**PERFORMANCE & QUALITY**

**IMPROVEMENT PLAN**

**Q U A R T E R L Y R E P O R T**

**O C T O B E R – D E C E M B E R 2 0 1 6**



**Section One – Introduction**

Welcome to our PQI Quarterly Report! This report is open to anyone who is interested in our ongoing work to care for children at risk. The PQI Quarterly Report focuses on the outputs and ultimately the overarching outcomes of the organizational goals. PQI – Performance and Quality Improvement – is the driver of change and improvement in our organization. We understand our organization is dynamic and with that momentum we are committed to move forward and change according to the needs of our children at risk and our stakeholders within the sphere of our influence. Along with our commitment to change, we acknowledge and hold true the understanding that plans, procedures, feedback, goals, and outcomes may either reflect a need to create another PDCA improvement plan or the quantitative numerics could reflect an increase or decrease. Ultimately, as stated in the PQI Plan, Sipe’s believes all information is valuable and can be used for further investigation and discovery. If you have suggestions or ideas on how this document can be improved, please contact the PQI Coordinator, DeLane Bowman, [dbowman@sipeorchardhome.org](mailto:dbowman@sipeorchardhome.org).

**Section Two – Information and Outputs**

Specifically, the PQI Quarterly Report is designed to provide information to our stakeholders reflecting accomplishments and opportunities for improvement. Our organization models the experiential learning philosophy – experiences inform, plans can be established, actions will be determined, actions will be executed, and the results of the executed actions will be checked. Output models are not necessarily conducive to quarterly reporting; however, the outputs in the PQI Quarterly Plan will either have qualitative or quantitative information available in each output section.

**Transitional Living Outputs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plan 2016-2017 | Output achieved from Jul-Sep 2016 | Output achieved from Oct-Dec 2016 | Qtrs YTD | Percent to Goal |
|  |  |  |  |  |
| 20 counties targeted for referrals | 5% | 10% | 15% | 85% |
|  |  |  |  |  |
| Minimum 10 new intake Casey Life Skills assessments | 50% | 30% | 80% | 20% |
|  |  |  |  |  |
| Minimum 10 new Transitional Living Plans completed | 50% | 30% | 80% | 20% |
|  |  |  |  |  |
| Meets or Exceeds Training Hours Requirements 2016 Calendar Year\* | 57% | 40% | 97% | **** |
|  |  |  |  |  |
| Meets or Exceeds Training Hours Requirements 2017 Calendar Year | NA |  |  |  |
|  |  |  |  |  |
| 95% of clients will receive 2nd Casey Life Skills assessment | 25% | 40% | \*\* |  |
|  |  |  |  |  |
| 90% of clients will obtain their driver license | 20% | 30% | \*\* |  |
|  |  |  |  |  |
| 75% of clients will have a savings account | 90% | 60% | \*\* |  |
|  |  |  |  |  |
| 95% will attend school and/or be employed | 70% | 80% | \*\* |  |
|  |  |  |  |  |
| 95% will attend counseling | 20% | 30% | \*\* |  |
|  |  |  |  |  |
| \*Measured on a calendar year, 1st output Jan-Sep 2016, 2nd Output Jan-Dec 2016 | |  |  |  |
| \*\*These areas are not measured cumulatively; instead, at the end of the fiscal year, all clients served will be compared for each end of the year goal. | | | | |

What does the output numbers mean?

A total of **20** counties are being targeted for client referrals during the 2016-2017 fiscal year. At end of the 2nd quarter, the Transitional Living Program has received referrals from **3** of the counties in the targeted area. However, **12** counties outside of the targeted area submitted a total of **21** referrals. **24** referrals have been received in total between the 1st quarter and the 2 quarter. At this point, our engagement efforts are producing referrals; however, the geographical area targeted will need more concentrated efforts to meet the goal.

