*UNITY*

PARENTING AND COUNSELING, INC.

**UPC Plan 200.1**

RISK/QUALITY

MANAGEMENT PLAN

# FY 2014

Revised March. 15, 2014

**MEMO *From the Office of the Executive Team***

To: All Staff Members, Clients and Stakeholders of Unity Parenting and Counseling, Inc.

Re: Risk and Quality Management

This Plan has been developed as a framework of procedures to review and mitigate risk and promote excellence and continual improvement in the quality of our performance for the management, staff, clients and stakeholders of Unity Parenting and Counseling, Inc. and serves to augment ***Unity Parenting and Counseling, Inc. Policy and Procedure Manual (PPM) 200, Performance and Quality Improvement and PPM 1100, Administration and Risk Management***. This Plan has the unqualified approval of the Board of Directors and the Executive Staff.

We believe that it is in the best interest of the organization, our clients, our employees and stakeholders to have written and implemented this framework for the collection and constructive use of data to promote a results orientated organization. It is essential that all members of management, our staff, our clients and stakeholders understand the importance of these procedures in meeting the organization’s objectives and that we all have significant and dedicated roles in the process.

Any policy, however, is only as good as its implementation. You are the individuals who must translate these ideas and principles into action. We depend upon you for the successful development, monitoring and improvement of Unity’s risk/quality management system for our agency and clients.

Accordingly, I request that you thoroughly familiarize yourself with the contents of this Plan so that all can understand and participate in the process. At the end of each year we publish an annual “score-card” of gains made against goals and the actions we will take in the coming year to improve our results. We call it our “Performance Analysis and Tactical Plan.” If you find that you have suggestions for improvement of these plans and the procedures contained within please bring these suggestions to your Risk/quality management Team Meeting or mail them to the Executive Team at Unity’s mailing address for consideration and discussion.

EXECUTIVE DIRECTOR

**ELEMENTS OF UNITY’S RISK/QUALITY MANAGEMENT (R/QM) PROGRAM**

**PURPOSE AND SCOPE OF RISK/QUALITY MANAGEMENT (R/QM) ACTIVITIES:** The purpose of our risk/quality management (R/QM) activities is to achieve safe, secure and optimum operation of our agency and its program services by ensuring that all personnel and stakeholders provide input and feedback into a system that focuses our intent on providing the best possible outcomes for the people that we serve. In essence, the R/QM Plan is a formula for analyzing risks and performance, mitigating risks while improving performance and achieving the goals and objectives of our contracts and the Strategic Plan and maintaining the standards of our accreditation. We also work to ensure that best practice in performance and outcomes is integrated into the plan. The R/QM Plan outlines routine actions that may be taken to identify risks and other areas of needed improvement and implement improvement on a small or broad scale, review results, modify or discontinue the improvement process, and keep staff and consumers informed and involved throughout the cycle. The development, implementation and review of a comprehensive risk/quality management system, organization-wide, involve our stakeholders in the risk analysis and performance quality of each of Unity’s programs,services, and organizational units and staff members. The risk/quality management system incorporates multiple feed-back loops for the Board of Directors, our funders, staff members, service recipients, other service agencies and the community. All are informed of the outcomes of our activities and have a say in the improvement of our agency’s operation. **We welcome feedback from all our stakeholders about the Risk Quality Improvement Process and any suggestions on how we can improve our services to our clients and our community. Please send emails to our Executive Director, Flora Koppel at** [**fkoppel@unityparenting.org**](mailto:fkoppel@unityparenting.org)**, letters to Flora Koppel, Executive Director, Unity Parenting and Counseling, Inc., 600 W. Cermak Road, Suite 300, Chicago, IL 60616 or call our Executive Director at (312) 455-0007 with your feedback or suggestions.**

OBJECTIVES OF R/QM PLAN

* Set forth and describe the purpose and scope of R/QM activities;
* Assign responsibility for conducting and coordinating R/QM activities;
* Outline methods, establish a periodic review and specify timeframes for [monitoring](JavaScript:termOn(143);) and reporting essential [management](JavaScript:termOn(130);) and service delivery processes to evaluate the effectiveness and efficiency of the operational activities and services that we provide consistent with quality priorities;
* Describe feedback mechanisms for determining whether desirable outcomes are being met. Set meaningful goals and measure progress toward those goals at regular intervals.
* Include provisions for an [assessment](JavaScript:termOn(18);) of the R/QM program’s utility, including any barriers to and supports for implementation;
* Describe corrective action procedures to correct potential and observed deficiencies. Systematically analyze aggregate data to improve the quality of its services.
* Provide employees with unique tools, including training, to aid in service delivery and aggressive supervisory monitoring, case file reviews and review by members of the Executive and Management Teams and designees.
* Define [stakeholders](JavaScript:termOn(218);) and describe how they will participate in the R/QM process;
* Assesses areas of overall risk to the organization that include, but are not limited to:

1. the continuing ability to pursue strategic goals;
2. compliance with legal requirements, including licensing and [mandatory reporting](JavaScript:termOn(134);) laws, fiscal [accountability](JavaScript:termOn(4);), and governance;
3. insurance and [liability](JavaScript:termOn(124);) issues;
4. contracting practices;
5. any [research](JavaScript:termOn(191);) projects that include [service recipients](JavaScript:termOn(209);) as participants;
6. risks to clients, stakeholders, volunteers and staff associated with the various services and service facilities we provide such as child welfare services and housing services.

We believe that this approach and a unified and systematic effort by well-trained people committed to high standards can address and overcome the devastation caused by the breakup of the family unit, homelessness and joblessness.

**OVERSIGHT:** The Board of Directors of Unity Parenting & Counseling, Inc. is responsible for insuring that adequate financial resources are available sufficient to meet the agency’s performance and risk/quality management needs.

The Board of Directors of Unity Parenting & Counseling, Inc. is responsible for the oversight of the quality of financial management sufficient to meet the standards of best fiscal practice.

The Board of Directors of Unity Parenting & Counseling, Inc. is responsible for insuring that operational and service policies are in place and that they are of sufficient quality to meet the needs of our service recipients, our funders and social service industry’s best practice standards.

## The Executive Team is responsible for developing and implementing the Performance and Risk/Quality Management Program, conducting an annual performance analysis and risk/quality management review or short term plan (UPC Plan 200.4, Performance Analysis and Tactical Plan) that includes a review of this plan and its associated publication, and then presenting the results to the Board of Directors.

**RISK/QUALITY MANAGEMENT OPERATIONS:** The Executive Team is responsible for designing, implementing, coordinating and monitoring the risk/quality management process as defined by this plan. The Board of Directors, the Executive Team, supervisors, line staff, volunteers, stakeholders and contractors review the program’s utility and participate in the risk/quality management process.

The Executive Director (ED) is responsible for administration of the risk/quality management function in the agency. The ED delegates data collection tasks to assigned Management coordinators in Operations, the Foster Care Program and the Housing Programs. The Executive Team Administrative Assistant is tasked to compile the data into reports that can be communicated to the Executive Team for analysis and dissemination to the organization’s stakeholders.

**STAKEHOLDER PARTICIPATION:** Representatives from all stakeholder groups, including persons served, per­sonnel and volunteers from all levels of the agency, foster parents, members of the Board of Directors, community human service agencies, vendors/contractors, representatives of funding agencies and other stakeholders, participate in the risk/quality management process through Risk/Quality Management Team meetings and focus groups, community, client and foster parent survey outcomes, suggestions, reviews/audits and participation in long and short term planning. Unity’s PQI Team is composed of the entire staff and meets monthly to perform the specific quality and risk management reviews set forth in this plan. Unity also integrates the findings of external review processes, including audits, accredita­tion activities, licensing, and other reviews into its risk/quality management process. The external reviews such as the COA (re)accreditation review, Agency Performance Reviews, IDCFS, HUD and other Funding Monitor's Reports, Fire and Safety Inspections, and the yearly Audit Reports are reviewed as part of the R/QM Teams’ quarterly and annual reviews, the Agency Annual Performance Report to the Board and the strategic and performance analysis and tactical planning processes. This Plan, the Strategic Plan and the Annual Performance Analysis and Tactical Plan are published on our web site (www.unityparenting.org).

PLANNING ELEMENTS OF THE R/QM PLAN OVERVIEW

**LONG TERM (STRATEGIC) PLANNING:**

Strategic Planning takes place every four years. At the all-staff meeting preceding the Strategic Planning Workshop, Unity’s mission objectives and the assessment of community needs are discussed with the entire staff. The suggestions coming out of that discussion go forward to the workshop.

The attendants at the Strategic Planning Workshop are:

Designated Board Members

Agency Executives (Sr. Mgt.)

Middle Management

The Consumer Advisory Committee

The Foster Parent Advisory Committee

Service Contractors

**Purpose:** The purpose of the Strategic Planning Process is to insure that Unity’s mission always addresses the needs of the community and that the methods of achieving the mission are professional, cost effective and conform to the values and mandates of our community.

**Format:** Unity’s strategic planning follows a standardized format, which:

**a.** clarifies our mission, values, and mandates;

**b.** establishes goals and objectives that flow from our mission and mandated responsibilities;

**c.** assesses our risks, strengths, opportunities, threats and weaknesses;

**d.** assesses human resource, infrastructure and funding needs; and

**e.** identifies and formulates strategies for meeting identified goals.

Strategic planning includes an assessment of community needs that examines:

**a.** services offered by other providers in the community;

**b.** gaps in the array of services needed by Unity's defined service population;

**c.** accessibility issues; and

**d.** the need to redirect, eliminate, and/or expand service in response to changing demographics and the needs and wishes of the community.

**Process:** After the review of the mission, values and mandates; the results of our Quality Management Activities; our unusual incidents/risks, our program and service outcomes for the last 4 years; new outcomes mandated by new or revised contracts; our finances including fundraising accomplishments; the last Strategic Plan and Tactical Plans; the Strengths, Risks, Weaknesses, Opportunities and Threats and the Community Needs Assessment we discuss strategic directions and goals for the next 4 years. On the second day we split into committees to deliberate on individual goals and come up with possible objectives, outcomes and strategies for achieving each objective.

**Mission Objectives**

Review and clarify the agency’s mission, values and mandates (outcomes mandated by contracts);

* examine goals and objectives, which flow from the mission;
* assess agency risks, strengths and weaknesses;
* assess human resource needs
* assess financial needs
* assess training needs and
* formulate measurable objectives, resources and strategies for meeting identified goals.

**SWORT Review**

This review includes internal and external strengths, weaknesses, risks, opportunities and threats. During this process the participants assess the risk/quality management system costs, benefits and utility, including any barriers to and supports for implementation.

**Assessment of Community Needs:** We assess the community to:

**a.** determine the need for Unity’s services;

**b.** examine services offered by other providers;

**c.** look for gaps in services needed by our defined service population.

**d.** review demographic profile of our community and our service population.

**e.** review changing demographics and their impact on service needs

**f.** look for indications of needs to withdraw or expand services

**g.** analyze relevant data related to agency responsiveness to the needs and wishes of the community and future direction

To enhance our assessment, we may draw upon the findings of other external needs assessments, such as those conducted by United Way, municipal planning boards, universities, State and Federal Government Agencies or other organizations with a community-wide focus. In our programs with closed referral systems, i.e., those that contract with public or other agencies and only serve persons and families that are referred by the contractor agency, we may use the assessment of community needs to inform the contractor about changes in the service environment.

**Assessment of Demographics:** As part of the intake procedures for each service, demographic information specific to the program becomes part of the database for that program. Aggregate demographic statistics of our client population from the data bases and demographic statistics of our community from the City of Chicago and the most recent census are used in Unity’s long term planning process. Demographic information about the Board of Directors and the Staff is also analyzed and compared to our client base to insure that it is representative of our service population.

The following survey is used to collect both client and community demographic data.

|  |  |  |
| --- | --- | --- |
| **Client Categories**  Biological Parents  Wards  Unity Housing Clients  AIDS Housing Clients  Other    **Client or Community Population Gender**  Males  Females  **Client or Community Population Age**  Under 12 O  12 - 17  18 - 29  30 - 49  50 - 64  Over 64  **Client or Community Population Major Religious Groups**  Catholic  Jewish  Islamic/Muslim O  Protestant  None  Other (please specify) |  | **Client or Community Population Annual Family Income**  Under $13,000  $13,001 - $20,000  $20,001 - $30,000  Over $30,000  **Client or Community Population Racial/Ethnic Composition**  Hispanic/Latino  Black/African American  American Indian/Alaskan Native  Pacific Islander  Asian (non-Pacific Islander  White  Other Race (please specify)  **Client or Community Population Major Language Groups**  English  Spanish  Other (please specify) |

**Task Assignment**

* **Committees:** Individual committees are formed to consider each Goal. Goals are broken down into observable/measurable objectives. Strategies are suggested to achieve each objective.
* **Committee Coordinator:** A committee coordinator is identified by position and a task group is suggested. A list of tasks to be carried out is suggested and a schedule of tasks (over a 4-year period) is drafted.
* **Committee Participants:** Participants are recommended by position. Tasks are divided between participants.

