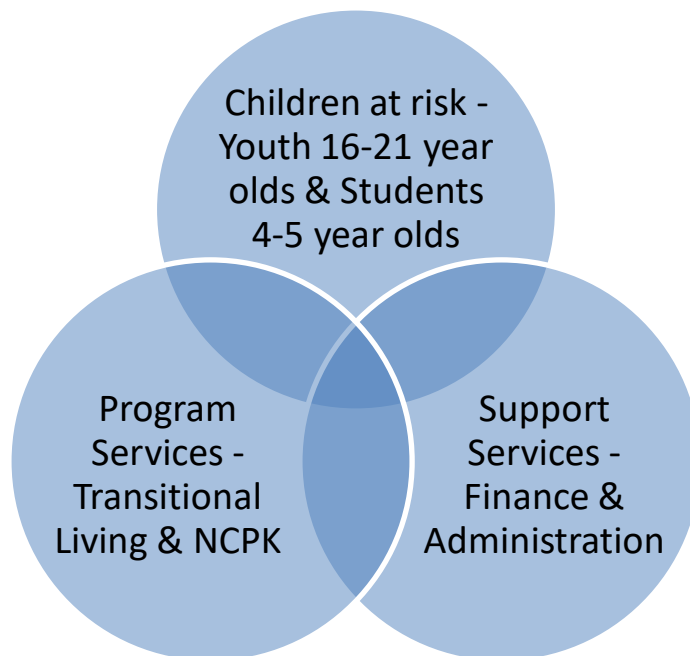


PERFORMANCE & QUALITY IMPROVEMENT PLAN

S E M I - A N N U A L R E P O R T
J U L Y - D E C E M B E R 2 0 1 7



Sipe's Orchard Home

We help families gr^ow their dreams.

Section One – Introduction

Welcome to our PQI Semi-Annual Report! This report is open to anyone who is interested in our ongoing work to care for children at risk. The PQI Semi-Annual 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.

Section Two – Information and Outputs

Specifically, the PQI Semi-Annual 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 semi-annual reporting; however, the outputs in the PQI Semi-Annual Plan will either have qualitative or quantitative information available in each output section.

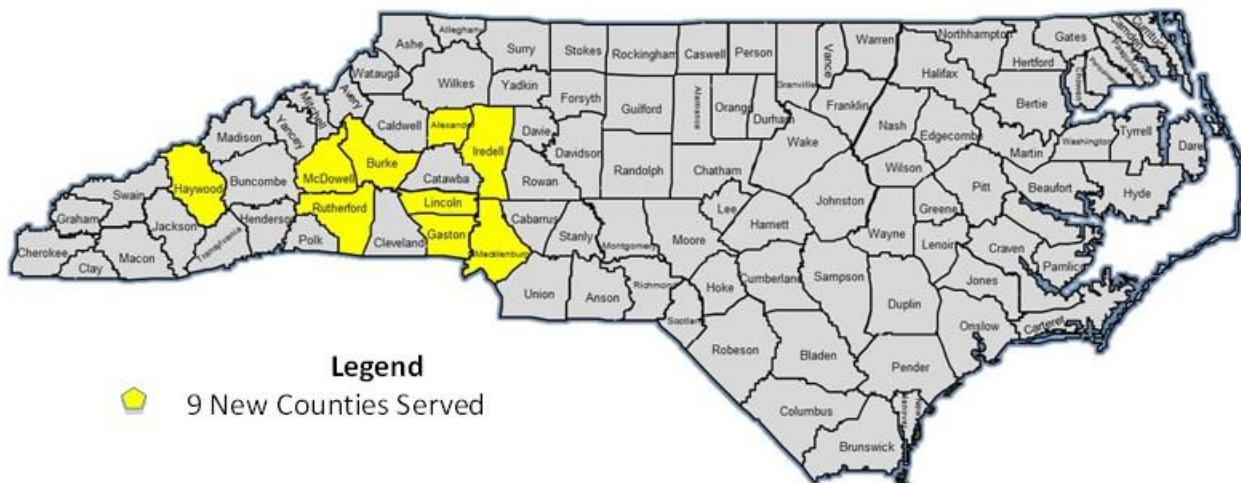
Transitional Living Outputs as of December 31, 2017

Plan 2017-2018	Output achieved as of 12/31/17
20 counties targeted for referrals	45%
Minimum 10 new intake Casey Life Skills assessments	90%
Minimum 10 new Transitional Living Plans completed	90%
Meets or Exceeds Training Hours Requirements 2017 Calendar Year	100%
50% of clients who remain in the program for 6 months will receive 2nd Casey Life Skills assessment	60%
50% of clients who are eligible will obtain their driver license	50%
60% of clients who remain in the program for 6 months will have a savings account	100%
85% of clients who remain in the program for 6 months will attend school and/or be employed	100%
75% will attend counseling	72%

