

**Harris County System of Hope
Performance and Quality Improvement Plan
Effective Date: DRAFT**

| What is being measured | Data Source(s) | Who is responsible | How / Frequency | Tool / How will data be collected | How / Who will data be aggregated and reports generated / In what format | Who / When will results be reviewed and interpreted | Who / When will make recommendations and to whom. | Who will implement / Oversee recommended changes |
|--|--|--|---|---|---|--|---|--|
| Service Delivery Measures | | | | | | | | |
| <i>1. Participation levels of external community resources</i> | <i>Family Wraparound Team Meeting Sign-In Sheets</i> | <i>Care Team Staff</i> | <i>At each Family Wraparound Meeting</i> | <i>Data from Sign-In Sheets will be entered into EVOLV by Care Teams</i> | <i>Monthly Reports Quarterly Reports Program Operations Manager</i> | <i>Monthly Reports submitted to SOH Management Quarterly Reports submitted to CQI Committee</i> | <i>Management Team reports to SOH Governing Board CQI Committee reports to SOH Management</i> | <i>SOH Management Team</i> |
| <i>2. Informal Support Rate (7)</i> | <i>CQI Progress Report from National Evaluation Team</i> | <i>National Evaluation Team</i> | <i>Quarterly</i> | <i>DePelchin Evaluation Team submits data to national SAMHSA database</i> | <i>Data from Progress Report entered into SOH Quarterly Program Performance Chart</i> | <i>SOH/CQI Committee reviews data</i> | <i>SOH/CQI Committee submits recommendations to SOH Program Director and as appropriate Governing Board</i> | <i>SOH Staff</i> |
| <i>3. Timeliness of Services/ Average Number of Days (5)</i> | | | | | | | | |
| <i>Inpatient Hospital Days/ Youth (18)</i> | | | | | | | | |
| <i>Family Participation</i> | <i>Family Enrichment Groups Sign-In Sheets</i> | <i>SOH Parent Coordinator Parent Partners</i> | <i>Monthly Family Enrichment Group Meetings</i> | <i>Group Sign-in sheets Enter data into EVOLV</i> | <i>Parent Coordinator will prepare monthly reports</i> | <i>Monthly Reports reviewed by SOH Management Team and quarterly by CQI Committee</i> | <i>Management Team CQI Committee</i> | <i>Management Team Management Team or Governing Board</i> |
| <i>Reasons why Clients Discontinue or Fail to Engage in services</i> | <i>Client Case Records</i> | <i>SOH Program Manager</i> | <i>Quarterly</i> | <i>CQI Client Case Record Reviews</i> | <i>CQI Case Record Review Summary</i> | <i>SOH Senior Management Staff SOH/CQI Committee</i> | <i>SOH Program Director</i> | <i>SOH Staff</i> |

Highlighted/Italics: Priority Implementation Ranking

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| Program and Client Outputs / Outcomes | | | | | | | | |
| Program Outputs | | | | | | | | |
| # of Case Referrals | EVOLV Referral to Program Report (Internal) | SOH Staff | Data Collected on a Monthly Basis | SOH Staff collects data from EVOLV Data Management System | HCPS Monthly Board Report | Monthly review by SOH Senior Management Quarterly by SOH/CQI Committee | CQI Committee submits recommendation to SOH Program Director and as appropriate SOH Governing Board | SOH Staff |
| # of Clients Served | EVOLV/ Aggregate Enrollments, Unduplicated Summary by Program | | | | SOH/CQI Quarterly Program Performance Chart | | | |
| # of Enrolments | | | | | Program Operations Manager | | | |
| # of Case Closures | | | | | | | | |
| Average Length of Services | | | | | | | | |

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| Outcomes | | | | | | | | |
| Agency Involvement in Treatment Planning (6) | CQI Progress Report | National Evaluation Team | Quarterly | DePelchin Evaluation Team submits data to national SAMHSA database | Data entered into SOH Quarterly Program Performance Chart | SOH/CQI Committee reviews data | SOH/CQI Committee submits recommendations to SOH Program Director and as appropriate Governing Board | SOH Staff |
| Stability in Living Situation. Intake to 6 months (17) | | | | | | | | |
| Adoption of SOC in Community | Community Training Sign-In Sheets Feedback Forms Follow Up Survey | SOH Management Team | 3 to 4 times annually | Sign-In sheets for participation information Feedback forms for satisfaction measures 30 day follow up surveys to measure community impact | SOH Training Coordinator to collect and aggregate information Data will be aggregate within 90 days of each training | SOH Management Team and CQI Committee will review information on a quarterly basis | SOH Management responsible for improving content and delivery CQI Committee reviews data to look for ways to promote adoption of SOC model into community | SOH Management Team responsible to implement action plans to improve delivery of training events SOH Governing Board for strategies to increase community adaptation of SOC |

