaluation of change efforts.

As part of the PQI process, for issues that require follow-up, there will be action steps developed, responsibility assigned, time lines established, and a progress report will be presented at the next bi-monthly ELT meeting or at the next quarterly PQI meeting.

Information regarding issues being addressed by the PQI team will be shared with program supervisors at their monthly meetings, by the program directors/supervisors at the monthly program meetings, or through other methods already established within the agency.

#### C. Communicating Results

The data compiled in the quarterly PQI reports will be reviewed/analyzed by the PQI/ELT team, which includes three program directors. A summary of the information and any follow-up actions will then be shared with the BOD by the CEO. The information will also be shared with staff through the regularly scheduled meetings among program directors/supervisory staff/direct line staff. There will also be opportunities for sharing/follow-up at the quarterly all-staff meetings, through e-mail communication, or through the monthly agency newsletter. Funders, of course, receive information regarding their particular program through the status reports required by the grant or through their periodic on-site program audits.

#### D. Using Data to Implement Improvement

The Deputy Director will be responsible for facilitating the discussion of the quarterly reviews. The PQI/ELT members will be responsible for identifying trends/areas of concern/need for follow-up/improvement. Determination of follow-up steps, assigning responsibility, establishing a timeline will be done at the quarterly PQI meeting. Progress updates will be made at the bi-monthly ELT meetings or the quarterly PQI meeting and a determination will be made as to whether any additional steps or changes in the plan need to be implemented

#### E. Assessment of the Effectiveness of the PQI Process

Because of the history of openness and transparency in the agency, staff at every level feel comfortable expressing their opinions and offering suggestions for change/improvement. Their input regarding the PQI process and the changes in policies, procedures, practice will be solicited through regularly-scheduled staff meetings (program/agency-wide). Their recommendations for change or issues for consideration will be brought to the PQI/ ELT group for discussion/review. The BOD as a whole or a committee may also have some input as to how the PQI process is working and how it might be improved.

Particular issues of concern will be followed up as part of the PQI process and a determination will be made as to whether any additional steps or changes in the action steps need to be implemented to ensure the success of a particular plan.