



# Performance Quality

## Improvement Plan

# Families

# First

# OF PALM BEACH COUNTY

### **Equity Statement**

*This organization provides a multi-disciplinary approach in empowering families to build resilient homes and grow strong in every way with an acknowledgement to their histories and experiences. Through this vision, Families First has made a commitment to address systemic racism and oppression within the agency's culture and within the communities we serve in the following ways:*

*Acceptance and Welcoming of everyone's Differences, thereby promoting **Togetherness***

**September 2022**

*Our Mission*  
*Empowering families of all histories and challenges to  
grow strong in every way.*

*Our Vision*  
*Strong, empowered families create healthy, resilient homes  
and community for generations to come.*

## Contents

Introduction .....	1
Our Performance Quality Improvement Philosophy .....	1
PQI Infrastructure .....	2
Committees, Teams & Meetings .....	2
Stakeholders and Personnel Involved in PQI Activities.....	4
Flow of PQI Information .....	5
Stakeholders .....	5
Involving Stakeholders in PQI .....	6
Measures and Outcomes .....	6
Long-term Strategic Goals and Objectives.....	6
Legal, regulatory and other mandates regarding measurements of outputs and outcomes .....	9
Management/Operational Performance.....	9
Quality of Programs and Service Delivery.....	10
Client and Program Outcomes.....	11
PQI Operational Procedures .....	11
Data Collection and Aggregation .....	11
Data Review and Analysis.....	12
Using Data for Implementing Improvement .....	12
Conducting a Plan, Do, Check and Act Cycle.....	13
Model for Improvement: .....	13
Communicating Results.....	14
Assessment of the effectiveness of the PQI Process .....	14
Summary.....	14
Plan, Do, Check & Act Worksheets .....	15
Step 1: Plan Worksheet .....	15
Step 2: Do Worksheet.....	16
Step 3: Check & Act Worksheet .....	17

## Introduction

Families First Palm Beach County (Families First) is a social service agency, which has been providing services to families in Palm Beach County, Florida since 1990. The mission of Families First is empowering families of all histories and challenges to grow strong in every way. We continuously strive to fulfill our mission and provide the highest quality of care to our clients, their families, and our community. We accomplish this, in part, through the implementation of a Performance Quality Improvement (PQI) plan.

The goals of the organization are to ensure that:

- ✓ Program services achieve the intended child and family outcomes
- ✓ Program services improve and maintain best practice standards
- ✓ Program services are provided in an equitable and inclusive way
- ✓ Agency is open and inclusive to all stakeholders
- ✓ Agency improves and maintains high standards of organizational functioning
- ✓ Agency improves and maintains as a self-sustaining organization

## Our Performance Quality Improvement Philosophy

Families First is committed to providing the necessary resources to ensure ongoing quality in the agency and with its partners by engaging in a performance quality improvement (PQI) philosophy that:

- ❖ Addresses organizational performance and advances effective management practices by promoting service excellence and continuous improvement toward the achievement of identified outcomes
- ❖ Supports long-term priorities and goals as detailed in our strategic plan
- ❖ Utilizes best practices in performing outcome measurement and evaluation
- ❖ Facilitates leadership investment and support
- ❖ Focuses on the client, their needs, quality of service, protecting their privacy, and providing services in a racial and culturally equitable way
- ❖ Collects, analyses, and utilizes data that is collected
- ❖ Maintains a structure that is broad-based, system-wide, inclusive of community, partners, and stakeholders
- ❖ Improves efficiencies by continuous improvement that allows for high-quality service delivery

There is openness in the agency, and transparency is evident in interactions on the board, between board members and management, between management and staff. The board of directors and staff established a strategic plan that includes improving organizational competence, structure, and performance while maintaining accountability. We have constructed a PQI committee comprised of staff that are talented and highly qualified in the work they conduct. Quarterly data is gathered and studied for trends and patterns, allowing the committee to review success and need for change. Our board of directors is fully engaged and committed to ensuring we utilize best practices that optimize success for our clients. Additionally, as we review and utilize data, we can see opportunities for our organization to make essential shifts in how we practice and change operations that are no longer beneficial.

## PQI Infrastructure

Families First developed an infrastructure to support our PQI process, and we continually look for ways to improve it.