The Executive Team is responsible for drafting and publishing the Strategic Plan and assigning the plan a plan number and a revision date.

The Executive Team reviews a draft of the Strategic Plan suggests corrections if needed and approves the final draft. The Executive Team ensures that the Strategic Plan is submitted to the Board of Directors for approval. When approved by the Board the Executive Team ensures that the plan is then published and made available to the board, employees and the community at large.

**SHORT-TERM (ANNUAL PERFORMANCE ANALYSIS AND TACTICAL) PLANNING:** (See attached Annual Performance Analysis and Tactical Plan) UPC Plan 200.4, Annual Performance Analysis and Tactical Plan, (short title is “Tactical Plan”) aggregates and summarizes the risk and performance quality improvement data collected during the previous year and suggests revisions/corrections to improve our procedures and/or policies. Performance Analysis and Tactical Planning takes place on an as needed basis and at a minimum, once per year. Performance Analysis and Tactical Planning must take place at the end of the calendar year but no later than the 2nd week in March.

The planning process is announced to the staff so they may provide input through supervisors or suggestions to the material considered. Requests for input into the process are also solicited from the Board of Directors, Contractors, Service Sub-contractors, clients and any other community members through personal contact, announcements on our Web Site and announcements at meetings. All members of the Quality Management Team are required to have some input in the Performance Analysis and Tactical planning process by attending our annual Risk/Quality Management Stakeholder Meeting in January or February. Short-term planning involves stakeholders, service recipients and line staff. The planning process annually reviews risks, service and administrative outcomes and the goals and objectives of the strategic plan and makes these outcomes, goals and objectives operational through corrective action plans. Aggregate information is reviewed by participants as background information in revising or establishing short-term goals. These goals allow Unity to respond with flexibility to changing needs and adapt to outcome information requiring a corrective response within a time frame of one to two years. Staff members, service recipients and other stakeholders are encouraged to add to or comment on the short term plan as it relates to their areas of interest and expertise. Representatives from each of Unity's programs, services and support departments annually take part in developing a short-term plan that:

* reviews previous Performance Analysis and Tactical Plan;
* reviews Strategic Plan long term goals, assesses/analyzes this year’s goal attainment and analyzes the data from the contract mandated outcomes report;
* incorporates outcomes from any new or revised contracts;
* reviews and analyzes the aggregate data from the Risk/Quality Management Team Meetings (surveys and suggestions, results of the corrective action plans, incident reports, grievances, complaints and suggestions from stakeholders);
* reviews and analyzes Peer/Case File Review Data;
* reviews and analyzes stakeholder survey information;
* reviews and analyzes personnel manning data and job descriptions;
* reviews and analyzes financial reports including budget variance, allocation plan data, unit of service cost data and operational cost data;
* reviews and analyzes risk management data (Unusual Incident Reports, safety inspections, maintenance records for facilities and equipment, results of the liability insurance review, review of exterior and interior audits, evaluations and assessments);
* reviews and analyzes internal and external evaluations of programs, services and operational processes (Annual Performance Reviews, Audits, inspections, etc.)
* reviews best practice standards from the Council on Accreditation of Children and Family Services and United Way, changes in rules and procedures of our funders, legislation dealing with issues that impact our clients, changes in community profiles (demographics), community needs and the status of our community base;
* drafts corrective action plans and develops goals for the coming year along with recommended changes in policies, procedures or agency structure and
* reviews the effectiveness of our risk/quality management processes, this plan (UPC Plan 200.1, Risk/Quality Management Plan), PPM 1100, Administration and Risk Management and PPM 200, Performance and Quality Improvement.

This data is compared to base line data from the previous period to determine if improvements implemented during the preceding year(s) were effective in raising agency standards. During the performance analysis and tactical planning process, new standards are set for the coming year(s) and plans for changes are prioritized. Time lines are set and implementation responsibilities are assigned to appropriate staff positions. Check points are established throughout the subsequent year(s) for the Risk/Quality Management Administrator to determine the progress of the recommended changes. During the performance analysis and tactical planning process, Unity also addresses its efficiency in the allocation and utilization of its human and financial resources in furthering or impeding the achievement of organizational objectives and effectiveness, and the relationship of service delivery costs to the benefits derived by consumers of service. The new goals are used as bench marks for the next planning period’s Annual Agency Performance Analysis and Tactical Planning Report.

The Executive Team prepares a draft of the Performance Analysis and Tactical Plan to present to the R/QM Team.

The Executive Team must approve the Performance Analysis and Tactical Plan and submit to the Board of Directors, no later than the third week in February, for approval.

The Board approved Performance Analysis and Tactical Plan is activated immediately and makes the necessary corrective action over the course of the fiscal year to ensure that the Strategic Plan is viable.

**UPC Report 200.2, ANNUAL AGENCY PERFORMANCE ANALYSIS**

Date Fiscal Year

**STRATEGIC GOALS OUTCOMES**

**A. Expanding Fund Raising**

1. Create a fundraising committee from a combination of staff members and Board members. Develop a Fund

Raising Plan

1. Develop a membership package for individual donors and ask Board and Staff to hand out at least 10 to friends,

family and associates . Send out packages each quarter.

3. Create a newsletter and distribute both by mail and electronically.

4. Subscribe to Donors Forum to get electronic version of lists of foundations and local corporations. Each committee

member will develop a relationship with two corporations for volunteers, sponsorships and to receive newsletter.

1. Identify positions for volunteers to fill; e.g.: people to help work on fundraising events, drivers, phone solicitors and

event hosts .

4. Develop & implement menu of small events: e.g., staff appreciation dinner, foster parent appreciation dinner, movie, sports event or concert for a portion of the gate, etc.

5. Develop plan & research sponsors for big event.

6. Research potential for fee for services: e.g., Parenting Class, Parenting Coaching, Therapy, GED, Life Skills Training.

**B. Bridging Gaps in Services Offered in the Community**

1. Query Corporation for Supportive Housing to see if they provide guidance in creating a housing development program. If so, perform a cost benefit analysis of the program’s potential.

2. Develop a proposal for a Transitional Living Program combined with a Youth Multi-service Center for DCFS Wards. Present the proposal at the appropriate time.

3. need for employment and small

business development program, research models, potential

businesses and funding sources, select business and potential

funding sources.

4. Research ASAM criteria for DUI training & substance

abuse treatment licensing, research models, draft policy and

procedure manual.

5. Research EAP models, funding, corporate clients &

develop plan.

6. Research AIDS Housing models, community need and

funding sources; develop plan and submit proposal.

**C. Expanding Existing Client Services**

1. Develop innovative Specialized Foster Care model, lobby

DCFS for Specialized Foster Care contract, recruit and train

foster parents for specialized children.

2. Develop model and proposal for transitional living program

for DCFS wards. Market program to DCFS.

3. Develop model and proposal for independent living program

for DCFS wards. Market program to DCFS.

4. Work with committees to develop licensing standards for

transitional housing for partially emancipated minors, secure

license for Harmony Village.

5. Submit proposals for funding to expand and enhance

disabled housing program

6. Develop appropriate models to convert Harmony Village

to compatibility with Chicago Housing First Initiative.

7. Submit proposal to DCFS to include increased maximum

contractual amount for parenting services, add interactive

parenting and include rate for I.P. services. Market Interactive

Parenting to Child Welfare POS agencies and the community

and obtain additional sub-contracts.

8. Obtain funding to provide individual, family and group

counseling for non-DCFS clients including people with AIDS.

9. Research community needs for additional CEDA sites.

Locate potential sites and submit proposals.

10. Develop new HIV/AIDS prevention models to include

peers, theater, music, art, video, training, etc.

Research funding resources.

**CONTRACT MANDATED OUTCOMES STATUS**

**Foster Care**

1. 100% of new cases screened

For AOD Svs within 30 days of case opening.

2. 80% of new HMR/Trad cases in need of AOD Svs

assessed for or are receiving AOD Svs. within 30 days

of assignment.

3. Indicated reports of abuse reduced by 50% in FY04

Over FY00 or have less than .4% of starting caseload

and new entries.

4. Family case reentry into substitute care reduced by

50% in FY04 over FY00 or have less that 6% of all

reunified families.

5. 100% of HMR & Trad Cases assigned to one worker.

6. 115 HMR and 70 Trad. Cases plus any new cases in

FY04 will have no more than one placement move after

60 days in placement.

7. 100% of children 6-16 enrolled in school.

8. 100% of children over the age of 16 yrs will be enrolled

or attempted to be enrolled in school or an appropriate

educational/vocational program until completion or a work

alternative is obtained

9. Ed Reports (CFS 407) completed for 100% of assigned

child cases.

10. Transition Plans completed for 100% of children 14 & over.

11. Number of school transfers due to change in placement.

12. Number of days missed due to change in placement.

13. Number of children above age for grade.

14. 100% of appropriately aged children receive 0-3 evaluations?

15. Where early intervention svs. recommended, 100% receiving services?

16. Number of 3-5 yr olds enrolled in appropriate early childhood programs. Goal is 100%.

17. Absenteeism that may lead to truancy.

18. Number of suspensions and/or expulsions reported in UIR’s.

19. 29% of caseload at beginning of this FY achieved permanency and positive outcomes

**Parenting Class**

1.70% of the clients completing the program will demonstrate

increased knowledge about parenting as determined by the parent training curriculums pre-and post-tests.

2. 85% of the participants will rate the overall experience as

satisfactory or better as determined by the individual client satisfaction surveys administered at the conclusion of each series.

**Focus Hope II**

1. 80% will remain in permanent housing for at least 20 months.

2. 65% have paid employment within 24 months of intake.

3. 50% have GED’s within 24 months of intake.

4. 75% enter job training or college during stay in program.

5. 75% of addicted participants stay drug free over 16 months.

6. 90% abstain from drug use for over 9 months.

7. 100% of residents develop service plans.

8. 75% attain the majority of service plan goals resulting in an

improvement in their health, welfare and/or safety.

9. 85% display significantly improved independent living skills.

10. 95% of children and adults receive medical and well-child care as

well as needed MH and developmental services.

**Focus Hope**

1. 80% will remain in permanent housing for at least 20 months.

2. 65% have paid employment within 24 months of intake.

3. 50% have GED’s within 24 months of intake.

4. 75% enter job training or college during stay in program.

5. 75% of addicted participants stay drug free over 16 months.

6. 90% abstain from drug use for over 9 months.

**Umoja**

1. 80% will remain in permanent housing for at least 20 months.

2. 85% will show improved independent living skills.

3. 30% will secure employment within 24 months.

4. 30% will should enter job training within 24 months

5. 100% will develop service plans.

6. 75% will attain service plan goals.

7. 75% of addictive residents will stay drug free for 6 months.

**Project Ignite**

1. 70% will remain in stable housing.

2. 85% will be linked to permanent housing resources.

3. 90% will be referred to life skills training needed to

maintain stable housing.

4. 100% will be linked to mainstream resources.

5. 98% will be linked to medical treatment programs and

facilities.

6. 90% will become medically compliant to health regiments

established by medical providers.

7. 90% of clients who lack sufficient income will be referred to

Employment services or financial entitlements such as: SSI,

TANF, GA, SSDI, food-stamps, etc.

8. 80% of clients who lack sufficient income will increast their income via employment and/or financial assistance.

**Harmony Village**

1. Serve 56 youth including children per fiscal year.

2. 30% in residence for at least 8 months receive Section 8.

3. 20% in residence for at least 8 months enter other subsidized permanent housing.

4. 40% of all residents obtain permanent housing within one year of intake.

5. 85% evidence improved independent living skills.

6. 85% linked to health and human services agencies for services.

7. 70% participate in education (GED) or voc. training.

8. 45% who haven’t completed HS will obtain GED within 18 months of intake.

9. 40% will obtain certification from vocational training within 18 months of entering program.

10. 80% will enhance income within 8 months of intake.

11. 100% participate in employment preparation.

12. 65% will obtain employment within 14 months of intake.

13. 100% attend daily living skills training.

14. 90% attendance at daily living group for the quarter.

15. 85% achieve at least one goal in their service plan.

16. 100% work with case manager to develop service plans.

17. 80% requiring MH Svs. attend the services.

18. 85% requiring Sub. Abuse. Trtmnt. attend the service.

**Grievances**

1. 80 % per program resolved to the consumer’s satisfaction

**ADMINISTRATIVE OUTCOME GOALS**

**Human Resources Management**

1. Annual personnel retention no less than 77%.

2. 100% of personnel grievances resolved.

