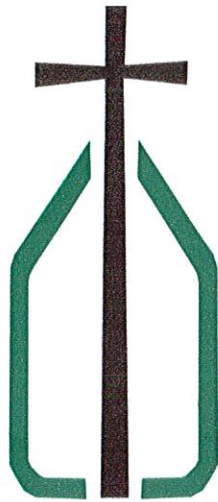


Catholic Charities, Diocese of Norwich

Performance and Quality Improvement Plan



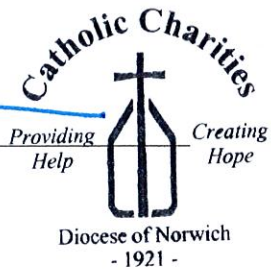
+ Michael R. Coe

President

Bishop of Norwich

[Handwritten signature]

Executive Director



APPROVED & REVISED: August 28, 2018

Section One- Introduction

Brief Agency History

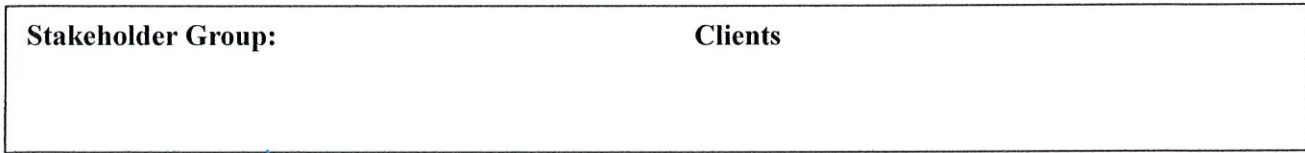
During the course of its history, Catholic Charities, Diocese of Norwich has developed performance and quality improvement plans as we have sought to serve all stakeholders to the best of our ability. While the agency has had many successes, and has helped tens of thousands of people over its 97-year history, the agency is poised to become more creative and innovative in the services we provide. To do this we must become even more diligent in our ongoing performance and quality improvement process.

The agency's Performance and Quality Improvement Program is now undergoing changes to meet the needs of all of our stakeholders. Over the past two years, the agency has invested in improvement our information technology in an effort to increase our ability to collect, analyze, and report on client and program data. With these improvements, and with the support and diligence of the Board of Directors, and staff, we now have the tools and human capital to drive the agency's programs to greater heights and serve even more people more effectively and efficiently. The following Performance and Quality Improvement Plan will guide and inform this ongoing process.

As with all agency endeavors, we seek feedback from all of our clients and other stakeholders. If you have any questions or comments regarding this plan, please contact the PQI Coordinator at (860) 889-8346.

This plan was created and refined throughout 2018. This plan will go before the Board of Directors in August of 2018 and will be reviewed and approved annually.

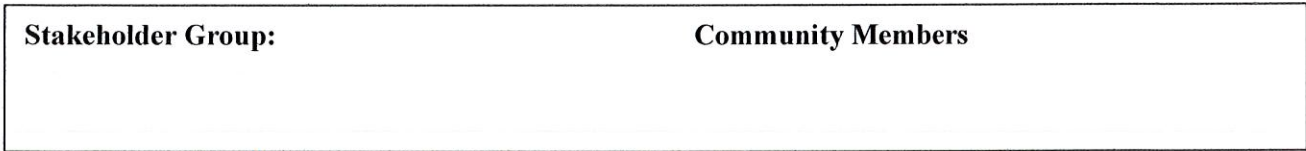
Section Two - Stakeholder Involvement



Describe the Stakeholder Group:
The clients of Catholic Charities, Diocese of Norwich are the primary stakeholders of the agency. They consist of those served by our Emergency Basic Needs program, Intensive Case Management Program, Behavioral Health Clinics, and Temporary Assistance for Needy Families (TANF) programs. They reside within the Four Counties of eastern Connecticut: New London, Middlesex, Tolland and Windham County.

What data do they provide?
Clients provide data through satisfaction surveys and data collected during the time they are served. Each program uses data collection tools to measure the effectiveness of the services provided.

What information do they receive?
Clients are able to access information through our PQI bulletin board and via reports posted in on the agency's bulletin board.