The Compliance & Quality Assurance Director is responsible for full implementation of the PQI plan and coordinates the PQI schedule, meetings, and deadlines. The Compliance & Quality Assurance Director reports to the Chief Program Officer and works with the Board of Directors, Chief Executive Officer, and Executive Leadership Team to maintain their involvement, garner feedback, and ensure timely and effective data collection. The Compliance & Quality Assurance Director will analyze all data provided through programs, surveys, strategic plans, and agency administration. The Compliance & Quality Assurance Director is responsible for quarterly and annual PQI reports and providing leadership for the annual maintenance of accreditations and reaccreditations.

The PQI Committee is comprised of:

- ❖ Chief Executive Officer (CEO)
- ❖ Chief Program Officer (CPO)
- ❖ Compliance and Quality Assurance Director
- ❖ Maternal and Infant Mental Health Director
- ❖ Finance and Administration Director
- ❖ Development Director
- ❖ Program/Clinical Directors

The main activities conducted by the PQI committee include a review of data analysis summaries to identify trends, strengths, and weaknesses. The committee reviews any survey data received from stakeholders and addresses areas in need of improvement. They review progress towards completion of work plans and discuss any new trends or conclusions that may yield areas necessitating further study.

The PQI Committee meets on a quarterly basis to gather data to report and analyze trends to express possible conclusions.

## Committees, Teams & Meetings

The ELT regularly conducts meetings where organization-wide issues related to PQI are addressed. The following committees play an integral role in the implementation of our PQI plan.

- **All Staff:** Each member of the Families First staff is a critical member of the PQI process. “All staff” meetings are held at least four times per year. These meetings are facilitated by the CPO and includes all employees. Relevant staff trainings and administrative updates are provided during the meeting. PQI information is shared/discussed as a part of the ongoing agenda. The employees also can share information and provide feedback to agency leaders through breakout groups and training evaluations.
- **Program Service Committee:** The Program Service Committee (PSC) is made up of board members, is staffed by the CEO, CPO, and Compliance and Quality Assurance Director, and meets monthly. Through their oversight efforts, they are updated on program performance, workforce stability including staff retention and morale. The PSC serves as a Healthy Families Advisory Committee and once a quarter the Healthy Families Program Manager reviews program activities and program targets, including discussion of program challenges. The PSC may provide feedback regarding solutions to programmatic challenges. This committee also contributes to portions of the agencies strategic plan specific to program services. They review progress in the strategic plan and report to the Board. The PSC meets as often as required to perform its duties or a minimum of ten times per year.

- **Operations Team:** The Operations Team is comprised of the CEO, CPO, Finance and Administration Director, and Compliance and Quality Assurance Director. This subcommittee of the Executive Leadership Team addresses operational issues efficiently, subsequently updating and/or asking for specific feedback. Currently, the committee members set meeting agendas. This team meets at a minimum quarterly and reviews issues related to organizational operations and risk management. This team, or portions thereof, meet with greater frequency as needed to review safety concerns and risks as they arise.
- **Case Record Reviews:** Client records are randomly chosen each quarter for review by the teams. The number of records that are reviewed is based on a percentage of the total number of clients served with all open and closed records being review by the end of the year in accordance with COA standards. The case record review procedure requires that all case records are reviewed for documentation and content annually, October through September. It is recommended that 25% of all clients served (carry over, opened, and closed) be reviewed each quarter. Currently, each program director/supervisor completes a case record review and/or utilizes a peer review process, with accompanied documentation. The Compliance and Quality Assurance Director provides a second layer of the case record review process. The case record procedure will be updated to reflect the additional procedure.
- **Executive Leadership Team:** The Executive Leadership Team (ELT) is comprised of the CEO, CPO, Finance and Administration Director, Compliance and Quality Assurance Director, Maternal and Infant Mental Health Director, Development Director, Program/Clinical Directors. The ELT is responsible for reviewing information that is important to the operation of the programs and agency, makes plans to disseminate information and implement necessary changes, and has primary responsibility for implementing the agency's PQI plan. Meetings take place monthly to review a wide range of data related to the performance of individual programs and the organization as a whole and one meeting of each quarter is identified as the "PQI meeting". The CPO and Compliance and Quality Assurance Director facilitate the PQI meeting. For the quarterly PQI meetings, team members provide program data reports and summaries and identify potential opportunities for improvement. The CEO provides updates on board, strategic plan, and grant activity. The CPO provides summary and review of agency staff training, workforce stability, and safety and security. The Compliance and Quality Assurance Director reports on agency stakeholder and community involvement and program monitoring/audits that have happened in the quarter. The Development Director and Administration and Finance Director provide updates on activities within their departments.
- Through quarterly program data reports, the team can review and discuss departmental progress on their work plans, required service numbers, and progress on outcomes.
- **Board Committees:** Board Committees are comprised of members of the Board of Directors, the CEO and/or the CPO, Program/Clinical Directors, and Managers. Each committee is led by a Board member who has volunteered to lead and has an interest in that aspect of the agency. PQI reports are presented at committee meetings as appropriate. Board members share feedback related to PQI that can be communicated to other teams and committees. Each Board committee also reports on relevant PQI activities to the full Board of Directors.
- **Board of Directors:** The CEO reports on at least a quarterly basis to the Board of Directors on the progress of the PQI. The CEO provides a thorough verbal agency update on relevant issues. During each meeting, the Program Committee is primarily responsible for reviewing and reporting on program outcomes; however, all Board committees are involved in activities related to PQI. Any feedback from the board related to PQI is documented and relayed by the CEO to the other teams and committees.