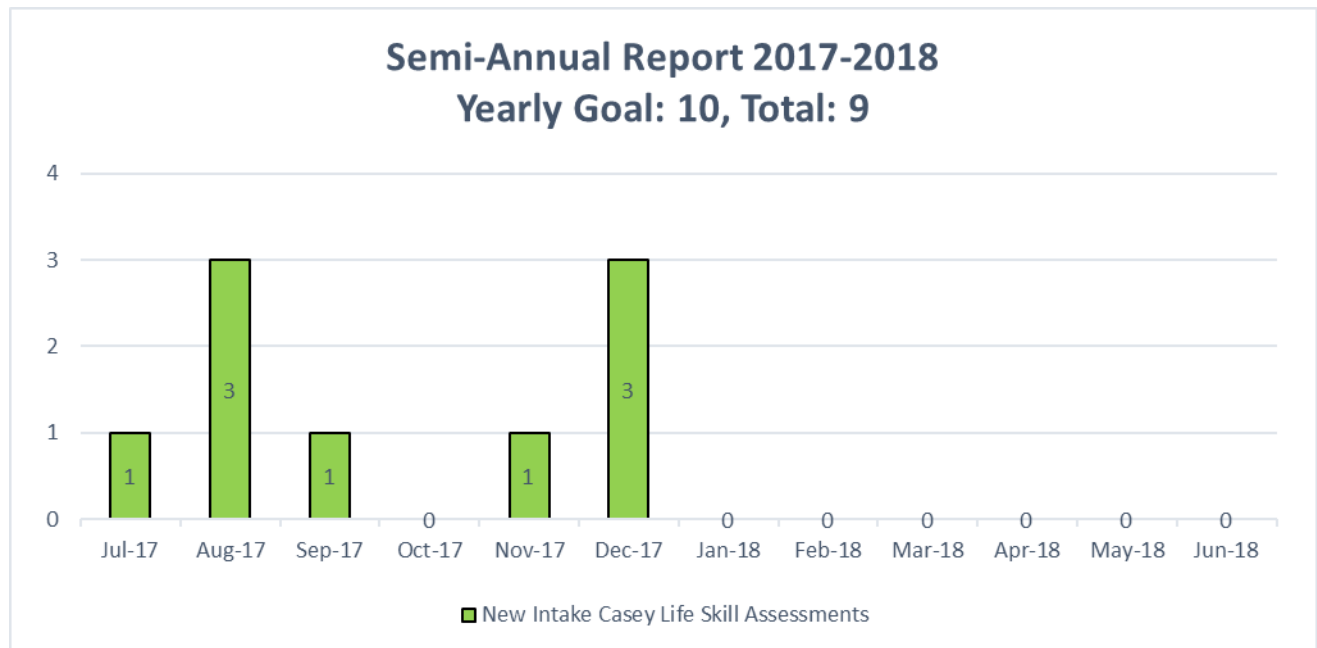
What do the output numbers mean?

A total of **20** counties are being targeted for client referrals during the 2017-2018 fiscal year. The Transitional Living Program has received referrals from **9** new counties in the targeted area from July 2017 to December 2017. Referrals continue to grow as more counties take advantage of the new legislation, Foster Care 18-21, which provides expanded funding available to all counties in North Carolina.