The Casey Life Skills Assessments are completed upon admission into the Transitional Living Program. A minimum of **10** new Casey Life Skills Assessments will be completed during the 2016-2017 fiscal year. The assessment creates an overall average score based on eight areas of measurement: Permanency, Daily Living, Self-Care, Relationships & Communications, Housing & Money Management, Work & Study Life, Career & Education Planning, and Looking Forward. During the 2nd quarter, **3** new clients were accepted into the program and **3** assessments were completed. Cumulatively, a total of **8** assessments have been completed as of the end of the 2nd quarter and therefore, we foresee meeting our stated goal.

The Transitional Living Plans (TLP’s) are developed for all new clients who are accepted into the transitional living program. A minimum of **10** new TLP’s will be completed during the 2016-2017 fiscal year. The TLP’s are developed utilizing information from the initial Casey Life Skills Assessment, intake documentation, and input from the client/guardian. As of the 2nd quarter, **8** new TLP’s have been completed and therefore, we foresee meeting our state goal.

The Transitional Living Program requires **24** contact hours of training each **calendar year** for all Transitional Living full-time and part-time employees. *Note: If a new employee is hired within the calendar year, the training hours are prorated based upon the hire date.* As of the 2016 calendar year, **97%** of all Transitional Living employees either meet or exceeds the training hour requirements. Unfortunately, this is a goal that was not met; however, the program supervisor has put quarterly checkpoints in place to monitor training hours for the 2017 calendar year.

A 2nd Casey Life Skills Assessment is completed on or after one year of enrollment within the program. A total of **95%** of clients will receive a 2nd Casey Life Skills Assessment. At the end of the 2nd quarter, **40%** of those who met or exceeded the one year mark had completed a 2nd Casey Life Skills Assessment. Length of stay contributes to the overall feasibility of the 2nd assessment. Each quarter is measured as separately. There are factors such as exits and new intakes that increase or decrease the overall census. Thus, yearly measurement is more applicable because of its relationship with length of stay.

Obtaining a driver license is a very important life skill for our clients. A total of **90%** of clients will obtain their driver license during the 2016-2017 fiscal year. At the end of the 2nd quarter, **30%** of the clients had obtained a driver license. Clients must successfully complete a defensive driving class and 20 hours of driving experience with employees. In addition, the state of North Carolina, requires proof of insurance before a client can obtain a driver license. This area is under review to by the program manager for further insight as to the constraints affecting the achievement of this goal.

Financial management is a very important life skill for our clients. A total of **75%** of clients will have a savings account during the 2016-2017 fiscal year. At the end of the 2nd quarter, **60%** of our clients possess a savings account. Each quarter is measured as separately. There are factors such as exits and new intakes that increase or decrease the overall census. The yearly census will be a better measurement of this goal.

Academic and vocational skills are necessary life skills needed to be successful in reaching and maintaining independence. A total of **95%** of clients will be attending school and/or be employed during the 2016-2017 fiscal year. Currently, at the end of the 2nd quarter, **80%** of our clients were attending school and/or were employed. Each quarter is measured as separately. There are factors such as exits and new intakes that increase or decrease the overall census and thus may increase or decrease the percentage. The yearly census will be a better measurement of this goal.

Decision making skills help to contribute to an improved quality of life. A total of **95%** of clients will attend counseling. At the end of the 2nd quarter, **30%** had attended counseling. This area is under review to by the program manager for further insight as to the constraints affecting the achievement of this goal.