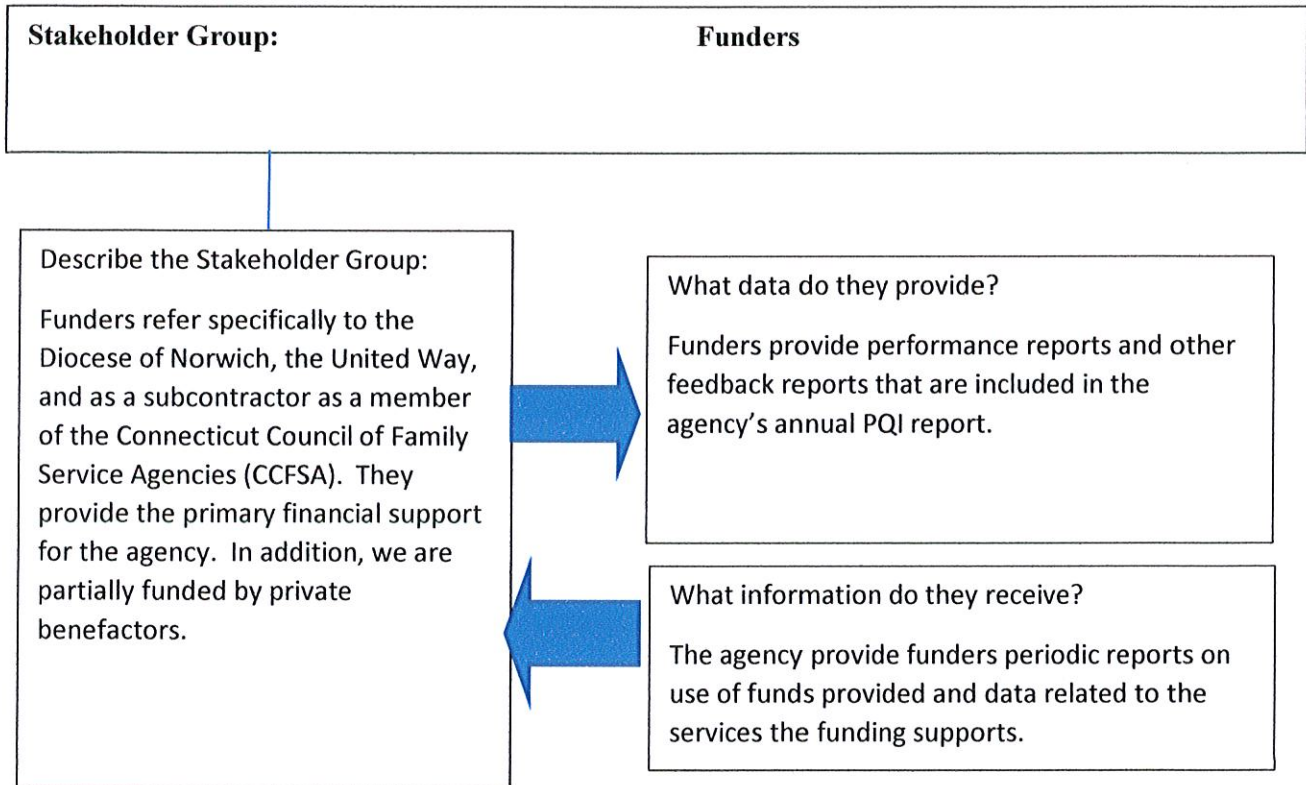


Describe the Stakeholder Group:
Community members include other organizations that refer to our agency as well as the general public.

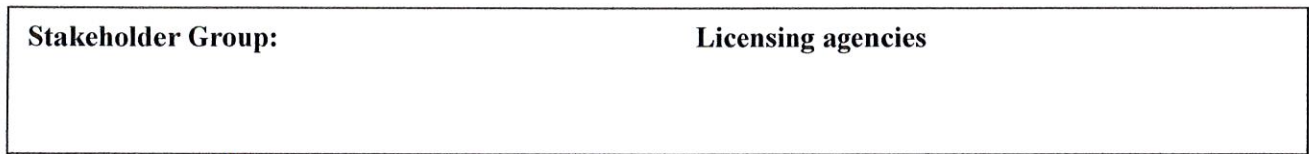
What data do they provide?
Community member provide feedback during our interactions with them as we collaboratively work with clients. They also have the opportunity to provide feedback on our website and during agency open house events.

What information do they receive?
Community members have access to PQI data on our website and data posed at our agency sites.