3. maintain 80% attendance at staff meetings, in-service and all staff trainings.

4. collect 85% of personnel surveys annually.

5. maintain record of 100% participation in the following:

a. Medical exams

b. Performance Evaluations

c. Immunizations

d. Auto insurance certificates

e. Supervision

6. 100% of Personnel records comply with PPM 400.

**Financial Management**

1. 100% quarterly financial reports submitted to the Board.

2. No more than 20% overall quarterly budget variance for each

quarter.

3. 100% of billing submitted in the timeframe required by each

program funder.

4. Annual budget for next FY submitted by the beginning of the

fourth quarter of this FY.

5. Revenue raised in fundraising events or drives = .5% of our

gross annual revenue.

6. Growth in annual revenue through program development

= 2.5% of our gross annual revenue.

7. Contracts/leases with service providers (telephone, internet, landlords,

office machine, therapy, etc.) reviewed and modified as necessary.

**Risk Management**

1. Quarterly review of the continuing ability to pursue strategic goals

annually by CEO, ED and Board & included in Tactical Plan.

2. Annual review of insurance coverage and liability issues annually

by CEO, ED and Board and included in Tactical Plan.

3. All Staff Risk Management Training takes place annually.

4. Annual evaluation by ED and CEO of each program’s risk management

potential along with overall risks for the agency included in Tactical Plan.

5. Service agreements/contracts reviewed annually for potential risks

& included in Tactical Plan.

6. Information security reviewed annually & included in Tactical Plan.

7. Quarterly review of compliance with legal requirements, including licensing and

[mandatory reporting](JavaScript:termOn(134);) laws, fiscal [accountability](JavaScript:termOn(4);), and governance included

in Tactical Plan;

8. Quarterly review of any [research](JavaScript:termOn(191);) projects that include [service recipients](JavaScript:termOn(209);) as participants

included in Tactical Plan.

9. Quarterly Risk/Quality Management Report to the Board

**Quality Management**

1. Annual Tactical Plan published by August 31st each year and

submitted to Board for approval.

2. Risk/quality management Team (including all stakeholders) meets at least

quarterly (attendance and minutes published).

3. Summary results of R/QM efforts disseminated to stakeholders (web site,

quarterly news letter, memo or letter).

4. 1/3rd of open Corrective Action Plans reviewed at each monthly All Staff Meeting.

5. Annual Risk/quality management Plan reviewed and submitted to Board for

approval.

6. Summaries of surveys, complaints, critical alert/unusual incident reports;

formal grievances, peer/case file reviews, internal and external evaluations

included in Tactical Plan;

**Asset Management**

1. Annual inventory conducted & documentation updated.

2. Maintenance/replacement schedule for equipment developed and

Incorporated in Tactical Plan.

3. Licenses, evacuation plans, Emergency Response Plan, vehicle

tags, Government Certification reviewed and updated annually.

4. Safety/maintenance inspections of facilities summarized and incorporated

in Tactical Plan.

**Narrative Summary of Annual Performance Analysis and Quality Improvement Plan**

The Annual Performance Analysis and Tactical Plan interprets the results of the prior year’s actions taken; the service and operational performance data; the results of the corrective action/performance improvement plans initiated this year and sets out goals and plans for improvement over the coming year.

Unity uses the Corrective Action/Performance Improvement process data in our Annual Performance Analysis and Tactical and Strategic Plans to:

**a.** build on strengths;

**b.** eliminate or reduce identified problems and risks;

**c.** determine possible causes when data reveal issues of concern;

**d.** promulgate solutions and replicate good practice; and

**e.** implement and monitor the effectiveness of corrective action plans, when indicated.

The Executive Team drafts the new Performance Analysis and Tactical Plan, submits the plan to the Risk/Quality Management Team Members for comments and corrections, finalizes the plan and submits it to the Board of Directors for their approval along with any necessary changes to the policies in all of our Policy and Procedure Manuals and the R/QM process as spelled out in this plan (UPC Plan 200.1, Risk/Quality Management Plan). After the Board’s approval it is published and distributed to our stakeholders and published on our website. During staff meetings and Risk/Quality Management Team meetings service delivery processes that have been shown to contribute to good outcomes and staff contributions to performance and quality improvement are recognized.

**INTERNAL RISK/QUALITY MONITORING:** Unity aggregates and reviews several sources of information to identify patterns, including:

1. quarterly [case record](JavaScript:termOn(37);) review reports with randomly selected case file reviews by Risk/Quality Management staff amounting to 50% of the files reviewed in the quarter being reported on;
2. quarterly foster parent home licensing file review of randomly selected files by Risk/Quality Management staff amounting to ¼ of the total foster home licensing files in the quarter being reported on;
3. quarterly risk management review of incidents, accidents, facilities safety inspections, fire drills and [grievances](JavaScript:termOn(95););
4. customer satisfaction data, usually annually;
5. customer outcomes data, usually annually; and
6. internal and external [evaluations](JavaScript:termOn(84);) of organization programs.

The aggregate review and analysis process takes place during R/QM and Executive Team meetings along with performance improvement suggestions and ideas that come from “on the ground” service and operational delivery experiences of our staff. This is the environment in which corrective action plans are developed and implemented. Examples of routine actions that might result from R/QM data collection and discussion activities could include revision of [policies](JavaScript:termOn(168);) or operational [procedures](JavaScript:termOn(174);), reallocation of resources, increased [training](JavaScript:termOn(226);), or a review of [contracts](JavaScript:termOn(58);) [management](JavaScript:termOn(130);).

Quality expectations are reflected in key documents including:

1. budgets;
2. numbered Policy and [Procedure](JavaScript:termOn(174);) Manuals and numbered Plans;
3. new staff [training](JavaScript:termOn(226);) material;
4. communications to staff, [family](JavaScript:termOn(87);) members, consumers, and volunteers; and
5. service provider [contracts](JavaScript:termOn(58););
6. personnel file contents as indicated in PPM 400, e.g., quarterly manning status report, driver’s license and insurance updates, performance evaluations, etc.
7. Annual Audit

For contracts with service provider organizations and independent providers Unity includes the requirement that they participate in our performance and quality improvement activities, including utilization management process.

The Annual Report is a financial and performance summary report in narrative format suitable for presentation to the stake holders mentioned in the policy statement above.

**CORRECTIVE ACTION:** Unity takes continual action to improve services and promulgate solutions to the issues identified by its R/QM activities.

**a.** Unity takes action based on the findings of its R/QM processes to:

**1.** build on strengths;

**2.** eliminate or reduce identified problems;

**3.** determine possible causes when data reveal issues of concern;

**4.** promulgate solutions and replicate good practice; and

**5.** implement and monitor the effectiveness of corrective action plans, when indicated.

**b.** Unity takes continual action to improve services and promulgate solutions to the issues identified by its R/QM activities by revising policies and/or operational procedures, personnel assignments, person­nel training, contracts, and programs according to recommendations of its R/QM processes.

Supervisors are tasked in the Corrective Action Plans to follow up and insure that the plans are carried out and that they actually improve procedural results.

During our Risk/Quality Management Team Meetings the results of our Corrective Action Plans are discussed. The Performance Analysis and Tactical Plan summarizes the results of the performance/corrective actions from the past year and discusses the results. Our internal and external stakeholders review these summaries and are invited to discuss the results.

Improvement efforts and successful changes are evaluated and communicated throughout the organization.

All participants in our Risk/Quality Management Program are briefed on the agency procedures and how our process functions prior to their participation. The Risk/Quality Management Plan, UPC Plan 200.1 is provided to each participating stakeholder through our website.

During Executive Team Meetings, Performance and Quality Improvement Team Meetings, Performance Analysis and Tactical Planning processes and Strategic Planning processes Unity analyzes data to determine the risks, strengths, opportunities, threats and weaknesses, problems and possible solutions. The results of these analyses generate corrective action plans when we determine that change is necessary and feasible. Budgetary, environmental and staffing constraints are factored into the analyses and decision making process. When necessary, corrective action/performance improvement plans include changes to our Policy and Procedure Manuals, Plans or Handbooks.

The Risk/Quality Management Specialist monitors the status of corrective action plans under the direction of the Executive Team. Corrective Action/Performance Improvement Plans are reviewed and analyzed at the end of the fiscal year as indicated in the preceding paragraph as part of the Performance Analysis and Tactical Planning Process.

**OUTCOMES MEASUREMENT:** Unity has an outcomes measurement system in each of its programs which evaluates individual progress and program effectiveness.

**a.** Unity, in each of its programs and on an ongoing basis, measures service outcomes mandated by contract and/or developed internally from recommendations from stakeholders and the achievement of service goals for all persons served, including at least one of the following:

**1.** change in clinical status;

**2.** change in functional status;

**3.** health, welfare, security and safety;

**4.** permanency of life situation; and

**b.** Unity consults with service participants for appropriateness of goals and expectations in individual service planning. Unity also uses standardized evaluation tools to gather and analyze data whenever possible.

**c.** Unity aggregates and analyzes outcomes data for persons served for each of its pro­grams to determine program effectiveness.

Unity evaluates its systems and procedures and uses its findings to improve its performance. Unity regularly examines its internal processes, including:

**a.** outreach, intake, assessment, and service delivery processes, to identify barriers and opportu­nities to serving any group within its defined service population; and

**b.** risk management, human resources deployment, training, and supervision.

**c.** information management systems security

Outcome expectations are included in the following documents:

**a.** Budget Variance Report;

**b.** PPM 200, Performance and Quality Improvement Manual; PPM 800, Risk Management, UPC Plan 200.1, Risk/quality management Plan; UPC Plan 200.4, Annual Performance Analysis and Tactical Plan and our Strategic Plan.

**c.** New Foster Care staff receive their initial Foundation Training from the Illinois Department of Children and Family Services. This training provides comprehensive information on performance quality and service outcome expectations from the DCFS Rules and Procedures which are also available to the case workers and supervisors on the DCFS web site. UPC Handbook 2300, Housing Case Management Handbook contains performance quality and service outcome material used in new staff training for the housing programs. This handbook reflects the outcome and performance quality standards in this manual, UPC Plan 200.1, UPC Plan 200.4 and the agency’s Strategic Plan.

**d.** Unity’s News Letters, Annual Reports, Annual Performance Analysis and Tactical Planning Report to the Board and Strategic Plan all contain quality expectations; some more detailed than others. The results of our performance, risk management and quality efforts, summaries of outcome results, internal and external [evaluations](JavaScript:termOn(84);) of organization programs, R/QM corrective action and performance improvement data are put forth in the same publications.

**e.** Performance quality and service outcome expectations are part of our service provider contracts. The requirement that they participate in our risk/quality management activities is also part of each service provider contract and includes participation in our annual tactical planning process and our strategic planning process.

Initially our service and program outcomes originate with the contracts we get from our program funders and COA Standards. Contracts that are renewed annually are reviewed for new outcome requirements. If the contract renewals contain new outcomes they are included in our Annual Performance Analysis Tactical Plan update. Some indicators come from State, County and City data on the yearly changes in numbers of children in substitute care and homeless and demographic statistics. We compare these statistics with our own outcome data to see if we match their rates. Stakeholders take part in the Risk/Quality Management process throughout the year during service provision staffing meetings and formally during our annual Risk/Quality Management Analysis meeting in August. We also use service performance reports such as our Case File and Peer Review process reports; consumer, foster care, personnel and stakeholder surveys; external reviews such as financial audits, COA Accreditation Assessment and Annual Performance Reviews (APR’s) and contract renewal application evaluation results. Bench marks for administrative outcomes such as risk management assessments, stakeholder surveys, unusual incident reports, facilities/equipment maintenance reports, corrective action/performance improvement data, safety inspections, training data, fire drills, personnel retention rates, funding development, service cost benefit analysis and budget variance are based on best practice and comparisons with past agency statistics. See UPC Report 200.2, above.

The organization selects performance measurement indicators that relate to operations and [management](JavaScript:termOn(130);), program results, and client outcomes. Examples of organizational performance indicators include financial viability, systems efficiency, effectiveness of risk [prevention](JavaScript:termOn(173);) measures, and job satisfaction. Service delivery indicators influencing program results include timeliness and comprehensiveness of individualized [assessments](JavaScript:termOn(18);) and staff [training](JavaScript:termOn(226);).

Risk, performance and outcomes expectations and achievements are reviewed by stakeholders on a regular basis and revised based on what is learned.

