

UNITY FAMILY SERVICES, INC.

2019/2020

CONTINUOUS QUALITY ASSURANCE YTD SUMMARY

Unity Family Services completed several quality assurance enhancements to its Family-Based and Peer Support programs in 2019. The reviewers meet quarterly to discuss and revise the Continuous Quality Improvement plan which includes the following:

Document Reviewed and Approved by:

Michelle S. Gould LCSW CPSS (Executive Director)

Chuck Gould MS CPSS CFO (Chief Financial Officer)

Megan V. Aleandri MEd, NCC, LPC, LBS, CPSS (Clinical Director)

Patrick Ashbaugh BS, CMHW, CPSS (Operations Director)

1. UFS scheduled and held in-house trainings for HIPAA and Fraud, Waste, and Abuse compliance. These trainings were held in November 2019.
2. Annual trainings (HIPPA Compliance, Fraud, Waste, and Abuse, Cultural Competence/Sexual Harassment Prevention) were updated in October 2019.
3. UFS completed annual self-audits in all programs for quality assurance and to monitor for any potential fraud, waste, or abuse concerns. Audits are completed by program directors and supervisors and then by UFS Clinical and Operations directors on a quarterly basis.
4. UFS continues to utilize satisfaction surveys in all programs. Data is reviewed quarterly and annual reports are completed to monitor for quality assurance.

5. UFS reviewed and updated all policies and procedure manuals, reviewed job descriptions, organization documents, and employee handbooks.
6. UFS continues to utilize high standard hiring screening procedures for all personnel including intensive background checks in addition to reference checks and security clearances. Clearances are updated bi-annually in the Family Based program. Peer Support staff also obtain their clearances upon hire and these are renewed bi-annually. Random drug tests and driving history checks are also conducted for employees of both programs.
7. UFS has continued to expand our collaboration network in Armstrong, Butler, Westmoreland, and Indiana counties. UFS staff attend county and directors' meetings each month.
8. UFS has enhanced marketing procedures to more effectively collaborate with community agencies within all in-network counties.
9. UFS continues to partner with Westmoreland and Armstrong/Indiana County Satisfaction Survey Teams and presents survey consents to the teams multiple times a year to ensure regular outreach to peer and family-based clients.
10. UFS continues to work to improve agency practices through clinical review and board meetings. CEO, Clinical Director, and Operations Director use these meetings to review program needs and ways to improve services by gaining feedback from program supervisors, clients, and other providers in the community.
11. UFS additionally updated its company employment policies, vehicle usage policies, and late paperwork policies in 2019.

Family Based Programs

1. UFS has expanded Family Based Services to Beaver county and has already begun to work in collaboration with providers and county officials to provide care to this underserved community.
2. Family Based Clinical Policies and Procedures Manual was completed updated and revised. A copy is given to each new employee upon hire.
3. UFS enrolls all family-based therapists in the mandatory family-based training conducted by WPIC family-based training institute as required. Two therapists completed competency in 2019 and two therapists will be completing competency for state certification in 2020.
4. UFS ensures that all family-based therapists successfully completed the ACT 31 state child abuse reporting training.
5. UFS Family Based programs submit CFST consents to each client county quarterly for bi-annual client satisfaction reporting.
6. UFS utilizes performance reports in Family Based programs. Over the past 10 years, UFS has accumulated and statistically analyzed client scores on the Child and Adolescent Functional Assessment Scale (“CAFAS”) at intake and discharge. In 2019, 86% of clients showed improvement from case open to close on the CAFAS assessment. This data is comprised of opening and closing CAFAS scores from all 2019 closed, family-based clients across both the Leechburg and Indiana program offices.
7. UFS has also continues to utilize secondary screening measures including The Modified Family Assessment of Functioning (“MFAF”) to measure change within the family system from intake to discharge. UFS will be training staff to use the Child and Adolescent Needs Assessment (CANS) in 2020.
8. UFS Directors follow up with clients and families who become disengaged with treatment to determine appropriate action (e.g. step-down referral, team switch, etc.) to ensure families obtain needed levels of support.

9. UFS has continued to maintain a working contact with Indiana County CYS. UFS will work in collaboration with county officials to better service individuals and families throughout the community.
10. UFS maintains their county contract with Westmoreland County BHDS to serve clients who do not have Medical Assistance Insurance in Westmoreland county.
11. UFS Operations and Clinical Director review the best practices for FBMH therapy and review all cases quarterly to ensure they meet admission criteria.
12. UFS has continued to work to provide culturally competent care to its clients and families. Staff have been trained in culturally competent practices. Staff ensure cultural information is obtained for all families during the first month of treatment.
13. UFS Family Based Managers, Directors, Agency Clinical Director, and Agency Operations Director met monthly for a Quality Assurance meeting. During these meetings, middle and upper management discuss staff concerns, cases and treatment planning, and program development. Clinical and administrative policies and procedures are reviewed and revised as needed because of these monthly meetings
14. Managers and Directors in each program monitor satisfaction survey results and CFST results quarterly to consistently monitor and evaluate client satisfaction. All complaints from clients are reviewed by the Directors who also share and develop an action plan with either the Operations or the Clinical Director. The results of these follow ups are documented in client charts and/or team supervision/personnel records.
15. UFS will be raising salaries for Family Based staff as well as reducing the billable requirement for employees to help improve staff quality of life and reduce burnout.