Section Two - Stakeholder Involvement (continued)



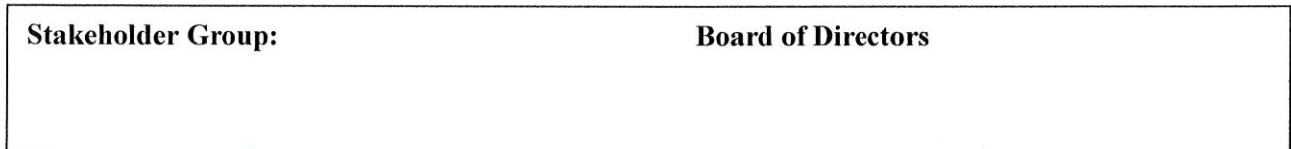
Section Two - Stakeholder Involvement (continued)



Describe the Stakeholder Group:
Licensing agencies specifically refer to the Connecticut Department of Health and the Connecticut Department of Children and Families.

What data do they provide?
Community members provide feedback during our interactions with them as we work with clients together. They also have the opportunity to provide feedback on our website and during agency open house events.

What information do they receive?
Community members have access to PQI data on our website as data posed at our agency sites.

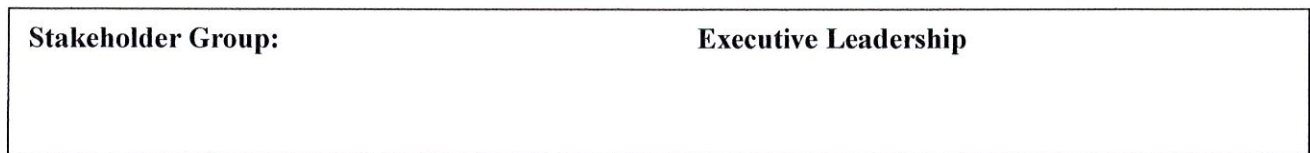


Describe the Stakeholder Group:
The Board of Directors at Catholic Charities, Diocese of Norwich are a distinct group of community leaders, chaired by the Bishop of the Diocese of Norwich. The board members work or have worked in varied disciplines, providing the agency with a wealth of information and guidance.

What data do they provide?
The Board of Directors provide feedback during monthly meetings and through subcommittee work.

What information do they receive?
Monthly, the Executive Directors report provides a summary of the work accomplished the previous month. Agency productivity and financials are reported. The Board also reviews and approves the annual PQI report.

Section Two - Stakeholder Involvement (continued)



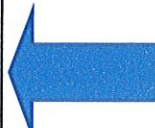
Describe the Stakeholder Group:

The agency's Executive Leadership is comprised of the Executive Director, Finance Director, Behavioral Health & Clinical Services Senior Manager, Family & Community Services Senior Manager, and the Administrative Manager.



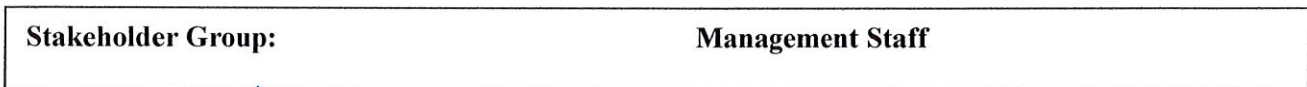
What data do they provide?

This group meets bi-weekly to review agency program success and areas for improvement. Plans are developed based on the findings and then are reported to the staff at monthly meetings.



What information do they receive?

The Executive Leadership receives information from staff during monthly staff meetings, periodic reports, and during supervision and consultation meetings.



Describe the Stakeholder Group:

The Management Staff is comprised of staff that supervise agency programs or specific agency sites.



What data do they provide?