Re-evaluate following review by Systems Change Committee

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| Customer Satisfaction | | | | | | | | |
| Consumer Satisfaction (4, 30, 34, 10, 28, 9, 11, 31, 35, 29) | CQI Progress Report | National Evaluation Team | Quarterly | DePelchin Evaluation Team submits data to national SAMHSA database | Date entered into SOH Quarterly Program Performance Chart | SOH/CQI Committee reviews data | SOH/CQI Committee submits recommendations to SOH Program Director and as appropriate Governing Board | SOH Staff |
| SOH Consumer Satisfaction Survey | SOH Survey Instrument | Program Operations Manager | At least annually | Survey Instrument will be implemented by SOH | Operations Manager will collate information | Data will be reviewed by the CQI Committee | CQI Committee will make recommendations to SOH Management Team | SOH Management Staff will implement approved changes CQI Committee will monitor progress |

Consumer Satisfaction Codes:

- 4: Caregiver Satisfaction – Access to Services
- 9: Youth Satisfaction – Quality of Services
- 10: Caregiver Satisfaction – Outcomes
- 11: Youth Satisfaction – Outcomes
- 28: Caregiver Satisfaction – Overall
- 29: Youth Satisfaction – Overall
- 30: Caregiver Satisfaction – Participation
- 31: Youth Satisfaction: Participation
- 34: Caregiver Satisfaction – Cultural Competency
- 35: Youth Satisfaction – Cultural Competency

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| Quarterly Case Record Review | | | | | | | | |
| Quality of Case Record | Client Case Records | Client Services Manager HCPS PITA Team | Quarterly A review team is selected Random sample of open & closed case records | SOH specific case record review instrument Completed forms submitted to Program Improvement Team Leader at end of the review | PITA Team Leader aggregates information and submits a summary report with findings | Summary Report submitted to Client Services Manager, with cc to SOH Director Report reviewed by SOH Management Team as appropriate | Client Services Manager and SOH Management Team develop action plans to address findings as appropriate Written responses to PITA Team within 10 days of receipt | Client Services Manager and SOH Management Team responsible for implementation of corrective action plans PITA |
| Quarterly Risk Management Review | | | | | | | | |
| Client Incidents | Client Incident Reports EVOLV | Care teams Supervisors | Written reports submitted within 72 hours of event Supervisors review & approve reports within 5 days of submission | All incident reports will be documented in EVOLV. | PITA Team conducts quality improvement reviews on all submitted incident reports on an ongoing basis. PITA Team generates a written Incident Review Summary quarterly by the PITA Team summarizing all incident reports for past 90 days. | Feedback from quality improvement reviews are provided to Program Directors and/or designated staff for follow up. Quarterly Incident Review Summary is provided to SOH Director, HCPS Executive Director, SOH/CQI Team, and HCPS CQI Leadership Team. | SOH/CQI Committee reviews data and submits findings and recommendations to SOH Director. | SOH Director, or designated staff |
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| Quarterly Risk Management Review <i>(continued)</i> | | | | | | | | |
| Client Grievances | Client Grievance Reports | Program Director or Manager | Ongoing, as needed | SOH Grievance Report Completed reports submitted to PITA Team | PITA Team conducts quality improvement review for each report. Data collated by PITA Team and reported quarterly. | SOH/CQI Committee reviews data at regular committee meetings | SOH/CQI Committee makes recommendations to SOH Director. | SOH Director or designated staff |
| Purchased Services | | | | | | | | |
| Utilization of Flex Funds | EVOLV – CPS Flex Funds Report | SOH Program Manager | Quarterly | EVOLV | SOH Quarterly Program Performance Chart | SOH/CQI Committee - Quarterly | CQI Committee submits report to SOH Program Director and/or as appropriate SOH Governing Board | SOH Staff |
| External / Licensing Reviews | | | | | | | | |
| Federal Monitoring | | SAMHSA | | | | | | |
| PQI Process Evaluation | | | | | | | | |
| CQI Process Evaluation | | | | | | | | |