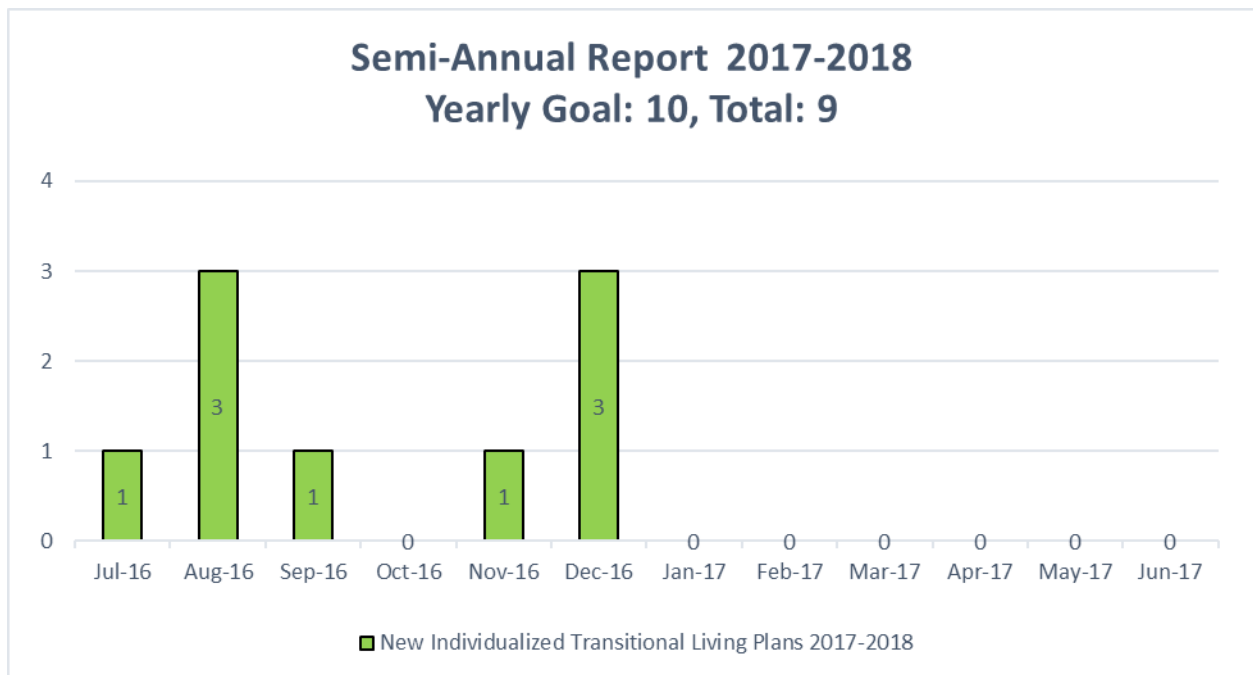
Halfway to target!



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 2017-2018 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. From July 1, 2017 to December 31, 2017, **9** new clients were accepted into the program and **9** assessments were completed. **Close to target!**



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 2017-2018 fiscal year. The TLP's are developed utilizing information from the initial Casey Life Skills Assessment, intake documentation, and input from the client/guardian. From July 1, 2017 to December 31, 2017, **9** new clients were accepted into the program and **9** TLP's were completed. **Close to target!**





The Transitional Living Program requires **24** contact hours of training each **calendar year** for all Transitional Living full-time and part-time employees. For the prior 2017 calendar year, all Transitional Living employees either met or exceeded the training hour requirements. **100% on target!**

2nd Casey Lifeskills Assessment

A 2nd Casey Life Skills Assessment is completed by the client on or after six months of enrollment within the program. A total of **50%** of clients who remain in the program for six months will receive a 2nd Casey Life Skills Assessment. At the end of the first six months, **60%** of those who remained in the program for six months received a 2nd Casey Life Skills Assessment. Length of stay contributes to the overall feasibility of the 2nd assessment. **Target Exceeded!**



Obtaining a driver license is a very important life skill for our clients. A total of **50%** of clients will obtain their driver license during the 2017-2018 fiscal year. At the end of the first six months, **50%** of the eligible 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. **Target Met!**



Financial management is a very important life skill for our clients. A total of **60%** of clients who remain in the program for six months will have a savings account by the end 2017-2018 fiscal year. At the end of the first six months, **100%** of our clients who remained in the program for six months possessed a savings account. **Target Exceeded!**



Academic and vocational skills are necessary life skills needed to be successful in reaching and maintaining independence. A total of **85%** of clients who remain in the program for six months will attend school and/or be employed during the 2017-2018 fiscal year. As the end of the first six months, **100%** of our clients were attending school and/or were employed. **Target Exceeded!**



Decision-making skills help to contribute to an improved quality of life. A total of **75%** of clients will attend counseling. At the end of the first six months, **72%** had attended counseling. **Close to target!**

NCPK Program Outputs as of December 31, 2017

Plan 2017-2018	Output achieved as of 12/31/17
The average number of enrollment per year will equal 33 during the 2017-2018 school year.	35.6
All children will wither have two DIAL-4 assessments or will have an IEP in place.	36 Fall DIAL-4 completed
Parents will receive 2 parent/teacher conferences reviewing their child's growth.	NA**
90% average total of the students will meet or be above the growth range in teaching strategies	NA**
50% of home visits based on enrollment will occur by the end of June 30, 2018	63.80%
90% of students will be able to write their name and recognize primary colors	58.30%
Meets or Exceeds Training Hours Requirements 2017 Calendar Year	100%
**Annual measurement	

What do 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, 2018. As of December 31, 2017, the average enrollment is **35.6** children.