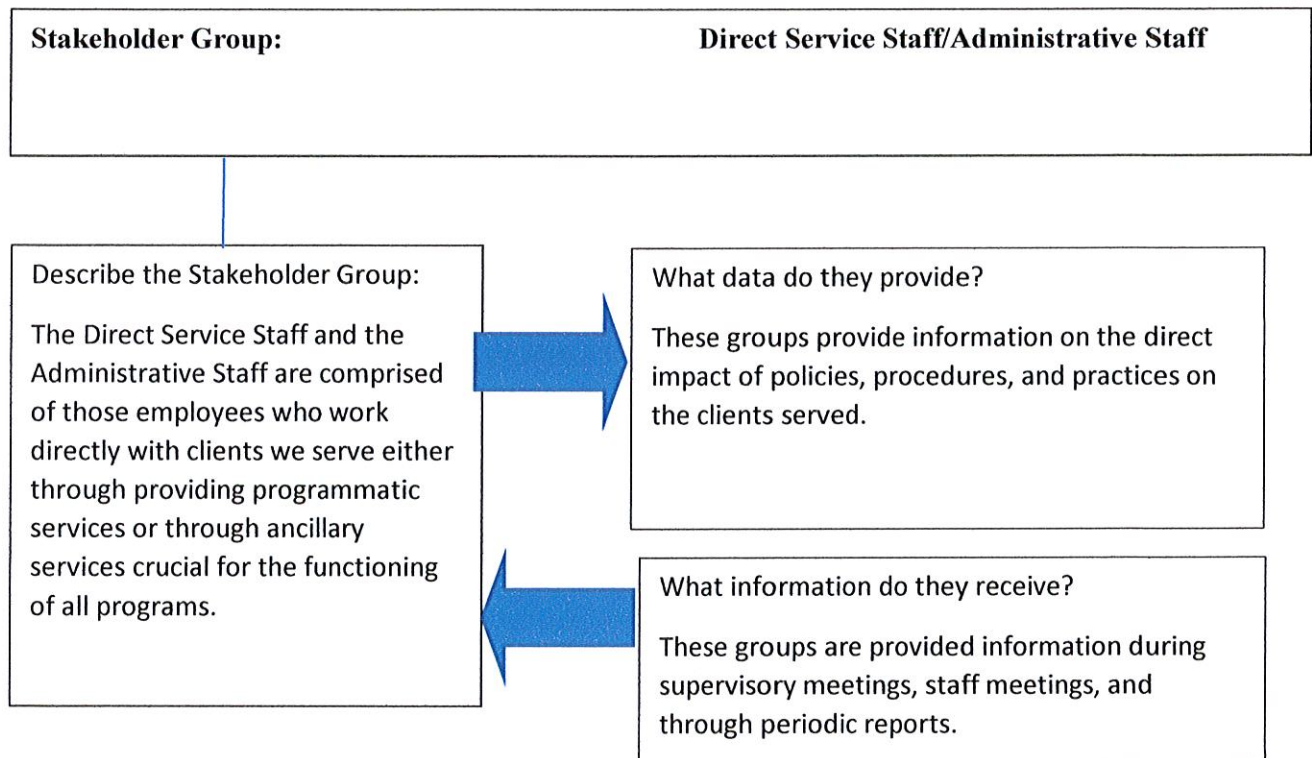
This group provides information during supervisory meetings, Advisory Board meetings, and report on the effectiveness of policies and procedures. They also provide information on staff morale and compliance.



What information do they receive?

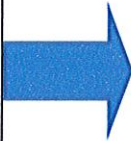
This group receives information during staff meetings, supervisory meetings, and during Management Team meetings.

Section Two - Stakeholder Involvement (continued)

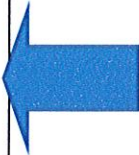


Stakeholder Group:	Volunteers
---------------------------	-------------------

Describe the Stakeholder Group:
Volunteers assist with the distribution of food, front desk activities, and plan and assist in community events.



What data do they provide?
Volunteers provide information on the effectiveness of the processes in which they are involved. They frequently provide feedback to the program managers and site supervisors.



What information do they receive?
Program managers update the volunteers on agency policy and procedures. Information is also shared at Advisory Board meetings.

Section Three: PQI Structure (*revised with Agency restructuring 06/05/2017*)

Catholic Charities, Diocese of Norwich initially developed an infrastructure to support performance and quality improvement processes when it was first accredited by COA in 2009. Since that time, Catholic Charities has developed enhanced practices to provide a comprehensive Performance and Quality Improvement Program in which all staff are involved.

The new PQI infrastructure has two PQI Co-Coordinators as the central organizing figures. Due to financial limitations and the size of the agency, the PQI Co-Coordinators are not a stand-alone position. The Behavioral Health & Clinical Services Senior Manager otherwise known as the Clinical Administrator or Interim Clinical Administrator and the Family & Community Services Senior Manager will serve as the PQI Co-Coordinators for the organization. A dedicated 25% for these positions has been set aside and serves to complete the following PQI activities:

- Organize the PQI Committee Structure by recruiting and maintaining appropriate staff level involvement.
- Work with selected members of the Board of Directors to encourage involvement at the governing body level.
- Analyze all data received from all programs and surveys.
- Facilitate committee work.
- Produce and distribute the PQI Quarterly Report.
- Develop, maintain, and edit the PQI Plan with stakeholder input.
- Serve as the point of contact for the Council of Accreditation during active accreditation cycles and in between.