## Stakeholders and Personnel Involved in PQI Activities

The following chart lists individuals who are involved in carrying out the agencies PQI plan. Their roles and training necessary to carry out PQI activities are also identified. All staff have opportunities to participate in internal PQI training opportunities, which can include all-staff meetings and individual program meetings.

<b>Title</b>	<b>PQI Roles</b>	<b>Training</b>
<b>Board members</b>	Members of the Board of Directors participate in meetings of the full Board as well as board committee meetings. They review PQI information provided by staff and the PSC and offer feedback for possible improvements.	Members of the Board receive a general orientation as well as orientation specific to the committees in which they will participate. Staff presents the Families First PQI philosophy. Members are invited to participate in PQI opportunities.
<b>Chief Executive Officer</b>	The CEO co-facilitates all meetings of the Board of Directors and participates in Board committee meetings. The CEO works with the CPO on all-staff meetings, ELT meetings, and Operations team meetings. The CEO is responsible for implementation and accomplishments for all program and administrative functions.	The CEO participates in trainings related to the PQI process and works with community partners to learn about other PQI processes.
<b>Chief Program Officer</b>	The CPO facilitates the ELT, PQI, Program Committee, and all-staff meetings. The CPO participates in monthly Operations meetings and the quarterly PQI meetings. The CPO also attends Board meetings and Board committee meetings when needed.	CPO facilitates and/or participates in trainings related to PQI through internal trainings PQI is also co-facilitated by the COMPLIANCE AND QUALITY ASSURANCE DIRECTOR. When opportunities are presented, the CPO participates in training regarding data collection and analysis. The CPO oversees the implementation of performance improvement plans
<b>Compliance and Quality Assurance Director</b>	COMPLIANCE AND QUALITY ASSURANCE DIRECTOR works closely with the CPO in all aspects of organizational functioning. The COMPLIANCE AND QUALITY ASSURANCE DIRECTOR also ensures the agency implements and maintains procedures and processes that result in ongoing quality assurance, evaluation, and quality improvement consistent with the Council of Accreditation's (COA) standards, Nonprofits First accreditation, and local funder contracts.	A PQI overview is given to new employees upon hire providing information incrementally through email, agency newsletter (Inner Circle) or during all-staff meetings. COMPLIANCE AND QUALITY ASSURANCE DIRECTOR participates in webinars and self-paced trainings offered by COA, local and national organizations, providers, and presents educational opportunities for all levels of the organization in partnership with the CPO.
<b>Program Directors</b>	Program Directors are responsible for participating in all-staff meetings, ELT meetings, case record reviews, and PQI meetings. They also work with the Program Supervisors to ensure ongoing staff supervision and program team meetings.	Program Directors receive PQI training facilitated by the CPO and COMPLIANCE AND QUALITY ASSURANCE DIRECTOR and may also participate in webinars and self-paced trainings offered by COA as suggested by the COMPLIANCE AND QUALITY ASSURANCE DIRECTOR.