**NCPK Program Outputs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plan 2016-2017 | Output achieved from Jul-Sep 2016 | Output achieved from Oct-Dec 2016 | QtrsYTD | Percent to Goal |
| The average number of enrollment per year will equal 33 | 34.5 | 35.6 | \*\* | **** |
|  |  |  |  |  |
| All children will wither have two DIAL-4 assessments or will have an IEP in place | 30 Fall DIAL-4 completed | 6 Fall DIAL-4 completed | \*\* |  |
|  |  |  |  |  |
| Parents will receive 2 parent/teacher conferences | NA | 35 | \*\* |  |
|  |  |  |  |  |
| 90% average total of the students will meet or be above the growth range in teaching strategies | NA | NA | \*\* |  |
|  |  |  |  |  |
| 50% of home visits based on enrollment will occur | 18 out of 36 clients received a home visit | NA |  | **** |
|  |  |  |  |  |
| 90% of students will be able to write their name and recognize primary colors | NA | 9/36 print name or 25%; 21/36 or 58.3% recognize primary colors | \*\* |  |
|  |  |  |  |  |
| Meets or Exceeds Training Hours Requirements 2016 Calendar Year\* | 17% | 63% | 80% | **** |
|  |  |  |  |  |
| Meets or Exceeds Training Hours Requirements 2017 Calendar Year | NA | NA |  |  |
|  |  |  |  |  |
| \*Measured on a calendar year, 1st output Jan-Sep 2016, 2nd Output Jan-Dec 2016 | |  |  |  |
| \*\*These areas are not measured cumulatively; instead, at the end of the fiscal year, all clients served will be compared for each end of the year goal. | | | | |

What does the output numbers mean?

Enrollment slots in the NCPK Program are awarded through the Catawba County Partnership for Children. Slots become available as families move to other cities or due to other circumstances such as financial hardship, limited transportation, and family dynamics. The average number of enrollment per year will equal **33** by June 30, 2017. As of the 2nd quarter, the average enrollment is **35.6** children. The trend is favorable from the 1st Quarter to the 2nd Quarter and indicates the goal will be met.

Data from the DIAL-4 are used to describe the strengths and needs of young children in five areas of development: motor, concepts, language, self-help, and social-emotional. DIAL-4 produces an overall score that will be used to measure growth between two intervals in time. DIAL-4 are administered during the Fall and the Spring school year. All children will either have two DIAL-4 assessments or will have an IEP in place instead of a DIAL-4 assessment. As of the 2nd quarter, **6** DIAL-4’s were completed. At the end of the 2nd quarter, the information is on target for assessment.

All parents of the children enrolled in the NCPK program will have 2 parent/teacher conferences reviewing their child’s growth. As the end of the 2nd quarter there were 35 parent/teacher conference held. This measurement may fluctuate with exits or new enrollments. This goal’s measurement is better viewed as a yearly outcome in comparison to the enrollment roster.

Teaching Strategies® Gold™ provides growth reporting on the children enrolled in the NCPK Program. The growth summary is an annual report and is not due at this time.

Home visits were established this school year in order to promote introductions and engagement from the teachers to the parents. A total of **50%** of home visits based on the enrollment roster will occur by the end of fiscal year. The NCPK program was awarded 36 slots for the 2016-2017 school year. As of the 1st quarter, **18** home visits had occurred. This goal was completed in the 1st quarter.

Elements providing Kindergarten readiness include recognition of letters and primary colors. A total of **90%** of the students will be able to write their name and recognize primary colors by the end of the school year. At the end of the 2nd quarter, 9 out of 36 students could print their name and 21 out of 36 students could recognize primary colors. This measurement will fluctuate as these skills develop individually. A yearly measurement is the better choice of measurement for this goal.

The NCPK Program requires **24** contact hours of training each **calendar year** for all full-time employees. *Note: If a new employee is hired within the calendar year, the training hours are prorated based upon the hire date.* Currently, for the 2016 calendar year, **80%** of all NCPK employees either meet or exceeds the training hour requirements. Employees in the NCPK program are continually pursuing professional development credits in the form of academic classes or continuing education units. Unfortunately, this is a goal that was not met; however, the program director has put quarterly checkpoints in place to monitor training hours for the 2017 calendar year.