The PQI Co-Coordinators lead the committee work, and guide all PQI activities within the organization. The PQI Committee is currently comprised of the following positions within the organization:

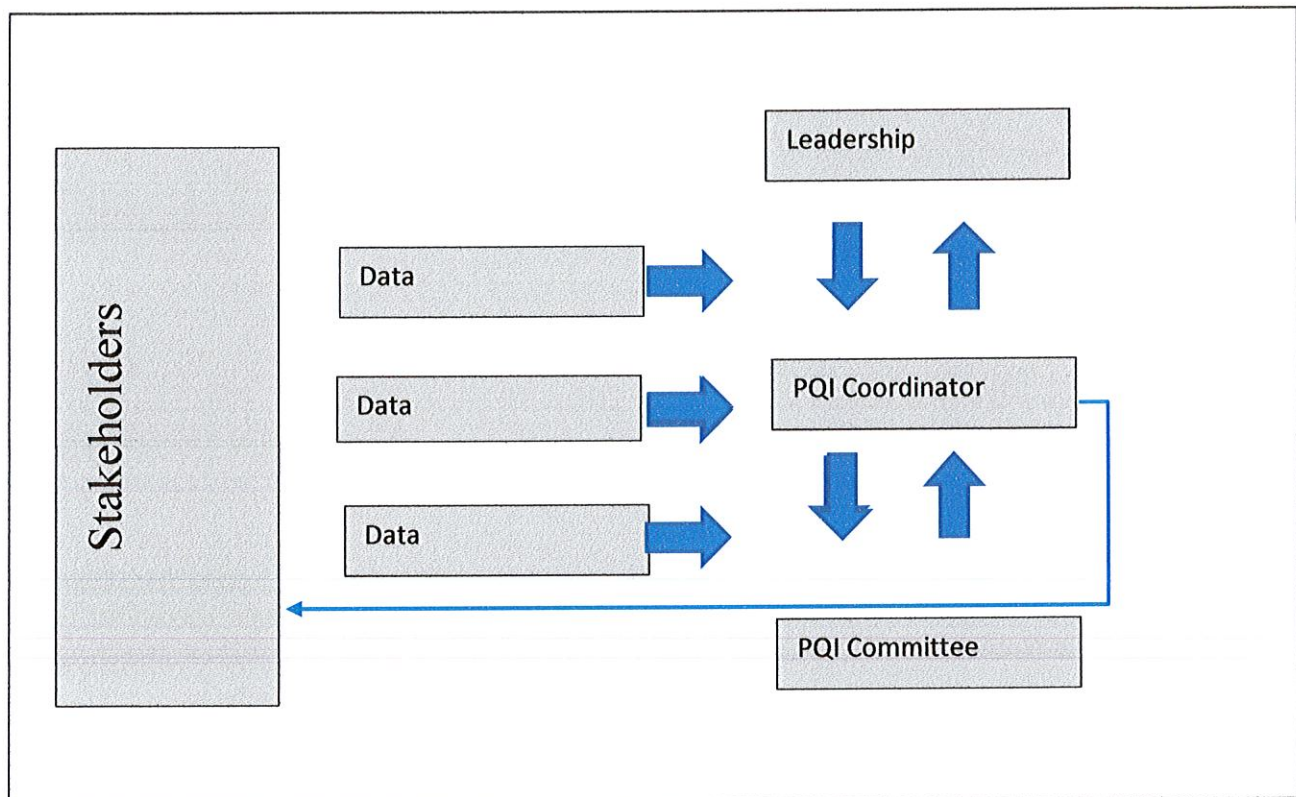
- Finance Director
- Administrative Manager
- Lead Clinician, Middletown
- Lead Clinician, New London
- Lead Clinician, Norwich
- Site Supervisor, Willimantic
- Direct service staff member from Family & Community Services
- Direct service staff member from Behavioral Health & Clinical Services
- Direct service staff member from administrative support

The PQI Committee meets monthly. The primary activities of the PQI Committee include the following:

- Review data analysis summaries from the PQI Coordinator to identify trends, strengths and areas of concern.

- Review survey data and feedback from staff, consumers, board members, or community members.
- Review Improvement Plans and progress toward the completion of Improvement Plans.
- Make recommendations to the Executive Leadership Team to improve programs, operations and efficiencies based upon the information reviewed to improve the quality of services within the clinic and the overall client experience.