		They receive training relevant to their program areas. This includes training on electronic medical records, Microsoft Office, data collection, data analysis, and implementation of yearly work plans.
<b>Program Supervisors</b>	Program Supervisors are responsible for participating in all-staff meetings, individual program staff meetings, case record reviews, and PQI meetings if necessary. Program Supervisors also work with the Program Managers to lead program staff meetings.	Program Supervisors receive PQI training facilitated by the CPO and COMPLIANCE AND QUALITY ASSURANCE DIRECTOR and may also participate in webinars and self-paced trainings offered by COA as suggested by the COMPLIANCE AND QUALITY ASSURANCE DIRECTOR. They receive training relevant to their program areas. This includes training required by funders.
<b>Staff members</b>	Staff members participate in all-staff meetings as well as program team meetings. Select staff members participate in case record reviews.	PQI training opportunities are provided to staff facilitated by the CPO and COMPLIANCE AND QUALITY ASSURANCE DIRECTOR. All staff receive training relevant to their program areas and as required by funders.
<b>Stakeholders</b>	The agency seeks feedback and input from stakeholders periodically and utilizes this in the PQI process. When stakeholder feedback is received, it plays a crucial role in identifying opportunities for program and agency improvement. These surveys are conducted annually.	The agency communicates PQI-related information through various means, including newsletters, annual reports, social media, and the agency's website. Solicitations for survey responses include information about how those responses will be used.

## Flow of PQI Information

Information is disseminated throughout the organization. The Compliance and Quality Assurance Director has the primary responsibility to monitor the PQI plan. Program/Clinical directors' complete quarterly reports that outline program activity for each quarter. The ELT reviews the reports and then forwards to the Program Committee, who presents a summary report to the Board of Directors. PQI information is shared with all other stakeholders through the agency website, reports, and appropriate social media venues.

## Stakeholders

### Key stakeholders

Families First engages the following stakeholders in its PQI process:

- Referral sources
- Schools
- Clients
- Staff members
- Board members
- Donors
- Funders

- Community partners
- Governmental organizations
- Private foundations

## Involving Stakeholders in PQI

Families First involves our stakeholders (internal staff and board) and external (clients, funders, partners, etc.) in our PQI process through surveys and conversations. Surveys are distributed at least annually to identified groups of stakeholders that may include employees, clients, operations board members, and foundation board members. Staff participates in an annual employee survey. Additionally, during quarterly discussion/planning sessions and all-staff meetings, PQI is on the agenda. Client surveys are also distributed yearly. Input is gathered from clients through discussions regarding their needs, through regular review of how they are doing in reaching their goals, and through participation at the program support groups. Suggestion boxes are available to staff in all office locations. These are reviewed by the CEO, CPO, and Compliance and Quality Assurance Director and presented to the ELT to determine how to best address recommendations and complaints.

Informal feedback is also considered an important part of our PQI process. This type of feedback may include board members and funders participating in client-focused events. Additionally, the different committees of the board of directors provide feedback on how they see and experience the staff throughout the organization.

Feedback provided by funders through program monitoring is utilized for PQI purposes. Suggestions for improvements on how services are provided, ideas for new approaches to current services or for different clients is garnered during the site visits and exit interviews post visit. Data collected is analyzed and used in conjunction with external surveys by licensing and accrediting agencies (e.g., COA, Healthy Families, Child First), to improve quality and delivery of services to our clients and community. Survey results are presented during PQI committee meetings and provide opportunities to develop improvement plans as necessary. Survey results, when appropriate, are shared with staff of the organization. Any informal feedback gathered is utilized and shared with staff members, various teams, and committees that are involved in the PQI process.

## Measures and Outcomes

### Long-term Strategic Goals and Objectives

#### Strategic Planning

Families First Board of Directors engages in a regular strategic planning process in which it analyzes economic, demographic and policy trends and develops strategies to sharpen and deepen our impact. The Board works with staff to evaluate program performance and continuously improve program quality and impact.

The strategic plan is reviewed and updated every four years, but progress toward goals is reviewed quarterly by the ELT, the Program Service Committee, the Executive Committee, and then the Board of Directors and other committees as appropriate. The strategic plan is updated regularly to consider current trends, needs, and opportunities. Identifying the strengths and challenges that will help or hamper positive organizational growth are an important part of the plan development.