**CONTRACT OUTCOMES FY14**

**Foster Care**

|  |  |
| --- | --- |
| 1. 100% of all new cases will be screened for AOD services within 30 days of case opening using form CFS 440-5 |  |
| 2. 80% of new HMR/Traditional cases new to agency regardless of time since case opening in need of AOD services will be either assessed for or receiving AOD services within 30 days of assignment to the agency |  |
| 3. Indicated reports of abuse while in substitute care will be reduced by 50% in FY08 over FY00, or have less than the .4% of the starting caseload and new entries. |  |
| 4. The number of family cases that reenter substitute care in FY08 is reduced by 50% over FY00 or have less that 6% of all reunified families. |  |
| 5. 100% of HMR and Traditional Foster Care cases will be assigned to one worker. |  |
| 6. Performance Rate: 29% of paid caseload was moved to permanency or positive outcomes at the beginning of FY08. |  |
| 6 (a) Permanency Credit: 0-13 yrs achieving adoption, private guardianship or subsidized guardianship = 1 performance credit.  Reunification: 0-13 yrs achieving reunification = 1.5 credits. 14 yrs + = 2.5 credits.  Return Home: return home within 12 months and adoption within 24 months = 1 extra credit. |  |
| 6 (b) Positive Outcome Credit: Children moved to Armed Service Duty, College/Scholarship or CILA = 1 credit  Cases closed in court with children that have attained high school diploma or GED = .5 credits. Those that have also enrolled in college or secured employment = 1 credit. |  |
| 6 (c) Placement Stability: Children experiencing 3 or more placements excluding runs, hospitalizations, respites and permanencies during first 12 months of substitute care = Stability Rate |  |
| 7. Education:  7 (a) 100% of children 6-16 enrolled in school. |  |
| 7 (b) 100 % over 16 enrolled or attempted to be enrolled in school or an appropriate educational/vocational program until completion or a work alternative is obtained. |  |
| 7 (c) Educational Report Forms completed for 100% of assigned children. |  |
| 7 (d) Transition plans completed for 100% of children 14 yrs +. |  |
| 7 (e) # of school transfers due to change in placement including all subsequent placements after the initial placement. |  |
| 7 (f) # of days missed do to change in placements. |  |
| 7 (g) # of children above age for grade level. |  |
| 7 (h) # of Suspensions or Expulsions reported in UIR’s |  |
| 7 (i) Early Childhood Intervention: # screened for 0-3 evaluation. |  |
| Where recommended, # referred. |  |
| Where recommended, # received. |  |
| # 3-5 yr olds enrolled in early childhood program by specific type of program: |  |
| 7 (i) 1 Headstart |  |
| 7 (i) 2 Pre School |  |
| 7 (i) 3 Child Care |  |
| 8. Engagement: |  |
| 8 (a) Contact: % of cases open less than 18 months with return home goal where parent/child visitation occurring at least weekly. |  |
| % of return home cases where worker/parent contact is occurring at least monthly (not concurrent with other case activities). |  |
| % of all cases where child/worker contact occurred at least monthly (not concurrent with other case activities). |  |
| % of all cases where foster parent/worker contact occurred at least monthly. |  |
| 8 (b) Child & Family Teams: % of cases with return home goal where child and family team is meeting quarterly. |  |
| 9. Planned v. Unplanned Discharges: |  |
| 9 (a) % of cases discharged to a higher level of care from FY08 contract that are planned. |  |
| 9 (b) % of cases discharged to a higher level of care from FY08 contract that are unplanned |  |
| 10. Reunification Concurrent Planning: |  |
| 10. (a) % of cases with return home goal where identified pre-reunification milestones have been met. |  |
| 10 (b) % of cases with return home goal where identified post-reunification milestones have been met. |  |
| 11. Parenting Training: |  |
| 11 (a) 90% of the clients will not be the subject of indicated reports of abuse or neglect during the service period. |  |
| 11 (b) 90 % of clients with children/adolescents who reside in their home at the time of referral will remain at home during the service period. |  |
| 11 (c) 60% of parents enrolled will graduate from the program. |  |
| 11 (d) 70 % of clients completing the program will demonstrate increased knowledge about parenting as determined by the parent training curriculum’s pre- and post-test. |  |
| 11 (e) 85% of participants will rate the overall experience as satisfactory or better as determined by the individual client satisfaction surveys administered at the conclusion of each series. |  |

**Housing**

|  |  |
| --- | --- |
| Focus Hope II |  |
| 1. Obtain and Remain in Permanent Housing: |  |
| 1 (a) 80% of program participants will remain in permanent housing for at least 20 months. |  |
| 1 (b) 80% will be linked to appropriate permanent housing upon leaving the program. |  |
| 1 (c) 85% of residents will demonstrate improved life skills as assessed by client self report, staff observation and pre/post test results. |  |
| 2. Increased Income and Skills: |  |
| 2 (a) 65% of program participants will enter job training, GED or secondary education within 20 months of entering the program. |  |
| 2 (b) 50% of residents will obtain paid employment within 24 months of entering the program. |  |
| 2 (c) 100% of clients will be linked to necessary mainstream resources. |  |
| 3. Achieve Greater Self Determination: |  |
| 3 (a) 100% of participants will develop a service plan.  75% will attain at least 80% of service plan goals. |  |
| 3 (b) 65% of clients who are substance abusers will stay alcohol/drug free for at least 7 months as measured by staff observation, client self report, treatment program records and drug/alcohol tests. |  |
| 3 (c) 85% of clients will emprove self advocacy skills as measured by structured self report, staff observation and sgtructured measurement instruments. |  |
|  |  |
| Harmony Village |  |
| 1. Obtain and Remain in Permanent Housing: |  |
| 1 (a) 10% of youth exiting the program who remained in residence for at least 8 months will receive Section 8 Certificates. |  |
| 1 (b) An additional 25% of youth who remained in the program for at least 8 months will enter other subsidized permanent housing. |  |
| 1 (c) At least 45% of all residents who enter Harmony Village will obtain permanent housing within one year after entering the program. |  |
| 1 (d) 85% of all adult residents will evidence improved independent living skills as documented through structured self-report and structured staff observations/evaluations. |  |
| 2. Increased Skills and Income: |  |
| 2 (a) 60% of youth will attend GED classes or other forms of vocational training. |  |
| 2 (b) 15% of youth who have not completed high school will obtain a GED within 18 months of entering the program. |  |
| 2 (c) 30% of youth will obtain a certificate from vocational training within 18 months of entering the program. |  |
| 2 (d) 70% of youth will attend vocational preparation services on-site or in the community. |  |
| 2 (e) 80% of youth will enhance their income during the first 8 months in residency either through obtaining entitlement benefits such as SSI or TANF or through employment. |  |
| 2 (f) At least 55% of youth will obtain employment within 14 months of entry into the program. |  |
| 2 (g) 85% of all youth will be linked to community-based health and human services agencies for needed services. |  |
| 3. Achieve Greater Self-determination: |  |
| 3 (a) 100% of all clients will work with staff to develop service plans. |  |
| 3 (b) 85% of all clients will achieve at least one goal in their service plan. |  |
| 3 (c) At least 80% of youth requiring mental health services will attend these services. |  |
| 3 (d) At least 55% of youth requiring substance abuse treatment will attend these services. |  |

**METHODS FOR ACHIEVING OUTCOMES**

**Foster Care Programs**

Foster care Program will achieve desired outcomes and mitigate risk by adhering to the following:

Ensuring that Case Manager Team Supervisors orient, train and supervise Case Managers and complete performance evaluations at appropriate intervals.

Ensuring that Case Managers are adequately prepared for all Administrative Case Reviews and Court Hearings.

Ensuring that all Foster Care Staff have picture identification cards

Ensuring that Case Manager Team Supervisors conduct a Pre-ACR Staff Meeting at least one week prior to the formal ACR and invite natural parents, age appropriate children, their foster parents and other relevant individuals for input into the upcoming plan.

Ensuring that Case Manager Team Supervisors assist in preparing and systematically reviewing Service Plans, Case Assessments, Visitation Plans and Permanency Plan to ensure that each case is serviced according to agency standards.

Ensuring that treatment referrals are made aggressively and redundantly in efforts to engage natural parents in services, as well as assisting them by offering transportation and other services. Ensuring that Case Manager Team Supervisors review outside referrals to ensure that service providers are adequately credentialed and performing the required services.

Ensuring that the Licensing Coordinator recruits foster parents on an ongoing basis, that they are adequately trained prior to placement and that in-service training of substitute care providers takes place on a regular basis. Ensuring that a “goodness of fit” is achieved prior to placement, using the Mutual Assessment Tool. Ensuring that capacity levels are not exceeded. Ensuring that caregivers are compensated in accordance with DCFS criteria in a systematic and timely fashion. Ensuring that Foster Parent Home Licensing File reviews take place as prescribed by DCFS.

Ensuring that children are monitored in placement using a face-to-face interview at a minimum of once monthly to include an assessment of basic needs met, medical needs, educational needs and cultural and religious needs. Ensuring that Licensing Files are maintained according to DCFS specifications and assisting the foster parent with technical assistance, as indicated.

Ensuring that support personnel receive adequate supervision and training. Ensuring that support activities such as records maintenance and document preparation are adequate and timely.

Ensuring that the agency follows the best practice standards as outlined in IDCFS Rules and Procedures and Unity Policy and Procedures Manual 2100.

Ensuring that all staff participate in the Agency’s R/QM Plan.

When the Juvenile Court System determines that the goal is RETURN HOME:

* Ensuring that parents are involved in Parenting Training and/or individual therapy.
* Ensuring that age appropriate children are involved in individual and/or family therapy
* Conducting random urine drops, if applicable
* Ensuring that parents are involved in drug treatment, if appropriate
* Ensuring that parent child visits take place, preferable in the parents’ home

When the Juvenile Court System determines that the goal is KIN CARE:

* Case should be taken to screening within 30 days of goal change.
* Subsidies should be completed within 90 days of goal change.
* Insure that the relative foster parent is licensed.

When the Juvenile Court System changes the goal to substitute care pending TERMINATION OF PARENTAL RIGHTS:

* Ensuring that children are in an adoptive home
* The case must be taken to Legal Screening within 30 days of goal change and that permanency workers provide adequate and timely pre-adoption services
* Ensure that subsidies are completed within 60 to 90 days after parental rights are terminated

When the Juvenile Court System determines that the goal is INDEPENDENCE:

* Complete a transition plan based on Ansell Casey
* Youth will be enrolled in all services needed to facilitate independence.

**Parent Training Program**

Unity’s Parent Training Program will achieve its goal of graduation from parent training by adhering to the following:

Ensuring that the Intake Worker provides intake services in a timely manner; establish contact no later than 48 hours following the date and time of referral.

Ensuring that the Trainer provides training using a modality that has been clinically determined to best serve the interest of the client served.

Ensuring that the Trainer assesses each client on a pre-treatment and post-treatment basis using clinically proven outcome instruments.

Ensuring that the Trainer provides crisis intervention, as indicated.

Ensuring that the Trainer coordinates training services with Case Managers, Supervisors and other service providers.

Ensuring that the Trainer tracks graduation outcomes.

Ensuring that support personnel receive adequate supervision and training. Ensuring that support activities such as records maintenance and document preparation are adequate and timely.

**In Addition:**

* Offering evening Parent Training classes to increase our accessibility for clients and increase the likelihood of successful outcomes.
* Providing transportation assistance in the form of tokens/bus passes for bus transportation.
* Reviewing the client’s progress and understanding of the course material on a regular basis and revising the expected length of the training, as needed

Clients will complete a test at the end of training to determine if the client has successfully met the goals of the training. If the client passes the test, the client receives a certificate of completion, which is considered a positive outcome. If the client does not pass the test, the client and instructor discuss redemption possibilities, which may include additional classes.

**FOSTER PARENT HOME LICENSING RECORD REVIEW:**

**CASE RECORD REVIEW:** Each of Unity’s services reviews a sample of open and closed cases on a quarterly basis that includes all high-risk cases.

**a.** Personnel who conduct case record reviews evaluate the presence or absence of required docu­ments, and the clarity and continuity of such documents, which include, but are not limited to:

**1.** assessments;

**2.** service plans;

**3.** appropriate consents;

**4.** progress or case notes or summaries;

**5.** evidence of quarterly case supervision;

**6.** relevant signatures;

**7.** service outcomes; and

**8.** aftercare plans.

**b.** As part of the case record review process, Unity has established criteria for evaluating the appropriateness or quality of the services provided to persons served. Personnel who are routinely involved in making service decisions participate in case record review and do not review cases in which they have been directly involved.

Case record review samples must be calculated on an annually basis from the previous fiscal year’s figures for each program service at the beginning of the program’s fiscal year. Unity samples case records from all service-delivery sites drawn at random using valid sampling techniques. To determine sampling size we use the sampling chart found below. For the purposes of this sampling process, Unity serves persons and families that we consider to be at high-risk. See below for procedures on sampling. Reviews of case files are accomplished using the sampling techniques in this paragraph.