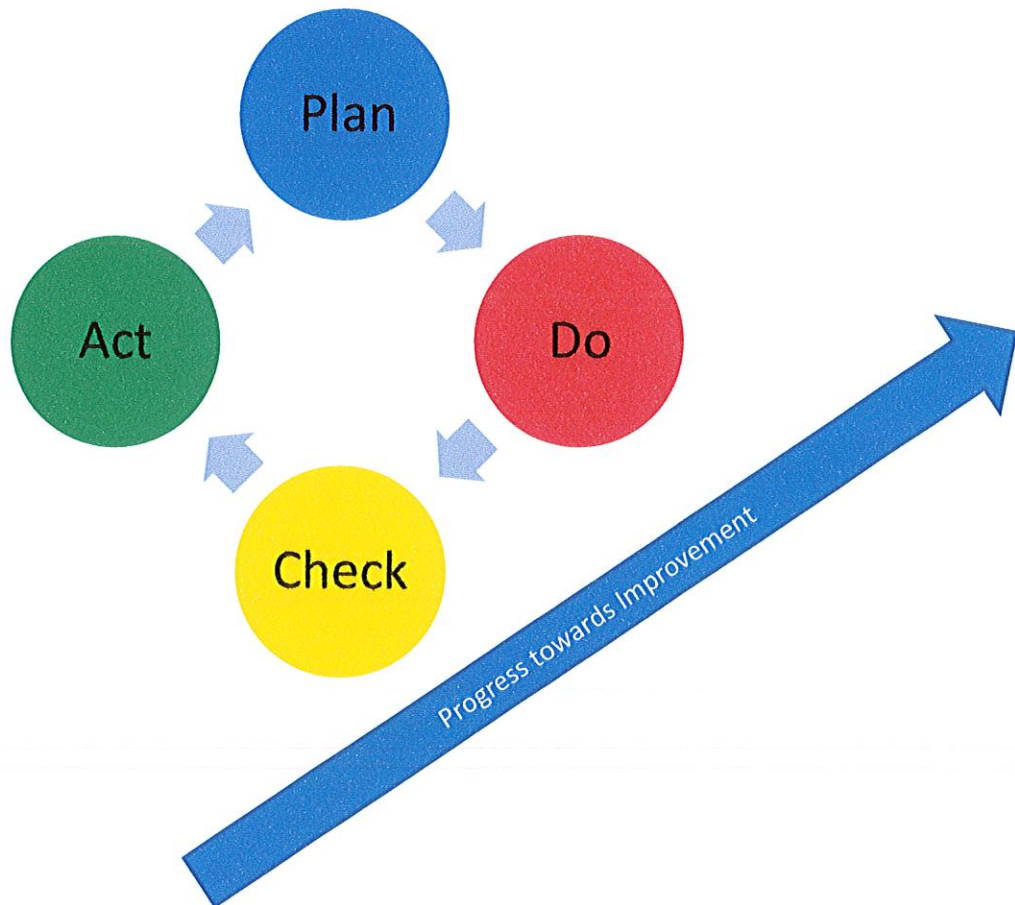
Below is a chart that demonstrates the flow of information within the infrastructure of the Performance and Quality Improvement Program.



Data is received from the stakeholders. This data flows to the PQI Coordinator who analyzes the data and then reports the findings to the PQI Committee. The PQI Committee reviews the data and determines if there are any trends, strengths, and challenges. If there are challenges presented (i.e., negative trends that need to be corrected), the PQI Committee will work with the appropriate manager and program to develop an improvement plan. The improvement plan, with supporting data, will then be presented to the Executive Leadership team for review, suggestions for revision, and approval. Once approved, the improvement plan will be reported back to the stakeholders in a format that makes sense and is appropriate for the intended audience.

Section Four- Change Model

When data reveals that change is needed, Catholic Charities, Diocese of Norwich will use a Plan, Do, Check, and Act (PSCA) model of change.



Section Four - Change Model (continued)

Plan

During this phase of the cycle, preparations are made in order to effectively make the change. This process may involve gathering additional data and information to support the needs of the improvement plan. If collaboration is required for the change process to occur, this phase may also require committee meetings and the development of proposals and work plans. Near the end of the planning phase, a work plan is developed that identifies specific objectives, responsibilities, and success indicators.

Do

During this phase, the work plan is acted upon. Follow-up and regular reporting on the status will occur during PQI Committee meetings and other staff meetings. This mechanism will be accomplished through committee and subcommittee meetings.