This organizational management activity is used to set our priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, intended outcomes, and to adjust our directions in response to a changing environment.



ELT creates and manages an annual work-plan, which lays out goals and priorities across the agency. This is reviewed and evaluated during the quarterly PQI meetings. Goals include administration, fiscal and program-related priorities. Progress on these goals is presented to the Program Service Committee and Executive Committee periodically through the year. A year-end summary is included in the annual PQI report.

Components in the development and review of strategic planning include the following:

- Keeping the mission and values of Families First at the forefront of all strategic planning
- Ensures that there are strategic activities addressing Families First maintaining a board and committee structure that represents our community and clients and maintains a strong foundation board to continue the cultivation of our donor base
- Considers goals and activities that evaluate effectiveness, viability, and need of existing services
- Evaluates potential enhancement, expansion, innovation, and legacy opportunities of services through research, planning, and development of new and innovative services based on multiple factors and feedback
- Assessing current and potential enhancement of all funding sources
- Ensures that public awareness of Families First is a part of all communication
- Regular strategic planning analysis that is focused on organizational development and structural changes needed to support current and expansion of services
- Exploring ways to improve overall competence and performance that will increase accountability

The most recent strategic plan was approved by the board of directors and implemented in February 2019 and will be completed in February 2023. The agency's current strategic goals and objectives are listed below:

**Goal 1:**

Maintain a board committee structure that is representative of the community and continues to follow best practices in Nonprofit and Board Governance.

**Goal 1 Activity:**

- A. Recruit community members with specific expertise to participate in various committees such as Human Resources, Program, Audit, Technology, and Development.

**Goal 2:**

Maintain foundation board activities to include a connection with individuals who can increase donors for the organization.

**Goal 2 Activities:**

- A. Increase Planned Giving Committee to a minimum of 15 members
- B. Conduct two planned giving center of influence events
- C. Quarterly attendance by foundation members and director of development at Planned Giving Council meetings

**Goal 3:**

Expand and enhance funding sources.

**Goal 3 Activities:**

- A. Increase corporate gifts for the annual luncheon by 3% each year and the poker, brewery, and any other fundraising events each year by 5%
- B. Expand funding partnerships with country clubs in gated communities to three presentations bi-annually for a total of six by the end of strategic plan cycle

- C. Increase income received from grants awarded by family foundations annually by 5% through research and connections
- D. Based on direct mail campaign gifts and research, build a plan to connect to annual donors

**Goal 4:**

Enhance public awareness to increase giving and support to the organization.

**Goal 4 Activities:**

- A. Annually increase the average donation and donor base that comes through the web site and increase utilization of social media by 5% each year
- B. Expand social media utilization current trends and patterns in the communications' field
- C. Promote reputational areas of Families First such as COA accreditation and educate donors in order to increase their support of the organization
- D. Position board and agency leadership expertise to be available to and sought as resources for newspapers and community papers to increase awareness of the agency

**Goal 5**

Improve organizational competence, structure, performance, and increased accountability.

**Goal 5 Activities:**

- A. Receive Nonprofits First Reaccreditation in Excellence
- B. Submit the Self-Study to COA for Reaccreditation
- C. Achieve national reaccreditation from the Council on Accreditation for Children and Families
- D. Review and update currently approved succession plan to address key personnel, i.e., CEO, CPO, Director of Finance, Program Directors, and Director of Development
- E. Conduct a feasibility study for the purchasing of a building for Families First
- F. Explore utilizing a phone application for emergency alerts to be used by direct service workers in the field
- G. Explore utilizing Microsoft's MileIQ app for reporting accurate mileage by workers in the field
- H. Purchase/replace computers for programs not funded by CSC at the five-year-old mark
- I. Migrate from Microsoft 365 E2 subscription to an E3 or E5 depending on cost-effectiveness
- J. Renew 3-year laptop tracking license subscription
- K. Continue to clean up the network drives and map for agency's maximum efficiency
- L. Purchase and configure a new on-premises server to take the place of the one now in service
- M. Configure RDS server on Azure for access by ELT in the event of emergencies
- N. Upgrade current computers (if cost effective) to Windows 10

**Goal 6**

Develop a legacy building vision for Families First services, consistent with the mission of the organization. Final recommendations to be reported to the ELT and Board of Directors.