Target Exceeded!



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 December 31, 2017, **36 Fall DIAL-4's** were complete. **1st Target Met!**



All parents of the children enrolled in the NCPK program will have 2 parent/teacher conferences reviewing their child's growth. This output is measured annually.



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 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 2017-2018 school year. As of December 31, 2018, **63.8%** of home visits were completed. **Target Exceeded!**



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. As of December 31, 2018, **58.3%** of the student can write their name and recognize primary colors. **Halfway point surpassed!**



The NCPK Program requires **24** contact hours of training each **calendar year** for all full-time employees. Employees in the NCPK program are continually pursuing professional development credits in the form of academic classes or continuing education units. For the prior 2017 calendar year, all NCPK employees either met or exceeded the training hour requirements. **100% on target!**

Finance and Administration Outputs as of December 31, 2017

Plan 2017-2018	Output achieved as of 12/31/17
Each Month all accounts balanced by the 15th of the following month.	100%
On a monthly average, 98% of all accounts receivables are considered current.	100%
A balanced budget is produced and approved by the board within 15 days of the start of the new fiscal year.	Current 2017-2018 was approved on 6/19/17
Financial reports are distributed at all scheduled board meetings.	100%
The annual audit is completed within 3 months of the close of the fiscal year and contains clean opinion.	2016-2017 Audit was completed 9/29/17 and contained a clean opinion
HR compliance will be 100% at the HR audit	NA**
**Annual measurement	

What do 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 December 31, 2017, **100%** of the accounts were balanced each month by the 15th of the following month. **Target Met!**



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. As of December 31, 2017, **100%** of all accounts receivables per month were considered current. **Target Met!**



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 (2017-2018) was approved on **June 19, 2017**, which is within the **15-day** window. **Target Met!**



Financial updates in the form of financial reports provide a snapshot of the financial status. Financial reports are distributed at all scheduled board meetings. Financial reports were distributed at the scheduled board meetings during the first six months of the fiscal year. **On Track!**



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 auditors completed the annual audit for the fiscal year 2016-2017 on September 29, 2017. **Target Met!**



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 2017-2018 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 2017-2018 fiscal year.

Section Five – Improvement Plans

1. The first improvement plan addresses clerical entries on the client's MAR (Medical Administration Record). MAR's training to key staff and procedural changes are helping improve the quality and accuracy of the forms. Over the last six months, reports given to the PQI Committee during our monthly meetings show improvement in the clerical errors. The improvement plan is on target.
2. The second improvement plan addresses the Ansell Casey Life Skills Assessment. Length of stay is key towards obtaining a secondary assessment. Each client receives an initial assessment upon intake and the goal is to obtain another assessment on or after six months of stay. Changing the timing for the second assessment will help provide a comparable measurement based on each client's functional status. During the last six months, the improvement plan's actions reveal positive outcomes in obtaining the second measurement. The PQI committee receives updates on this plan at each monthly meeting. The improvement plan is on target.
3. The third improvement plan addresses Productive Hours. Each client must complete a designated number of productive hours each week. The improvement plan was put into place to help facilitate completion or required productive hours and to address behavioral management. In both Transitional Living facilities, white boards were created to measure each client's daily productive works for the week. The boards are a visual reminder and motivator for good competition to produce productive hours. Also, the boards are used to help navigate behavior management and provide accountability for work completed.
4. The fourth improvement plan addresses Recognizing Primary Colors and Writing my Name for the NCPK students. The 2016-2017 PQI Annual Report outcome was below the goal. The improvement plan addresses areas that can

help the student's improve in both areas. At the end of December 2017, the outputs are have surpassed the halfway point. The PQI committee receives updates on this plan at each monthly meeting. The improvement plan is on target.

5. The fifth improvement plan addresses Measuring Rest Time. The PQI Committee approved this plan and in October 2017. The improvement plan addresses rest time for students who do not "rest" during this daily activity. Providing quiet alternate activities for students who do not rest during nap time should limit the disruption of the other students who choose to rest. Information received during the PQI Committee monthly meetings show some improvement with this plan. The improvement plan will continue through the remaining school year.
6. The sixth improvement plan addresses "Fundraising: How to find the low-hanging fruit". The improvement plan addresses social media fundraising and exposure and the plan addresses a personalize card recognizing important honorariums and memorials. In addition, the plan puts forth a Christmas Card fundraising opportunity with local businesses. The Property Committee receives reports from this plan at each monthly meeting. The improvement plan is on target.

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:

DeLane Bowman, PQI Coordinator
dbowman@sipesorchardhome.org
828-256-3307