Check

This phase allows the work to be evaluated for effectiveness and efficiency. Staff involved review the process and identify the positive aspects of the change and any negative results of the changes being made. The staff involved in the change process compare the actual results to the anticipated results. The most important aspect of this phase is to determine whether or not the change has been effective and has led to positive results for the program and agency. If the plan has not been successful, lessons learned from the process will be evaluated and based on the data gathered, a revised plan will be developed.

Act

Once the agency has determined that the change was an improvement from the baseline results, (those prior to the plan being initiate), that change process becomes part of common agency practice. Training is provided to all staff to enact the change and promote good, quality communication. The plan and its results are posted online and on the PQI bulletin board.

Section Five - Improvement Plans

Improvement plans play an integral role in the change process at Catholic Charities, Diocese of Norwich. All programs and administration are expected to have an active Improvement Plan at all times. These plans are continually evaluated during monthly PQI Committee meetings and process in the plans are reported to stakeholders. This agency has two types of Improvement Plans:

1. **Proactive Improvement Plans**: Used when there has been an area of improvement in a program based on verifiable data. No incidents have occurred as a result of the area of improvement.
2. **Corrective Action Plans**: Used when there has been issue, incident, audit finding, and action must be taken to resolve the problem.

The agency prefers that most Improvement Plans are proactive and are developed due to the watchful eyes of program management. This is accomplished by all staff and managers fully understanding the agency policy and procedures, best practices, and the need to remain vigilant with an eye towards prevention. All Improvement Plans, regardless of the type, are considered positive and a means to better our agency and our services.

The following are guidelines in establishing Improvement Plans:

- Address areas of improvement that are not a replication of an already established agency practice or goal.
- Develop a clear and defined beginning and end to the process.
- The Improvement Plan goals **must be measureable**.
- **Keep the focus** on the area the plan is attempting to improve. Do not try to correct all agency issues.
- Improvement Plans cannot be made to maintain existing processes.
- The Improvement Plan must typically take more than one day to implement and complete.
- Improvement Plans of any type can be developed at any time. A copy of any plan must be presented to the PQI Coordinator.

Section Six - Areas of Measurement

For each program at Catholic Charities, Diocese of Norwich, there are a minimum of four types of indicators that are collected including: outcomes, quality indicators, and administrative review.

Typically, outputs look at the productivity of a program or department. It provides an indication of how much service is provided. Outcomes focus on whether or the work that we conducted (outputs) actually created change that was targeted.

Along with the indicators for program performance, Catholic Charities, Diocese of Norwich measures the quality of services. A quarterly quality review of open and closed cases is conducted to ensure that the quality of the work meets expectations and regulations, and that services are delivered in an ethical an appropriate manner. Results of the file review are summarized and included in the PQI Quarterly Report.

The following is a summary of the measurements used to assure that quality performance for the agency's program.

Section Six - Areas of Measurement (continued)

Program: Behavioral Health

Outputs	<p>Items Measured</p> <ul style="list-style-type: none"> Number of clients served Number of services provided Income generated 	<p>Details</p> <p>The outputs are measured monthly and differences between months are evaluated. Any significant variances are investigated.</p> <p>Documentation: Data is reported monthly to the Board of Directors and included in the PQI Quarterly and Annual Reports.</p>
Outcomes	<p>Items Measured</p> <ul style="list-style-type: none"> Reduction of clinical symptoms from admission to discharge. 	<p>Details</p> <p>Adult clients' symptom reduction is measured using the GAIN screening tool. Child clients' reduction of symptoms are measured using the OHIO scale. Data are reviewed quarterly</p> <p>Documentation: Data is reviewed quarterly and documented in the PQI Quarterly Report</p>
Quality	<p>Items Measured</p> <ul style="list-style-type: none"> Random electronic chart reviews Consumer satisfaction Biennial site visits by Department of Department of Public Health and Department of Children and Families 	<p>Details</p> <p>Performance on chart reviews is measured determining need for improvement. Consumer satisfaction surveys are performed biannually. Results are recorded and compared to prior results.</p> <p>Documentation: All items are recorded in the PQI Quarterly Report.</p>
Admin.	<p>Items Measured</p> <ul style="list-style-type: none"> Clinical documentation Clinical policies Internal reviews Independent Contractors 	<p>Details</p> <p>Annually the PQI Coordinator reviews the areas to determine effectiveness and efficiency. Any areas that need improvement are implemented using a Performance Improvement Plan.</p> <p>Documentation: All items are recorded in the PQI Quarterly and Annual Reports.</p>