**Goal 6 Activities:**

- A. Review and clarify the agency's vision, mission, and values. Evaluate program services currently offered to determine viability, appropriateness of population being served, and continued need
- B. Conduct a strategic planning analysis focused on program enhancement, expansion, and innovation
- C. Conduct a strategic planning analysis focused on organizational development and structural changes needed to support current and expansion services
- D. Continue to seek credentialing in Medicaid and/or private insurance plans for behavioral health services
- E. Define new diversified funding sources to support potential new legacy building vision and growth

Our PQI plan is aligned with our strategic plan. The PQI process also informs future revisions of this plan.

## Legal, regulatory, and other mandates regarding measurements of outputs and outcomes

Families First's intent is to demonstrate *best practices* in all areas of service delivery and organizational performance for the benefit of our clients and stakeholders. We comply, to the best of our ability, with all applicable regulatory and licensing entities to whom we are responsible. We uphold the standards and expectations of all entities that fund the agency through public and private contributions.

Outcomes and outputs related to these mandates are tracked and analyzed throughout the year. Results are presented during PQI meetings, and work plans are initiated as necessary to promote compliance and positive outcomes/outputs.

## Management/Operational Performance

Families First measures outcomes and outputs related to the organization's capacity to manage and operate quality programs and services. The following outcomes and outputs are related to management and operational performance:

### Workforce Stability

1. Employee retention (outputs)
  - a. New Hires
  - b. Positions vacant and filled
  - c. Time taken to fill positions
  
2. Incidents
  - a. Client incidents involving staff interventions, ex. mandated reporting
  - b. Client grievances
  - c. Staff incidents
  - d. Staff grievances
  - e. Critical client and staff incidents/grievances requiring investigation
  
3. Employee survey responses/employee satisfaction (outcomes)
  - a. Orientation, Employee Engagement, Training
  - b. Performance Management and Supervision
  - c. Compensation and Benefits
  - d. Communication and Leadership
  - e. Organizational Culture
  - f. Diversity and Inclusion
  - g. COVID and Health and Safety (FY 2020-2021, 2021-2022)
  
4. Financial performance (outcomes and outputs)
  - a. Gross revenues by department and for the entire agency (quarterly/yearly)
  - b. Actual expenses for the entire agency (quarterly/yearly)
  - c. Total development revenue by source (quarterly/yearly)
  - d. Utilization of endowment funds to cover operational expenses and this information is reported annually.
  - e. Performance of assets in endowment funds yearly.

## Quality of Programs and Service Delivery

Families First measures outputs and outcomes that are indicative of the overall quality of its services and programs. The following outputs and outcomes related to quality and performance are measured in addition to any funder-mandated outcomes:

1. Risk management data
  - a. Number and type of client incidents, grievances, and interventions
  - b. Number and type of staff incidents and grievances
2. Client record review data, the outcomes of the case record reviews are reported on the quarterly program reports that are then shared at ELT. The review of charts will include the following:
  - a. Thorough assessment based on client need and purpose of services
  - b. Content of case note relates to the client's service/treatment plan, consistent with the goal of services
  - c. Appropriate language is utilized to describe the following, not limited to
    - 1) Assessment information
    - 2) Diagnosis, when appropriate
    - 3) Identifies service/treatment plans/family goal plans
    - 4) Progress and challenges in meeting service/treatment goals
    - 5) Program specific assessments
    - 6) Presence of a transition/discharge plan
  - d. Proper completion of essential documentation
  - e. Timeliness in completing essential documentation
3. Program output data
  - a. Number of clients served
  - b. Number of clients closed
  - c. Duration of services: this information is used to track patterns and trends and if required, this information will be reported to funders and accrediting bodies (i.e.: Child First).
  - d. Progress and challenges in meeting indicated outputs
  - e. Demographic information for clients and family members served to include:
    - i. Age
    - ii. Gender
    - iii. Race
    - iv. Ethnicity
    - v. Family marital status
    - vi. Family income/FPL
4. Outcomes for clients
  - a. Outcome achievement for all outcomes measured
  - b. Progress and challenges in achieving outcomes for active clients
  - c. Progress in achieving outcomes for discharged clients
4. Client survey responses  
Clients' perceptions of
  - a. Quality
  - a. Safety
  - b. Effectiveness
  - c. Progress in meeting goals
  - d. Suggestions
5. Results of facility and physical plant inspections