Each quarter the Risk/quality managementSpecialist randomly selects ¼ of the required sample size for each service according to the charts above and assigns them to the peer reviewers for that service.

Case managers and supervisors from each housing program review another housing program’s case records.

Foster Care Program team members and supervisors review the files of the cases from the other team(s).

The check lists used for quarterly reviews of case files are developed by the Executive Director and reviewed and modified periodically to correspond with the case file inspections by the funding agencies’ monitors.

The MIS and Risk/quality management Departments provide the forms used by each program or service for case record review and forms for collecting and aggregating service and operational data and reports. See the attached case file review forms for each of our services.

Sources of additional useful performance and quality information can include:

1. child and [family](JavaScript:termOn(87);) exit interview, survey, and focus group information;
2. [community](JavaScript:termOn(48);) collaborator and [stakeholder](JavaScript:termOn(218);) interview results;
3. information related to compliance with federal, state, and department program requirements;
4. legislative audits;
5. funding reviews or audits;
6. reports from citizens review boards; and/or
7. child fatality review results.

**Harmony Village, Focus Hope I and II, Umoja and Project Ignite Housing Programs**

UNITY will achieve their outcomes of the housing programs by adhering to the following:

Insuring that all staff are adequately trained and are oriented towards the special needs of the population served

Ensuring that the Intake Worker conducts an intake session to include screening, data collection regarding: referral source, housing history, current living arrangement, and financial status/income information, employment history/status, substance abuse history/status, treatment history/status and current status.

Ensuring that the Intake Worker enters intake data in the HMIS database and collects copies of relevant documents such as: birth certificates, school records, medical records and consents for release of information.

Ensuring that Life Skills Counselors oversee daily activities and provide training as needed such as: Executive Teamking, housekeeping, parenting & communication skills.

Ensuring that Life Skills Counselors teach Life Skills Classes to include: budgeting, good health, legal issues, transportation, comm resources, prenatal care, parent training and housing options.

Ensuring that the Case Manager enters data in the HMIS database and refers clients for vocation, employment services and treatment, as indicated

Ensuring that the Case Manager implements and monitors activity groups for adult and children clients.

Ensuring that the Tenet Service Manager provides food and other household items as needed.

Ensuring that the Case Manager develops a service plan tailored to meet the specific needs of each family. Ensuring that the Case Manager meets weekly with each individual/family to assess progress.

Ensuring that the Case Manager tracks outcomes and provides after care follow-up as indicated.

Ensuring that peer case file reviews are conducted in accordance with this plan and PPM 200, Performance and Quality Management.

**In Addition:**

* Providing a safe, secure and family centered environment for our clients with 24-hour coverage.
* Providing parent training.
* Providing individual and family counseling.

**RISK MANAGEMENT:** At least quarterly, Unity’s Quality Teams conduct risk management reviews for incorporation in the Performance Analysis and Tactical Planning Process that assess areas of overall risk to Unity, in accordance with UPC Plan 200.1, Risk/Quality Management Plan and PPM 800, Risk Prevention and Management, including:

**a.** review of research involving program participants if any; and

**b.** review of compliance with legal requirements including licensing and mandatory reporting laws.

1. review of Incident Reports, Grievances, facilities safety inspections, fire drills, vehicle and facilities maintenance records, vulnerability of information technology and breaches of agency policies and procedures that may involve risk or limit freedom of choice, including the use of restrictive behavior management interventions such as seclusion and restraint; and all cases where a person served was determined to be a danger to himself/herself or others.

**d.** Unity also conducts a quarterly review of all grievances, incidents, or accidents involving persons served or personnel, including, but not limited to:

**1.** review of issues related to administering, dispensing, or prescribing medications, if or when appropriate;

**2.** review of environmental risks;

1. consumer or foster parent grievances
2. harassment claims;
3. discrimination claims; and
4. privacy restrictions, including phone and mail restrictions.

**e.** Unity integrates the findings of external review processes, including audits, accredita­tion activities, licensing, and other reviews into its risk/quality management process. The external reviews such as the COA (re)accreditation review, the Agency Performance Review Monitor's Reports, Fire and Safety Inspections, and the yearly Audit Reports are reviewed as part of the QM Teams’ quarterly and annual reviews, the Agency Annual Performance Report to the Board and the Performance Analysis and Tactical planning process.

**f.** Unity conducts an annual review of liability insurance and liability issues.

The quarterly review is summarized along with appropriate corrective action plans in a Quarterly Risk Prevention and Management Report and shared with agency personnel and the Board of Directors.

**QUARTERLY RISK/QUALITY MANAGEMENT REPORT TO THE BOARD**

FY: Quarter:

**GOAL OUTCOME**

1. Financials

A. Budget Variance Report 1. 10 % variance or less

B. Profit and Loss Statement 1. 10 % variance or less

2. Program Outcomes

A. Foster Care 1. Home of Relative per yr.

% achieve permanency

2. Traditional per yr.

% achieve permanency

C. Counseling Program 1. % achieve successful

termination outcomes

D. Focus Hope I, II, III, UMOJA, Ignite

1. **?** % remain drug free or

are involved in recovery services

2. **?** % obtain employment

3. **?** % participate in

educational services

4. ? % of school age

children participate in

educational services

6. **?** % participate in

medical services

7. ? % participate in

psycho/social services

8. ? % remain in permanent

housing

E. Harmony Village 1. ? % obtain employment

2. ? % participate in

educational services

3. ? % achieve permanent

housing

4. ? % remain drug free

3. Personnel

A. Total Employees 1.

B. Turnover 1. %

4. Tactical/Strategic Planning Update Status of each goal

5. Community Relations & Program/Resource

Development,

A. Grants/RFP’s submitted

B. New Programs Started

C. Fund raising events that took

place and amounts collected

Net gain

D. Speeches/presentations given

E. Focus Groups held

F. Other notable/newsworthy

Events; e.g. awards received

G. News Articles submitted.

1. Risk Management

A. Grievances

1. Staff % resolved to the employee’s satisfaction

2. Consumers % resolved to the consumer’s satisfaction

3. Foster parents % resolved to the employee’s satisfaction

B. UIR.s

1 Foster Care 1. #

2. CAP created CAP completed

2. Harmony 1. #

2. CAP created CAP completed

3. Focus Hope II 1. #

2. CAP created CAP completed

4. Focus Hope I, III, UMOJA & Ignite

1. #

2. CAP created CAP completed

C. Fire Drills 1. Cermak Road

2. Harmony Village

3. Focus Hope Residents Meeting

D. Risk Mgt Training

Emergency Response 1. All Staff Meeting (yes) (no)

Universal Precautions 1. All Staff Meeting (yes) (no)

CPR/First Aid 1. All Staff Meeting (yes) (no)

Field Safety 1. All Staff Meeting (yes) (no)

Drivers Safety 1. All Staff Meeting (yes) (no)

1. Facility Inspections

Cermak Road CAP’s created CAP’s completed

Harmony CAP’s created CAP’s completed

Focus Hope II CAP’s created CAP’s completed

Focus Hope I CAP’s created CAP’s completed

UMOJA CAP’s created CAP’s completed

Ignite CAP’s created CAP’s completed

**NARRATIVE**

**# Attached Grievances**

**# Attached UIR’s**

**UPC Form 800.2**

**Rev.: 4/15/2012**

Unity’s Disaster Preparedness/Emergency Response Plan, UPC Plan 500.7, Exposure Control Plan, UPC Plan 500.8 and Fire Safety Plan, UPC Plan 500.6 are reviewed and updated yearly at the end of the fiscal year and distributed to all personnel.

**INFORMATION MANAGEMENT:** Unity maintains the information that is necessary to effectively plan, manage, and evaluate its services.

**a.** Written procedures in the Management Information System Plan, UPC Plan 200.10, govern the management of information. Unity maintains a management information system that is capable of supporting its operations, planning, and evaluation activities.

**b.** Unity maintains the information that is necessary to effectively plan, manage, and evaluate its services. Unity uses clear and consistent formats and methods for reporting and disseminating data. The management information system is capable of providing information without delay in emergency or crisis situations and within a timeframe that supports rather than hinders organizational decision-making and routine service-delivery functions. The management information system:

**1.** protects confidentiality;

**2.** is dependable; and

**3.** enables timely, and rapid access to information.

**c.** Unity protects electronically maintained data as follows:

**1.** all computers have up-to-date anti-virus protection;

**2.** secure protocols, including the use of passwords and firewalls, govern the electronic collec­tion and transfer of sensitive data; and

**3.** data are backed up daily and maintained off-site.

**MEASUREMENT OF CONSUMER SATISFACTION:** Unity administers a consumer satisfaction survey to all persons served, and includes the results in the annual Performance Analysis and Tactical planning processes and the strategic planning process. Unity uses a standardized survey instrument when feasible, and the survey instrument used:

**1.** ensures anonymity;

**2.** assesses basic satisfaction or dissatisfaction with 's personnel and services; and

**3.** includes basic demographics.

Unity also encourages anonymous client input through the use of suggestion boxes at each facility and the use of client representation on the Client Advisory Committee of the Board of Directors.

**FEEDBACK MECHANISMS:** Unity provides clear, accurate, and timely information regarding all aspects of the R/QM process to its service recipients, governing body, per­sonnel, and other stakeholders.

**a.** At least annually, Unity:

**1.** shares findings from its R/QM processes with personnel, persons and families served, and other stakeholders in our Annual Report; and

**2.** submits summary results of its planning and evaluation processes to the Board of Directors.

**b.** Data from outcomes measurement and other R/QM processes are distributed in a timeframe and form that are useful to all service providers, including direct service staff.

**R/QM TRAINING AND PERSONNEL COMPETENCE:** Policy and Procedure Manual 400, Management of Human Resources, describes the hiring process including screening each employee’s qualifications for the position for which they seek. The Executive Team is responsible for ensuring that personnel are qualified to perform the tasks necessary to accomplish their individual position requirements and the agency’s performance and risk/quality management responsibilities and tasks. The Executive Director is responsible for insuring that employees receive training that is sufficient to accomplish performance and risk/quality management processes in support of the agency’s mission, our service recipients, funders and our community.

#### 

The Executive Director administers and monitors periodic training of personnel in personal safety measures; techniques for de‑escalating conflict and handling emergencies; guidelines for providing service to children families with infectious diseases; including those who are HIV‑ positive or have AIDS, hepatitis, tuberculosis, or other similar problems and other medical problems which may raise risks and may be present among our consumers and our staff. The Executive Staff oversees the implementation of the training. This training is included in the regular in‑service trainings required by PPM 700.

This field safety excerpt is from UPC Plan 500.6, Emergency Response Plan. While out in the field, direct service workers must be cautious and alert, paying special attention to the environment and the events going on around them. Workers must avoid confrontations and shall not hesitate to leave an area to do so. If direct service workers have any doubt about their personal safety they should leave the area and call a supervisor, their supervisor’s alternate or the Executive Director to discuss the situation.

Also, workers must be vigilant in the event that they are being followed, while on foot or by car, and should change their daily routes either on their way home or while performing their daily responsibilities. In the event that the worker is being followed, the worker should:

• **Immediately call 911** or the appropriate emergency phone number of the local police department;

• Go to the nearest congested area;

• File a police report;

• Remember as much detail about the person following you as possible; and

• Upon returning to the office, notify your supervisor and complete an **Unusual Incident Report and a Critical Alert.**

There are certain circumstances wherein an employee should request, or a supervisor direct, that he/she not make a home visit or intervene in a situation unless accompanied by a police officer or fellow worker. When an employee or supervisor is aware of a potentially dangerous situation, the employee shall call for police assistance and shall not be expected to make the visit unless accompanied by the police. A fellow worker may also accompany an employee making a home visit; however, the accompanying worker must be fully informed of the situation, its possible dangers and, be willing to be present throughout the visit, and to assist by contacting the police when hostile or threatening actions arise.

Such circumstances include but are not limited to situations where:

• A documented history of violence including assault and/or battery convictions, weapon violation, etc., exists;

• There is a documented or alleged history of criminal activity, such as drug usage and/or drug dealing and associated violence in the home or in the immediate area;

• Protective custody is anticipated; or

• The SCR report indicates that the alleged perpetrator is dangerous or is known for potential violence.

There are some other situations in which field accompaniment should also be considered. These situations should always be discussed with and approved by the employee’s supervisor. Such situations include but are not limited to:

• Geographic locations that are very isolated or in an area known to be dangerous;

• Visits made late at night/very early mornings; or

• A single employee will be responsible for a number of children of different ages and sexes.

*See attach 1, this plan, for Foster Care Risk Assessment protocol.*

**POLICIES AND PROCEDURES**

The Executive Team is responsible for ensuring that clearly defined policies and procedures are available for the agency to carry out its mission.