Section Six - Areas of Measurement (continued)

Program: Intensive Case Management

Outputs	<p>Items Measured</p> <p>Number of clients served</p> <p>Number of services provided</p>	<p>Details</p> <p>The outputs are measured monthly and differences between months are evaluated. Any significant variances are investigated.</p> <p>Documentation Data is reported monthly to the Board of Directors and included in the PQI Quarterly and Annual Reports.</p>
Outcomes	<p>Items Measured</p> <p>Comparison of the level of self-sufficiency from admission to discharge.</p>	<p>Details</p> <p>A self-sufficiency scale is complete by the Case Manager and then at discharge. Data is analyzed to determine effectiveness in clients increasing their level of self-sufficiency.</p> <p>Documentation: Results are reported in the PQI Quarterly and Annual Reports</p>
Quality	<p>Items Measured</p> <p>Random electronic chart reviews</p> <p>Consumer satisfaction</p>	<p>Details</p> <p>Performance on chart reviews is measured determining need for improvement. Consumer satisfaction surveys are performed biannually. Results are recorded and compared to prior results.</p> <p>Documentation: Results are reported in the PQI Quarterly and Annual Reports</p>
Admin.	<p>Items Measured</p> <p>Program documentation</p> <p>Policy and procedure reviews</p>	<p>Details: Annually the PQI Coordinator reviews the areas to determine effectiveness and efficiency. Any areas that need improvement are implemented using a Performance Improvement Plan</p> <p>Documentation: Results are reported in the PQI Quarterly and Annual Reports</p>

Section Six - Areas of Measurement (continued)

Program: TANF Program

Outputs	<p>Items Measured</p> <p>Number of clients served</p> <p>Number of services provided</p>	<p>Details</p> <p>The outputs are measured monthly and differences between months are evaluated. Any significant variances are investigated</p>
Outcomes	<p>Items Measured</p> <p>Within 60 days of referral to TANF, the percentage of clients who have completed a family development plan will have demonstrated use of at least one problem solving skill as evidenced by progress towards the completion of at least one objective or barrier resolution as noted in Family Development Plan.</p>	<p>Detail: Data are collected and reported by the Connecticut Council of Family Service Agencies (CCFSA). CCFSA staff collect these data to measure our effectiveness and efficiency in meeting the needs of the clients served</p>
Quality	<p>Items Measured</p> <p>Random electronic chart reviews</p> <p>Consumer satisfaction survey</p>	<p>Details</p> <p>Performance on chart reviews is measured determining need for improvement. Consumer satisfaction surveys are performed biannually. Results are recorded and compared to prior results.</p>
Admin.	<p>Items Measured</p> <p>Program documentation</p> <p>Policy and procedure reviews</p>	<p>Details: Annually CCFSA reviews the areas to determine effectiveness and efficiency. Any areas that need improvement are implemented using a Performance Improvement Plan</p>

Documentation: Data is reported monthly to the Board of Directors and included in the PQI Quarterly and Annual Reports.

Documentation: CCFSA provides data annually to Catholic Charities and the data is reported in our Annual PQI Report.

Documentation: Documentation: Documentation: Results are reported in the Annual PQI Reports

Documentation: Documentation: Results are reported in the PQ Annual Report.

Section Six - Areas of Measurement (continued)

Program: Emergency Basic Needs

Outputs

Items Measured
 Number of clients served
 Number of services provided

Details
 The outputs are measured monthly and differences between months are evaluated. Any significant variances are investigated

Documentation: Data is reported monthly to the Board of Directors and included in the PQI Quarterly and Annual Reports.

Outcomes

Items Measured
 Assist 95% of clients requesting emergency food.

Details
 Services occur once a month for each client served.

Documentation: Data is reported monthly to the Board of Directors and included in the PQI Quarterly and Annual Reports.

Quality

Items Measured
 Random electronic chart reviews
 Consumer satisfaction survey

Details
 Performance on chart reviews is measured determining need for improvement. Consumer satisfaction surveys are performed biannually. Results are recorded and compared to prior results.

Documentation: Documentation: Results are reported in the PQI Quarterly and Annual

Admin.

Items Measured
 Program documentation
 Policy and procedure reviews

Details: Annually the PQI Coordinator reviews the areas to determine effectiveness and efficiency. Any areas that need improvement are implemented using a Performance Improvement Plan

Documentation: Results are reported in the PQI Quarterly and Annual Reports