- a. Ongoing facility and physical plant needs
  - b. Emerging facility and physical plant needs
  - c. Results of emergency drills
- 6. Findings from funder monitoring
    - a. Plans of correction resulting from monitoring reports
  - 7. Findings from re-accreditation audits
    - a. Plans of correction resulting from audits
  - 8. Results of annual financial audits

## Client and Program Outcomes

Families First measures outcomes and outputs that help the organization evaluate the impact of its services. The following client and program outcomes/outputs are examples of what might be measured as appropriate for the program and its clients:

- 1. Reasons for case closings
- 2. Progress towards goals
- 3. Progress towards educational goals
- 4. Reduction in maternal depression activities
- 5. Increase parenting skills
- 6. Maintenance of stable housing
- 7. No disruption of Kin Support Project placements
- 8. No repeated maltreatment reports
- 9. Vocational activities
- 10. Number of clients securing employment

Other outcomes or outputs may be tracked and analyzed as needed. Families First collects data as required by funders.

## PQI Operational Procedures

### Data Collection and Aggregation

#### Management/operational performance

Data related to management/operational performance is collected from a variety of sources. That data is then aggregated into reports, which are utilized to further the PQI process. The following reports contain essential PQI data:

- 1. Quarterly Human Resources Reports from Paylocity
- 2. Annual Employee Survey Reports
- 3. Quarterly Finance Reports

#### Quality of programs and service delivery

Data related to quality of programs and service delivery is reported through the following reports:

- 1. Quarterly Risk Management Incidents

2. Quarterly Client Record Review Reports
3. Quarterly Agency and Funder Program Outcomes Reports
4. Yearly Funder Monitoring reports and plans of correction
5. Yearly Client Survey Reports
6. Quarterly Facility Inspection Reports are listed on the Operations Minutes/Meetings. This information is reported in PQI.
7. COA Accreditation Reports and Related Plans of Correction (Every four years)
8. Nonprofits First Reports and Related Plans of Correction (accreditation every four years; renewal every year)
9. Healthy Families Accreditation Reports (every four years)
10. Connecticut/Child First Accreditation Reports (every four years)
11. Annual Financial Audit Reports

#### Client and program outcomes

Data related to client and program outcomes is aggregated into the following reports:

1. Quarterly Program Outcome Reports
2. Program monitoring reports tracking benchmarks, which are submitted to funders
3. Program monitoring reports with aggregated client/program related data completed by funders

## **Data Review and Analysis**

Data related to PQI may be reviewed at any time and any level of the organization. Evaluation of PQI data is ongoing and may occur informally to provide information to staff members and/or initiate performance improvement activities quickly when necessary. These PQI activities are promptly documented and communicated throughout the organization.

The quarterly PQI meetings serve as the primary venue for analyzing data to improve overall performance of programs and services at Families First. During these meetings, members of the committee analyze all relevant data. All areas of the agency are represented in the PQI report. The program directors of each program discuss their program's report and invite feedback from the group.

The PQI committee reviews data and discusses the strengths and weaknesses of programs and the agency. The committee works together to identify opportunities for improvement. Based on the committee's feedback, staff can initiate a performance improvement plan (PIP), the results of which will be provided to funders as required.

## **Using Data for Implementing Improvement**

#### Performance Improvement

Families First launched the Performance Improvement Plan process in 2020. Staff utilize a logical approach to identified issues, determining causes, initiating potential opportunities for solutions, and moving forward improvement possibilities.

Planning and improvement can often include staff members at all levels of the agency. A PIP may be initiated during a meeting of the PQI Committee; however, it can include key staff members who are not members of that committee. These staff members can assist in developing and implementing the desired change.

When opportunities for performance and quality improvement are identified, staff members can initiate one or more Plan-Do-Check and Act (PDCA) cycle. This three-step process includes worksheets that identify the plan, the do, and the check and act. By following these steps, staff study identified issues, and develop proposed improvement opportunities, implement opportunities, and develop an evaluation strategy. Once everything is implemented, the information feedback loop identifies what was learned and successful.