Policy and Procedure Manual (Sections):

PPM 100 Ethical Practice

PPM 200 Quality Management

PPM 300 Governance

PPM 400 Management of Human Resources

PPM 500 Administration and Service Environment

PPM 600 Financial Management

PPM 700 Training and Supervision

PPM 800 Risk Prevention Management

PPM 900 Behavior Support Management

PPM 1000 Client Rights

PPM 1100 Counseling, Support and Education Services

PPM 1200 Adoption Services

PPM 2100 Foster and Kinship Care Services

PPM 2300 Supported Community Living Services

PPM 3800 Child and Family Development and Support Services

#### MANAGEMENT INFORMATION SYSTEM

Narrative

UNITY has developed relational database systems specifically designed to track data relevant to performance. By aggregating and summarizing information that tracks different elements of service, is able to pinpoint areas of weakness as well as success. The Executive Team is responsible for initiating the development and maintenance of the Management Information System. The MIS features the following:

##### Confidentiality

All MIS databases are stored on the Microsoft Server 2003 network system and backed up on tape daily and external hard drive weekly. Access is limited by password to key personnel who either input the data or who have a legitimate need for access. Passwords are arbitrarily changed on a regular basis.

##### Reliability

Data input personnel receive extensive training on input and data maintenance and receive weekly supervision from the Chief Operating Officer; responsible for initiating the design of the various systems. All network information is backed up nightly, ensuring that in the event of a system failure, the maximum amount of lost data cannot exceed one day.

##### Protection

All network computers are virus protected at the server level. Upgrades are automatically downloaded. Firewall protection is provided by the service provider. All electronic data is backed up daily and maintained off-site.

##### Timelines

Collected data is entered into the system within one day of receipt.

##### DATABASES

Unity utilizes a variety of databases to track relevant information pursuant to its mission and purpose. The following is a list of databases and their functions.

FTS Tracks payments computations for foster parents.

SACWIS Tracks foster care services

BEST PRACTICE Tracks foster care services & EEOC Data.

HMIS/Service Point Tracks Harmony Village, Focus Hope II, Focus Hope I, Ujima and UMOJA services

FundEZ Tracks reconciliation of receivables.

PERSONNEL Tracks personnel & EEOC data.

QUALITY ASSURANCE Tracks QA/R/QM data.

**DATA SOURCES**

**Foster Care Programs**

Statistical data is gathered during case management, service planning, administrative case review, formal supervision, peer case file reviews, licensing file reviews, SACWIS data reviews and from data supplied by the funding source.

**Parenting & Counseling Programs**

Statistical data is gathered from formal supervision, peer case file reviews, the Referral Form, the Intake Form, the Assessment Form, Attendance Forms and the Add/Drop Form.

Unity Harmony Village Youth Housing Program

Statistical data is gathered from the HMIS database, formal supervision, peer case file reviews, the Referral Form, the Intake Form and the Attendance Form.

##### Unity Focus Hope I & II Supportive Permanent Housing Programs

Statistical data is gathered from the HMIS database, formal supervision, peer case file reviews, the Referral Form, the Intake Form and the Attendance Form.

CORRECTIVE MONITORING ELEMENTS OF THE R/QM PLAN

OVERVIEW

*Unity uses a multilevel team oriented monitoring and corrective action approach*.

**Case Supervision**

Supervisors are responsible for formally supervising their staff on a once weekly or monthly basis using the form supplied for supervision. In addition to proving oversight of service management, gathers a variety of data that is aggregated and used for feedback in assessing the overall quality of service, identifying and addressing weaknesses in services and training and devising methods of improving service.

**Case File Peer Review:**

The Administrative Assistant (R/QM) is responsible for scheduling peer reviews quarterly, ensuring that the selection of files is on a random basis and ensuring that reviewers are not on the same team as the file being reviewed. Checklist forms are supplied and used for data collection that is aggregated and used for feedback in assessing the overall quality of service, identifying and addressing weaknesses in services and training and devising methods of improving service.

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**R/QM Team Review:**

The Administrative Assistant (R/QM) is responsible for scheduling R/QM Team Meetings usually on a monthly but no less than a quarterly basis for aggregate data review. Team members represent a cross section of all agency employees including middle management, the agency executive team, a Board member and members of the Consumer Advisory Committee and the Foster Parent Advisory Committee. The Administrative Assistant (R/QM) supplies the data to be reviewed.

**Executive Team Review:**

The Administrative Assistant (R/QM) is responsible for scheduling the Executive Team meeting on a quarterly basis. The Administrative Assistant (R/QM) supplies the data to be reviewed.

**CORRECTIVE MONITORING ACTIONS**

**SUPERVISION REPORTS**

**FOSTER CARE PROGRAMS SUPERVISION MONITORING REPORTS**

All cases are reviewed by the Case Manager Team Supervisor, as needed and all are formally reviewed in a Clinical Supervisory Staffing, each month.

The Executive Director attends and provides clinical input during the Clinical Supervisory Staffing on each case, a minimum of twice per fiscal year.

**CLINICAL SUPERVISORY STAFFING REPORT (CSSR)**

Data on each child for the CSSR Report is collected and updated during both formal and informal supervisory staffing. The data has several useful purposes:

* Serves as a snapshot of the child’s stay in the Child Welfare System
* Assists the Case Manager and Supervisor in evaluating service provided and needed services.
* Allows the Supervisor to view relationships between Significant Events and corresponding (or needed) services.
* Assists new Case Managers when employee turnover occurs.

***Contents of CLINICAL SUPERVISORY SRAFFING REPORT (CSSR)***

###### Assigned Worker Demographics for Child Demographics for Parent

Child Required Services Parent Required Services Child Services

Biological Parent Services Outside referrals Service Reason

Goal Case Notes Staffing Date

Type of Review Risk Level Significant Events \*

\*Significant Events are events that impact outcomes. Each has a corresponding action that the Case Manager Supervisor must effect. Examples:

* Change of Case Manager 906, Intro letter, CERAP & Case Review
* High Risk Close Monitoring (2X Month Home Visit)
* Reached Age 14 Referral to PAL Program

**In addition**, the CSSR requires a YES or NO response to the following:

Appearance Appropriate, Home Visit Current, CSSR Current, Completed Level of Care, Medical/Dental Current, Clinical Staffing Current, Service Plan Current, Service Plan Staffing, File Compliant, Court Briefing, Eligibilities Current Child and Care Plan (In Place).

***Data is gathered from this response and reviewed by staff.***

##### CSSR STATISTICS REPORT

A Case Manager centered report that shows an average of compliance in areas that the agency considers vital in maintaining best practice. The goal is to have 100% compliance. An average of 100% means that all wards on a Case Manager’s caseload are in compliance with the standard. The report captures the following:

Child’s Appearance is Appropriate Home Visit Current is current

Supervision is Current Level of Care is Current

Medical (Related) is Current Clinical Staffing is Current

Service Plan is Current Service Staffing is Current

File is in Compliance Court Briefing is Current

Eligibilities are Current Child Care Plan is in Place

In addition, the average of the ”risk factors” assigned to each ward is included in the report.

Risk Factor is directly related to the child’s stability and safety in the current placement. Risk factor ratings are:

1. Low
2. Moderate
3. Medium
4. High End
5. Risk

Supervisors are notified that if the risk factor average exceeds a pre-determined threshold, the worker is to be given assistance in carrying out tasks.

*The CSSR Statistics Report can reveal data for individual Case Managers, Case Manager Teams or the entire agency.*

*Over the next two years we plan to revise this CSSR system to incorporate the data required by SACWIS. In the near future SACWIS may allow us to aggregate data and print reports that duplicate the information we collect from the CSSR.*

**SUSPENSE TRACKING REPORT (FOSTER CARE)**

A list of tasks grouped by Case Manager and Family ID that includes:

Supervisor Worker Family ID

Task Date Assigned Req. Completion Date

Completion Date

*Task items are removed when the supervisor verifies that they have been completed.*

**KINSHIP REPORT**

A caregiver centered report grouped by Case Manager that includes:

Caregiver Demographics Program # of Wards in Home

Openings Ward Demographics Parents Demographics

**CARETAKER PROFILE REPORT**

A caregiver centered report used to help determine “goodness of fit” that includes:

Caregiver Demographics Licensing Status Licensing Date

Licensing Expire Date Re-licensing Month Capacity/Openings

Caregiver Training Biological Children Wards in Placement

Licensing Data Non-compliance

**SIB VISIT REPORT**

A family centered report that groups siblings that reside in different homes and includes:

Case Worker Siblings Last Visit Date

Hours Visited Reason for Non Visit

*This report is updated monthly and used to ensure 100% sib visit compliance.*

**CASE DISRUPTION REPORT**

A program centered summary report that is used to track case disruptions and includes:

Program

Total On Run Total Change of Placement Total Change of Case Manager

**CHANGE OF PLACEMENT REPORT**

A child centered report that lists all children who have experienced a change of placement per fiscal year. Those identified as at continued risk are given more intensive services. The report includes:

Program

Ward Name Ward ID Total Changes

Fiscal Year

**PARENT TRAINING TRACKING REPORT**

Data for the Parent Training Tracking Report is obtained from referral packets, schedules attendance records and monthly updates by the training staff. The data has several useful purposes:

* Serves as a snapshot of the clients stay in treatment
* Assists the Clinical Administrator in evaluating a client’s progress
* May be used as a Monthly Progress Report

The contents of the Parent Training Tracking Report are:

Referral Source Referral/Intake Elapse Time

Client Demographics Day and time of appointment

History Presenting Problem

Goal Pre-test Assessment

Length of stay (days) Monthly Progress (coded)

Attendance Post-test termination outcome

PARENT TRAINING TOTALS REPORT

The Parent Training Summary Report gives Unity the total number of active clients and is therefore useful for case assignment. It includes:

Cycle, Date of Report, Name of Student, Date Started Class, Sessions Attended, Date Finished Class, Indicated Events, Pre-test score, Post-test score, Date Graduated, Repeat class

**HOUSING PROGRAMS SUPERVISION MONITORING REPORTS**

All cases are reviewed as needed and all are formally reviewed in a Clinical Supervisory

Staffing each month. The results are documented on the client’s Clinical Supervisory Staffing Report (CSSR)**.**

*The Program Director assigns each Case Manager a specific time period to correct deficits.*

**HOUSING TRACKING REPORT**

Data for the Housing Tracking Report is obtained from HMIS, referral packets, schedules attendance records and monthly updates by the Case Management staff. The data has several useful purposes:

* Serves as a snapshot of the clients stay in the program
* Assists the Clinical Administrator in evaluating a client’s progress in the absence of the Case Manager.

*The contents of the HOUSING TRACKING REPORT are:*

Referral Date DOB Gender

Services Needed Services Rendered Income

Employment Status Referrals Groups

##### Significant Events\*

\*Significant Events are events that impact outcomes. Examples:

Completed GED

Obtained Employment

##### ANNUAL PERFORMANCE REPORT

The Annual Performance Report is required by federal funding. It includes:

Number Started Number Added Number Ended

Number Terminated Age/Gender Race

Special Needs Prior Living Income Entering

Income Exiting Income Source Length of Stay

Destination Supportive Services

##### CASE FILE REVIEW REPORTS

FOSTER CARE CASE FILE REVIEW

Case Management Teams review randomly selected open and closed cases on a quarterly basis. Quarterly Reviews focus on quality of assessments, service planning, service provided or obtained, consents, case notes, evidence of supervision, outcomes of services and aftercare planning; using the Case File Review Checklist (Foster Care ).

*The Case Manager Supervisor is responsible for addressing any foster care deficits and directing the Case Manager to make corrective action within a specified time frame.*

*The Executive Director submits the results of the review to the Data Entry Specialist for inclusion in the MIS Database.*

**CASE FILE REVIEW CHECKLIST (Foster Care) R**atings of services for:

Section I. Intake

Section Ib. Service Planning

Section II. Case Recording

Section III. Legal

Section IV. Financial

Section V. Reports & Correspondence

Section VI. Child Specific

Section VII. Evidence of Supervision

Section VIII. Service Outcomes

Section IX. After Care Planning

**Rating Format:**

1. **Below**
2. **Meets Standard**
3. **Exceeds Standard**

*Checklist ratings are gathered and entered into the QA Database. Aggregate numbers are distributed for review by the R/QM Team*

PARENT TRAINING CASE FILE REVIEW

The Executive Director reviews randomly selected training files to review the quality of service using the Parent Training File Review Form.

The Executive Director assigns tasks to the Intake Worker, as indicated.