**Finance and Administration Outputs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plan 2016-2017 | Output achieved from Jul-Sep 2016 | Output achieved from Oct-Dec 2016 | Qtrs YTD | Percent to Goal |
| Each Month all accounts balanced by the 15th of the following month | 100% | 66.67% | \*\* |  |
|  |  |  |  |  |
| On a monthly average, 98% of all accounts receivables are considered current | 100% | 100% | \*\* |  |
|  |  |  |  |  |
| A balanced budget is produced and approved by the board within 15 days of the start of the new fiscal year | Current 2016-2017 was approved on 6/20/16 | NA |  | **** |
|  |  |  |  |  |
| Financial reports are distributed at all scheduled board meetings | 100% | 100% | \*\* | **** |
|  |  |  |  |  |
| Annual audit is completed within 3 months of the close of the fiscal year and contains clean opinion | NA | Report dated 11-2-16; but opinion is clean |  | **** |
|  |  |  |  |  |
| HR compliance will be 100% at the HR audit | NA | NA | \*\* |  |
|  |  |  |  |  |
| \*\*These areas are not measured cumulatively. | | | | |

What does the output numbers mean?

Accountability and internal controls supporting financial stability is the responsibility and fiduciary duty of the financial and administration department.

Each month all accounts are balanced by the 15th of the following month. As of the 2nd quarter reporting, **66.67%** of the accounts were balanced each month by the 15th of the following month. October 2016 had many deadlines and therefore, reconciliation missed the mark by 1 day.

Program service revenue is very important to the ongoing ability to serve children. On a monthly average, **98%** of all accounts receivables are considered current. At the end of the 2nd quarter, **100%** of all accounts receivables per month were considered current.

Budgetary planning and implementation supports the strategic plan objectives annually. A balanced budget is produced and approved by the board of directors within **15 days** of the start of the new fiscal year. The current budget (2016-2017) was approved on **6/20/16** which is within the **15 day** window. This goal is complete as of the 1st quarter.

Financial updates in the form of financial reports provide a snapshot of the financial status. Financial reports are distributed at all scheduled board meetings. During the 2nd quarter, financial reports were distributed at the scheduled board meeting.

Preparation of the annual audit by an independent auditor is performed annually. The annual audit is completed within 3 months of the close of the fiscal year and contains a clean opinion. The annual audit report was signed as of November 2, 2016 which is late. The audit committee will address this concern with the engagement letter for the next fiscal audit. However, the audit did contained a clean opinion.

Human Resource compliance is mandated by federal and state laws. Human Resource compliance will be 100% at the HR audit. The HR audit is not due.

**Section Three – Outcomes**

Section three will focus on the annual outcomes per program. This section will not be completed until after the completion of the 2016-2017 fiscal year.

**Section Four – Client Satisfaction**

Section four will address client satisfaction on an annual basis. This section will not be completed until after the completion of the 2016-2017 fiscal year.

**Section Five – Improvement Plans**

1. The first improvement plan was to address the client record review process. The PQI committee is currently reviewing the process and addressing any changes that may be appropriate to easier and faster record review. The improvement plan is on target. At the close of the 2nd quarter, this improvement plan is considered completed.
2. The second improvement plan was to address donation gift entry simplification and better reporting availability. The PQI committee is reviewing the process and software for improvement. As of the 2nd quarter, the improvement plan is accepted by the committee and shows steady progress. This improvement plan is anticipated to last through this fiscal year.
3. The third improvement plan addresses an area cited as deficient at the biennial relicensing. This improvement plan was accepted immediately after the citation by the PQI Committee. This improvement plan addresses the nutritional education for the residents in the Transitional Living program. The improvement plan is on target and will continue into the 3rd quarter.
4. The fourth improvement plan addresses a communication barrier in regards to the NCPK programming paradigm. The improvement plan was accepted by the PQI Committee in the 2nd Quarter and continues to make progress.

We hope you found the information contained in this report helpful. If you have any feedback about this report, please contact via email or telephone:

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