## Conducting a Plan, Do, Check and Act Cycle

When potential improvements are identified to be addressed, a performance improvement plan (PIP) is developed. Implementing the Plan, Do, Check and Act (PDCA) cycle process guides staff through the steps used to address and test potential improvements. A PIP may involve multiple PDCA cycles to achieve the objective. Staff are encouraged to use as many forms as necessary to track the PDCA cycles.

### Model for Improvement:

1. What are we trying to accomplish? What is the goal? Briefly describe the opportunity for improvement and what information supports this need.
2. How will we know that change is an improvement? Describe the measurable outcomes and success indicators to know whether the proposed actions were effective.
3. What changes can we make that will result in an improvement?
  - a. Define the processes currently in place
  - b. Identify opportunities for improvement that exist.
  - c. Look for root causes of problems that have occurred.
  - d. Decide what you will change in the process
  - e. Engage in a PDCA cycle.
4. Determine intervention(s) based on your analysis.

### Plan-Do-Check and Act (PDCA) Cycles

After the PIP process has been completed, a PDCA cycle allows the team to “test” proposed changes. This is on a small scale to determine if the change(s) will accomplish the desired goal or improvement before fully implementing anything. One PIP may require multiple PDCA cycles.

The components of each step in a PDCA cycle are found in the three documents making up the process:

1. Plan
  - a. Briefly describe the opportunity for improvement and what information supports this need.
  - b. Describe the success indicators; how will you know that the proposed actions were effective?
  - c. What data supports the need for this change?
2. Do
  - a. Determine action items and for each one:
    - 1) Responsible person
    - 2) Costs/Resources
    - 3) Target Date
    - 4) Actual Date
    - 5) Success Indicators/Comments
3. Check and Act
  - a. Describe the results and observations of the Improvement Plan
  - b. What challenges were encountered during Implementation of the Improvement Plan?

- c. Describe how the completed Improvement Plan will be integrated into regular practice.

## **Communicating Results**

Once a team has completed the PIP through the PDCA process, identified change is implemented and becomes part of a new or revised policy/procedure, as appropriate. The results of the PIP and any resulting new policy/procedures are communicated to both staff and the Board of Directors. Applicable results will be shared with outside stakeholders as well.

PQI information should always flow in a continuous loop between the stakeholders which includes Board members, non-board member committee members, and staff.

## **Assessment of the effectiveness of the PQI Process**

A Performance and Quality Improvement report will be developed annually by the CPO assisted by the Compliance and Quality Assurance Director with input from the PQI Committee. This report will summarize the outputs and outcomes that have been measured during the previous year and will incorporate feedback from clients, employees, and other stakeholders. The report will be presented to the CEO and the Program Services Committee, who will then present it to the Board of Directors. Components of the report will include results of annual organizational risks assessments.

The Board of Directors utilizes the PQI report to inform setting short-term and long-term strategic goals. Annually, or as needed, the PQI Committee will revise the PQI Plan to incorporate feedback from stakeholders.



## **Summary**

Through a process of continuous Performance and Quality Improvement, Families First will maintain its standing as a premiere social service agency in Palm Beach County. We intend to meet the needs of our clients and fulfill our mission while being excellent stewards of our resources. Our Performance Quality Improvement process will enable us to achieve these goals purposefully, efficiently, and effectively.



# Plan, Do, Check & Act Worksheets

## Step 1: Plan Worksheet

<h3>Improvement Plan</h3> <p><i>Performance and Quality Improvement</i></p>		Page #	
Improvement Plan Title:			
Improvement Plan Date:			
	Briefly describe the opportunity for improvement and what information supports this need.		
	Describe the success indicators; how will you know that the proposed actions were effective?		
	What data supports the need for this change?		

## Step 2: Do Worksheet

# Improvement Plan

*Performance and Quality Improvement*

Page #




Improvement Plan Title: \_\_\_\_\_

Improvement Plan Date: \_\_\_\_\_

	Action Item	Responsible Person	Cost/Resources	Target Date	Actual Date	Success Indicators/Comments
Do						

### Step 3: Check & Act Worksheet

<b>Improvement Plan</b> <i>Performance and Quality Improvement</i>		Page #	
Improvement Plan Title:			
Improvement Plan Date:			
<b>Check &amp; Act</b>	Describe the results and observations of the Improvement Plan.		
	What challenges were encountered during implementation of the Improvement Plan?		
Describe how the completed Improvement Plan will be integrated into regular practice.			