The PARENT TRAINING FILE REVIEW CHECKLIST includes the following:

* Number of sessions
* Confirmation that file is organized according to standards
* Confirmation that the Referral is in file
* Referral/Intake lapse time
* Confirmation of supporting documentation
* Confirmation of Progress Notes
* Confirmation of Progress Reports
* Confirmation of collateral contacts

**Rating Format:**

**1. Below**

**2. Meets Standard**

**3. Exceeds Standard**

*Checklist ratings are gathered and entered into the QA Database. Aggregate numbers are distributed for review by the R/QM Team*

HOUSING PROGRAM CASE FILE REVIEW

Case Managers from Foster Care Programs review randomly selected open and closed cases on a quarterly basis. Quarterly Reviews focus on quality of assessments, service planning, service provided or obtained, consents, case notes, evidence of supervision, outcomes of services and aftercare planning; using the Case File Review Checklist (Housing)

The Program Director assigns tasks to the Case Manager, as indicated.

The CASE FILE REVIEW CHECKLIST (HOUSING) includes the following:

* Confirmation that the file is organized according to standards
* Referral in file
* Referral/Intake lapse time
* Supporting documentation
* Progress Notes
* Progress Reports
* Collateral contacts

**Rating Format:**

**1. Below**

**2. Meets Standard**

**3. Exceeds Standard**

*Checklist ratings are gathered and entered into the QA Database. Aggregate numbers are distributed for review by the R/QM Team*

**EVALUATING ORGANIZATIONAL PERFORMANCE & CORRECTIVE ACTIONS**

Organizational performance evaluation is a three phase process incorporating the Quarterly R/QM Team reviews, the Annual Performance Analysis and Tactical Planning process and the Strategic Planning process.

**REVIEW BY R/QM TEAM (OVERVIEW)**

The Administrative Assistant (R/QM) is responsible for assigning a representative sampling of personnel (across job categories) to the R/QM Team. A Facilitator and Scribe is also designated. The Administrative Assistant (R/QM) is responsible for scheduling monthly meetings. The Facilitator is responsible for preparing Corrective Action Plans with input from team members

The R/QM Team meets the 3rd Wednesday of each month at 12:30 P.M.

***In FY 13 we will continue a system of having our R/QM meetings as part of our all staff meetings. Thereby making the entire staff the R/QM Team. Revised: 4/30/12***

CORRECTIVE ACTION PLAN: DEFINED

A Corrective Action Plan is a plan that addresses a deficit or sub-par performance. Deficits are usually identified in the reports reviewed monthly which contain aggregate results of peer reviews, survey results, performance reviews by outside agencies, outcomes and level of strategic/Performance Analysis and Tactical goal attainment.

The Corrective Action Plan identifies the deficit, how and when the deficit was discovered, proposes a solution, recommends or identifies an action agent and sets a time span for the plan to be in place. A mechanism (new aggregate results) will be identified as an indicator of the effectiveness of the plan.

Plans that are deemed ineffective will be reviewed, revised or replaced with a different plan. The Administrative Assistant (R/QM) is responsible for implementation and follow-up on all Corrective Action Plans.

**REPORTS REVIEWED QUARTERLY BY THE R/QM TEAM**

**UNITY PARENTING AND COUNSELING, INC. OUTCOME REPORT**

Tracks termination outcomes achieved compared to stated goals.

*The R/QM Team will investigate and prepare a Corrective Action Plan when termination outcomes do not keep pace with stated goals.*

**MISCELLANEOUS REPORTS REVIEWED BY R/QM TEAM**

LICENSING REPORT

UNUSUAL INCIDENT REPORTS

CLIENT GRIEVANCE REPORT

FOSTER PARENT GRIEVANCE REPORT

STAFF GRIEVANCE REPORT

FACILITY INSPECTION REPORT

PERSONNEL COMPLIANCE REPORT

CONSUMER SURVEY REPORT

CARETAKER SURVEY REPORT

VOUCHERING REPORT

RECONCILIATION REPORT

STATUS REPORTS OF STRATEGIC GOALS

The R/QM Team will prepare a Corrective Action Plan whenever deficits violate agency thresholds.

**REPORTS REVIEWED ANNUALLY BY THE R/QM TEAM:**

**ANNUAL CONSUMER PROFILE REPORT (ALL PROGRAMS)**

The Consumer Profile Report isolates the reasons for service, analyzes this data to improve service planning for different categories of clients, adjusts to changing circumstances when new trends surface and plans for offering new services.

*If trends are noted, the R/QM Team may make recommendations to the Executive Team to expand services or implement new approaches to service delivery. The Facilitator of the R/QM Team will report its findings and recommendation to the Administrative Assistant (R/QM).*

**ANNUAL SURVEY DATA REPORTS**

**A.** The Consumer Service Experience and Satisfaction Survey is an aggregate measure of critical questions associated with client services and satisfaction. The R/QM and Executive Teams analyze this data to strengthen Unity’s service provision.

**B.** The Employee Employment Experience Survey is an aggregate measure of critical questions associated with employee morale and stability. The R/QM and Executive Teams analyze this data to strengthen its employee developmental opportunities. The Survey also aggregates the measure of the employees’ satisfaction with leadership, the workload and/or caseload, their physical environment, communications, professional development and training, potential for advancement within the agency. The R/QM and Executive Teams analyze this data to strengthen its employee productivity.

**D.** The Foster Parent Service Experience Survey is an aggregate measure of Unity’s level of recognition by agencies in the community. The R/QM and Executive Teams analyze this data to strengthen Unity’s role in the community.

**ANNUAL PERFORMANCE ANALYSIS AND TACTICAL PLANNING REPORT**

The Performance Analysis and Tactical Planning Report analyses the agency’s performance and its ability to carry out functions to meet its goals in the past year. The report then goes on to project goals for the coming years. This report incorporates Quality and Risk Management and includes the status of achievement of strategic goals, changes in those goals and new or revised contract outcomes.

**REVIEW BY EXECUTIVE TEAM**

The Executive Team reviews recommendations from the Cross-Program R/QM Team meetings as well as Quarterly Financial Reports.

**When reviewing R/QM data the Executive Team may request the attendance of the following:**

Facilitator of the Cross-Program R/QM Team

Member of the Board of Directors

A Consumer Advisory Committee Member

A Foster Parent Advisory Committee Member

The Executive Team will review the findings of the R/QM Team and the suggested solutions. Approved solutions will form the basis for implementing corrective action. The Executive Team will oversee corrective action procedure and appoint personnel to rewrite new procedures, if indicated. In addition, the Executive Team will review the following:

**QUARTERLY FINANCIAL REPORTS AS INDICATED BELOW:**

**QUARTERLY COST REPORTS**

Cost reports allow the agency to track cost allotment for each element of service including: payroll expenses, specific assistance to individuals and administrative expenses. Contents: Cost per unit of service (day) for each child in a program.

*The Executive R/QM Team investigates and prepares a Corrective Action Plan whenever the cost per unit of service exceeds the budgeted amount by more than 5%.*

**QUARTERLY PROFIT AND LOSS STATEMENTS**

Profit and Loss Statements allow the agency to evaluate sources and allocation of funds.

*The Executive R/QM Team investigates and prepares a Corrective Action Plan whenever the cost per unit of service exceeds the budgeted amount by more than 5%.*

**QUARTERLY BUDGET VARIANCE REPORT**

Budget Variance Reports allow the agency to track substantial deviations from the Annual Budget.

*The Executive R/QM Team investigates and prepares a Corrective Action Plan whenever the cost per unit of service exceeds the budgeted amount by more than 5%.*

**ATTACHMENTS**

**CASE FILE REVIEW CHECK LISTS**

**Unity Parenting and Counseling, Inc.**

**FOSTER CARE CASE FILE REVIEW CHECKLIST**

**Worker:** **Ward ID** **Date:**

**CHILD SERVICES** **Y** **N N/A** **C/I FAM SERVICES** **Y N** **N/A C/I** **FP SERVICES** **Y N** **N/A** **C/I**  **FILE** **Y NN/A** **C/I** **FILE** **Y NN/A C/I**

Involved in service Screened for AOD Svs. Adequately Relevant Signatures AP5 Order

plan? W/I 30 days(CFS 440-5) Screened? Quarterly Case Current Service Plan

Family/Sibling Referred for AOD Svs. Child/FP match Supervision Form Foster Parent Waiver

Visitation? Receiving AOD Svs.? Adequate Consent for Court Orders

Siblings Together? Involved in Service Involved in Service Treatment Release of Information

Language Barrier? Planning? Plan? Aftercare Current Medical

Pre-Placement Treatment Services? Support Services Plan Current Case Notes

Visits? Support Services? for FP in place? ID Card Case review Form (1420)

CERAP Visit Deadline Increase in Parental Special Needs Picture Completed Subsidy

Met? Functioning? Support Services? Finger Prints Packet

Are Living Arrngmnts Able to Maintain Visits minimum  **Rating**  DCP Invest. (Intake)

Adequate? Family Ties? every 30 days **Eligibility I, II, III**

Are Basic Needs Voluntary Rights **Rating** Current

Met? Surrender? UIR

Are Educational Child/Fam. Team visits  **OUTCOMES Y N** **N/A** **C/I** CERAP

Needs Met? **Rating**  Adoption finalized? Birth Certificate SSN Are Special Needs Sub guard finalized Social History

Met? **PERMANENCIES Y N N/A C/I** Return home Addendum/Assessment

Steps taken to Is Permanency Plan complete? Therapeutic Reports

Minimize Placement Adequate? Indicated report of Clothing Inventory

Disruptions Pre-Screened? FP abuse Case Registration (1410) Suspension/expul.UIR Legal Screening? Reentry into FC Change of Status (1425)

Svs. re Susp/expul. in TPR Court Order? Sys after Perm. Current Visitation Plan

place Signed parental More than one **Rating**

Life Skills Training in Consents for adoption placement change

Place? Adoption Subsidies? this fiscal year?

Is Educational Docum Return Home Grade appropriate

(CFS 407) Current? Overnight Visits? for age?

3-5 Screening? Return Home Family **Rating**

0-3 Screening? Counseling?

Early intervention **Rating Y = Yes**

recommended? **N = No**

Early intervention in **N/A = Not Applicable**

Place? **C/I = Contra-Indicated**

Assessed in Monthly

Placement visits?

**Rating**

**Service Rating**

1=Substandard- services identified in the Service Plan are not offered or received

2= Standard - Services identified in the Service Plan are offered or received

3= Above Standard - Services identified in the Service Plan are offered or received and additional needed services are offered or received

**File Rating**

1= Substandard - File contents are not in AP5 order and/or documents are missing **UPCC Form 200.6A Rev.: 8/31/11** 2= Standard - File is in AP5 order and documents are present

HOUSING CASE FILE REVIEW CHECKLIST

File ID Last Name First Name Status ID

SERVICE PROVISION Y N N/A CHILD SERVICES Y N N/A FILE Y N N/A FILE (CONTINUE) Y N N/A

Involved in service plan: Developmental Proof of Intake assessmnt. Currnt service plan:

Counseling referral: Child care plan: Retention 30 days: Birth certificate:

Drug/Alcohol Medical/immunization: Retention 60 days: Social Security card:

assessment referral: Educational Retention 90 days: State ID or Drivers Lic:

Employment referral: Rating Enrolled in GED Signed

Educational referral: Attained GED: Medical Card:

Are special needs met: Enrolled in training: Current progress notes:

Social security referral: Complete training: Current progress notes

Are basic needs met: Enter post secondary Life Skills:

Language barrier: education: Service plan updated

Current medical: Completed post quarterly:

TANF refferal: secondary Release of information for

Food stamps medicaid: Obtained permanent TANF:

Parenting referral: housing: Release of information for

Rating Completed substance SSI:

abuse treatment Affidavit of income:

Remain clean 60 days: Referrals for employment:

Remain clean 30 days: Referrals for housing:

Improved parenting skills Referrals for school:

Y=Yes Improved Life Skills: Referrals for job training:

N=No Improved social Budget (monthly):

N/A=Not Applicable functioning: Annual rent proof of

Involvement in income:

community activities: Intake/ Termination Form:

Service Rating Copies of fee receipts:

Reminders of past due fees:

1=Substandard-Services identified in the Service Plan are not offered or Incident Reports:

2=Standard-Services identified in the Service Plan are offered or received Rating

3=Above Standard-Services identified in the Service Plan are offered or received **Name of person**

and additional needed services are offered or receive **Completing the Review Date:**

File Rating

1=Substandard-File contents are not in order and/or documents are

2=Standard-File is in order and documents are present.

**UPCC Form 200.6.02C**  **Rev.: 8/31/11**

Attachment 1

# FOSTER CARE RISK ASSESSMENT

# MALTREATMENT FACTORS:

# Describe the current maltreatment factors including:

# (Form of maltreatment, Premeditation/intent, Severity of Injury, Location of injury, Degree of violence, pattern/chronicity/frequency, age of child, child’s fear of persons living in the home)

# Does the combination of involved factors present a high level of risk to the child(ren) involved? If yes, does it suggest the need for protective services?

Describe the caretaker’s perception of the problem.

Describe the caretaker’s ability and willingness to protect the child(ren).

# CHILD FACTORS:

|  |  |  |
| --- | --- | --- |
| Child has a physical condition which increases his/her vulnerability to maltreatment?  Yes No | **If yes, did the child’s physical condition contribute to current report of maltreatment?**  Yes No | **Is the child’s physical condition likely to become significant to the ongoing safety of the child?**  Yes No |

Describe the child’s physical condition:

|  |  |  |
| --- | --- | --- |
| Child has an emotional/mental health condition which increases his/her vulnerability to maltreatment  Yes No | **If yes, did the emotional/mental health condition contribute to current report of maltreatment?**  Yes No | **Is the emotional/mental health condition likely to become significant to the ongoing safety of the child?**  Yes No |

Describe child’s emotional/mental health condition:

|  |  |  |
| --- | --- | --- |
| Child has a developmental condition that increases his/her vulnerability to maltreatment  Yes No | **If yes, did the child’s developmental condition contribute to current report of maltreatment?**  Yes No | **Is the child’s developmental condition likely to become significant to the ongoing safety of the child?**  Yes No |

Describe the Child’s developmental condition:

|  |  |  |
| --- | --- | --- |
| Child’s behavior increases his/her vulnerability to maltreatment  Yes No | **If yes, did the behavior contribute to current report of maltreatment?**  Yes No | **Is the behavior likely to become significant to the ongoing safety of the child?**  Yes No |

Describe the pattern of child’s behavior:

|  |  |  |
| --- | --- | --- |
| Child’s lack of an adequate support system increases his/her vulnerability to maltreatment  Yes No | **If yes, did the lack of an adequate support system contribute to current report of maltreatment?**  Yes No | **Is the lack of an adequate support system likely to become significant to the ongoing safety of the child?**  Yes No |

Describe the Child’s support system:

|  |  |  |
| --- | --- | --- |
| Child and caretaker interactions are generally negative or conflictual.  Yes No | If yes, did the child/caretaker interactions contribute to current report of maltreatment?  Yes No | Is this dysfunctional child/caretaker interaction likely to become significant to the ongoing safety of the child?  Yes No |

Describe the pattern of Child/Caretaker interaction:

**Caretaker Factors**

|  |  |  |
| --- | --- | --- |
| Caretaker demonstrates lack of impulse and anger control.  Yes No | If yes, did the caretaker’s inability to control their anger contribute to current report of maltreatment?  Yes No | Is this inability to control anger or impulsivity likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretakers level impulsivity/anger control:

|  |  |  |
| --- | --- | --- |
| Paramour has a negative or conflictual relationship with the children in the family?  Yes No N/A | If yes, did the actions of the paramour contribute to current report of maltreatment?  Yes No | Is the paramour’s presence/actions likely to become significant to the ongoing safety of the child?  Yes No |

Describe the paramour’s relationship to other family members:

|  |  |  |
| --- | --- | --- |
| Caretakers lack an adequate support system.  Yes No | If yes, did the caretaker’s lack of an adequate support system contribute to current report of maltreatment?  Yes No | Is this lack of an adequate support system likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretaker’s support system:

|  |  |  |
| --- | --- | --- |
| Caretaker’s/paramour’s physical well-being interferes with the provision of adequate child care or supervision  Yes No | If yes, did the caretaker’s/paramour’s physical condition contribute to current report of maltreatment?  Yes No | Is the caretaker’s/paramour’s physical condition likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretaker’s/paramour’s physical condition:

|  |  |  |
| --- | --- | --- |
| Caretaker’s/paramour’s emotional/mental health interferes with provision of adequate child care or supervision.  Yes No | If yes, did the alleged or observed mental illness contribute to the current report of maltreatment?  Yes No | Is the alleged mental illness likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretaker’s alleged or observed emotional/mental illness:

|  |  |  |
| --- | --- | --- |
| Caretaker’s/paramour’s developmental disabilities interferes with provision of adequate child care or supervision.  Yes No | If yes, did the caretaker’s paramour’s developmental disabilities contribute to current report of maltreatment?  Yes No | Is the caretaker’s/ paramour’s developmental disabilities likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretaker’s/paramour’s developmental disabilities:

|  |  |  |
| --- | --- | --- |
| **Caretaker’s/paramour’s use or misuse of alcohol and/or other drugs interferes with provision of adequate child care or supervision.**  Yes No | If yes, did alleged or observed substance abuse problem contribute to current report of maltreatment?  Yes No | Is the alleged substance abuse problem likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretaker’s alleged or observed substance abuse problem:

|  |  |  |
| --- | --- | --- |
| In allegations of sexual abuse, the caretaker/paramour demonstrate an inability to believe and support child victim of sexual abuse  Yes No | If yes, did the caretaker’s inability to believe and support child victim contribute to current report of maltreatment?  Yes No | Is the caretaker’s/paramour’s inability to believe and support child victim likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretaker’s/paramour’s level of support to the child victim:

|  |  |  |
| --- | --- | --- |
| Caretaker/paramour has a history of perpetrating sexual abuse  Yes No | If yes, did the caretaker’s or paramour’s history as perpetrator of sexual abuse contribute to current report of maltreatment?  Yes No | Is the caretaker’s or paramour’s history as a perpetrator of sexual abuse likely to become significant to the ongoing safety of the child?  Yes No |

Describe the past history of sexual abuse

|  |  |  |
| --- | --- | --- |
| Caretaker’s/paramour’s criminal behavior or background poses immediate or continuing threat to child  Yes No | If yes, did the caretaker’s criminal behavior and background contribute to current report of maltreatment?  Yes No | Is this criminal behavior and background likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretaker’s/perpetrator’s criminal behavior and history (include LEADS results if available):

|  |  |  |
| --- | --- | --- |
| Perpetrator’s access to the child poses immediate or continuing threat to the child  Yes No | If yes, did the caretaker’s ability to access the child contribute to current report of maltreatment?  Yes No | Is the caretaker’s ability to access the child likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretaker’s level of access:

## PARENTING FACTORS

|  |  |  |
| --- | --- | --- |
| Caretaker’s lack of capacity to parent poses immediate or continuing threat to child  Yes No | If yes, did the caretaker’s inability to parent contribute to current report of maltreatment?  Yes No | Is this inability to parent likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretaker’s capacity to parent:

|  |  |  |
| --- | --- | --- |
| Caretaker’s interactions with child are negative or conflictual  Yes No | If no, did the caretaker’s inability to control their anger contribute to current report of maltreatment?  Yes No | Is this inability to control anger or impulsivity likely to become significant to the ongoing safety of the child?  Yes No |

Describe the caretakers level impulsivity/anger control:

**FAMILY FUNCTIONING**

|  |  |  |
| --- | --- | --- |
| History of abuse or neglect in the family increases risk of harm to child  Yes No | If yes, did the prior history contribute to an escalated level of risk in the current report of maltreatment?  Yes No | Is the prior history likely to become significant to the ongoing safety of the child?  Yes No |

Describe the history of abuse or neglect in the family:

|  |  |  |
| --- | --- | --- |
| Lack of financial stability in the family interferes with caretaker’s ability to provide adequate care  Yes No | If yes, did the family’s financial situation contribute to the current report of maltreatment?  Yes No | Is the family’s financial situation likely to become significant to the ongoing safety of the child?  Yes No |

Describe the family’s level of financial stability

|  |  |  |
| --- | --- | --- |
| Environmental conditions of the home pose immediate or continuing threat to child  Yes No | If yes, did the environmental conditions of the home contribute to current report of maltreatment?  Yes No | Are the environmental conditions of the home likely to become significant to the ongoing safety of the child?  Yes No |

Describe the environmental conditions of the home:

|  |  |  |
| --- | --- | --- |
| Domestic violence in the home poses an immediate or continuing threat to the child  Yes No | If yes, did domestic violence contribute to current report of maltreatment?  Yes No | Is the domestic violence likely to become significant to the ongoing safety of the child?  Yes No |

Describe the domestic violence occurring in the family

|  |  |  |
| --- | --- | --- |
| Crisis/stress in the home poses an immediate or continuing threat to the child  Yes No | If yes, did the crisis and/or stress contribute to current report of maltreatment?  Yes No | Is the crisis and/or stress likely to become significant to the ongoing safety of the child?  Yes No |

Describe the crisis and/or stress in the home:

|  |  |  |
| --- | --- | --- |
| Family structure impacts risk to the child  Yes No | If yes, did the family structure contribute to current report of maltreatment?  Yes No | Is the family structure likely to become significant to the ongoing safety of the child?  Yes No |

Describe the family structure:

|  |  |  |
| --- | --- | --- |
| Dysfunctional level of family functioning poses immediate or continuing threat to child  Yes No | If yes, did the dysfunctional level of family functioning contribute to current report of maltreatment?  Yes No | Is the dysfunctional level of family functioning likely to become significant to the ongoing safety of the child?  Yes No |

Describe the dysfunctional level of family functioning:

**Comments:**

### Assessment Analysis Leading to Case Disposition

1. Identify all current risk factors. Is the factor changeable or manageable? If yes, identify the level of service intervention necessary. If no, is protective action necessary?

1. Identify all issues that pose significant, long-term risk to the child. Does the factor impact the child’s risk level to the point services are required? If yes, identify service.
2. What are the predictable crises in the family and how can they be planned for?
3. a. If there are current safety and risk issues, does the family acknowledge their role in the maltreatment? Do they agree with the safety and risk issues that were identified? Are they motivated to change?

b. What is the family’s perception of what they need to effect the needed changes? What do they see as their strengths? What is their support system?

c. What does the family need from the Department?

1. Based on the safety and risk issues, does the family need protective services? Specifically describe what behaviors and/or conditions need to be changed, if any.
2. Identify any information gathered about the needs of the child(ren), as related to health, educational, psychological, permanency, are there specific issues that make the child vulnerable at this time? If so, what are they?
3. If protective action is required, can the child(ren) be safely cared for by family members? If yes, what services are needed to ensure their safety, permanency and well-being and what barriers, if any, exist to providing the services?
4. If protective custody was taken of the child(ren), please answer the following questions:
   1. What reasonable efforts were made to keep the family together?
   2. What services are needed to safety return the child(ren) home and what barriers, if any, exist to providing the services? Identify the strengths in the family that would enhance the ability to return the child(ren) home.
   3. Is this an expedited termination case? Please discuss the factors that lead to this conclusion.
5. Describe any court orders that affect how services are to be delivered or visitation conducted. Include probate, criminal, family and juvenile court orders.
6. What are the worker’s perceptions of the family’s strengths? Can the family use their strengths and resources to make and sustain the needed changes?

##### CASE DISPOSITION SUMMARY

1. \_\_\_\_\_Level 1—No services needed.

Date investigation was completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_Level 2—Referral for community-based services

Date of referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency name/Service recommended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_Level 3--Opened for short-term services to family by child protective services worker

Assigned CPSW\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date opened\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date expected to be closed\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_Open and assign for further services (intact family)

Date of assignment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer for family preservation/enhancement services?\_\_\_\_\_\_\_\_

DCFS region-team-office\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POS agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court referral made?\_\_\_\_\_ Date referral made\_\_\_\_\_\_\_\_\_\_\_\_\_

Criminal charges recommended?\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_Open and assign to permanency services (substitute care)

Date of assignment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCFS region-team-office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POS \_\_\_\_\_ Agency (if known)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended for review for expedited termination?\_\_\_\_\_\_\_\_\_\_

Worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPSW\_\_\_\_\_ Intact/Permanency \_\_\_\_\_ Other\_\_\_\_\_

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEHAVIOR MANAGEMENT**

It is the policy at Unity that staff and caretakers don’t use corporal disciplinary measures to control behaviors. Unity has numerous training modules on non-corporal behavior management for both staff and caretakers.

**However, in extreme cases, when the child’s life is in danger or the child endangers the life of another person, the child may be restrained just so long as it takes emergency services to take control after calling 911. If the child is attempting to leave the room or building, it is our policy to allow him or her that freedom as long as it doesn’t present an immediate danger to his or her life.**

**If corporal restraint is used on a child or emergency services are called the staff person having the most knowledge of the incident must call their supervisor or an agency executive immediately and forward an Unusual Incident Report (UIR) to his or her supervisor within 24 hours. All UIR’s are reviewed by the Quality Management Cross Program Team to determine the cause of the event and to develop corrective action plans, if appropriate, to prevent recurrence. Results of the risk management review are forwarded to the Executive Review Team and the Board of Directors.**