16. UFS has enhanced the current employee evaluation to including more clinical measures and a requirement for at least one session tape to be submitted to a team's supervisor per month.

Peer Support Programs

1. UFS conducts quarterly reviews of client outcomes, client satisfaction, and discharge readiness for its peer clients in both programs. Quarterly reviews include audits of all open peer charts and a review of each peer client's most recent ISP and SBA assessment to determine if they meet continued stay criteria. These reviews are conducted by the agency MHP/Clinical Director and Operations Director both of whom hold CPSS certifications.
2. UFS had planned to implement Quality of Life surveys for all peer support clients in 2019. This was to be completed in conjuncture with a transition to a new software program in July 2019. However, delays with the software, led to delays in the implementation of these procedures. The software is anticipated to "go-live" in January 2020 at which time Quality of Life scores will be obtained for all clients. The assessment will then be completed again in December 2020 at which time scores can be compared on an individual and programmatic basis for both program offices.
3. UFS holds quarterly Advisory Board meetings during which peer support clients are invited to attend and shared feedback and suggestions. This feedback is then incorporated as best as possible into the service delivery of that client program. Both peer support offices also have suggestion boxes for clients to utilize for concerns between meetings. UFS also uses these meetings to ensure that the program is in continued compliance with the approved PSS agency service description.
4. UFS strives to conduct qualitative and quantitative data on its Peer Support program outcomes and client satisfaction. UFS notes a need to enhance practices in this area. Qualitatively, UFS will be implementing the QOL in 2020 and will begin to complete satisfaction surveys not only for clients at discharge but at various times throughout the treatment process.

Quantitatively, UFS completes QA reports for client calls regarding concerns and/or feedback about the program.

5. Peer Support Training Manual is in the process of being revised and will be implemented in early 2020.
6. UFS has developed additional internal trainings to support CPS staff in better understanding and implementing billing requirements, documentation standards, and collaborative documentation.
7. UFS has promoted Roxanne Bittinger to CPSS in our Kittanning office. Roxanne had previously been an Administrative Assistant, CPS, then CPS Trainer prior to her promotion.
8. UFS continues to utilize a quality assurance procedure including random calling to survey peers for feedback as well as documenting internally all concerns from client peers for review by agency MHP to ensure necessary steps were taken to resolve concerns and provide the best possible support for peers.
9. UFS is committed to ongoing education and training and has supported CPSS and CPS in attending these opportunities when offered by various shareholders in providing mental health services to the county population. Some staff chose to go over the 18 hours required to continue to grow in their careers.
10. CFST will be conducting interviews of clients in our Kittanning and Indiana offices in January 2020 to promote client engagement in the CFST service.
11. UFS is dedicated to implementing peer feedback and resolving concerns of peer clients. Peers are invited to attend agency Advisory Board meetings as well as attend and voice concerns at local and regional CSP meetings. Any concerns shared or documented during QA calls, CFST results, or satisfaction surveys may result in a plan of action by the program. This plan of action will be documented and shared with the peer involved to ensure their satisfaction with the resolution.

12. UFS has continued to update and adjust our documentation including the inclusion of additional information on client SBAs and ISPs including cultural preferences.
13. Discharge Summaries were updated to add specific information about client progress towards each Long-Term ISP goal domain. This will support continuity of care and enhance the discharge process.
14. UFS Clinical and Operations Director annual review the Peer Support Policies and Procedures manual and the approved program service description to ensure compliance and assess for any needed changes. Any program changes or updates required along with action steps are then documented in the annual Quality Assurance report.
15. UFS conducts annual reviews of all peer client charts. During these reviews, agency MHP/Clinical Director and Operations Director, both of whom hold CPSS certifications, review client charts, Quality of Life assessment scores, and Individual Service Plans to monitor for documentation compliance, evaluate for continued stay criteria, and assess for any needed program changes. Clinical and Operations Director will develop a plan of action as needed to address any concerns and the result of which will be outlined in the next annual QA report.
16. UFS prepares a Quality Assurance report annually for Peer Support which is then made available to the public on UFS website (www.ufsmentalhealth.com). If it is determined that actions need to be taken to resolve issues or improve overall program quality, this plan will also be made available online.

IT and Security

1. In December 2018, Unity Family Services entered into contract with Qualifacts Systems, to begin utilizing their EHR platform. Unity Family Services will be switching from its current internal EHR solution to Qualifacts CareLogic. The original go live date of July 2019 was delayed due

to technical issues with the Qualifacts mobile application. We continue to work through the implementation process and have set a new go live goal of January 2020.

2. UFS continues to ensure its current EHR system, computers, and server, which houses data for clients, is HIPAA compliant and adheres to Federal EMR regulations. Staff are trained in the use of all EHR systems to ensure compliance with all relevant regulations.
3. The IT Department continues to guarantee network security and reliability using routers and firewalls at all office locations. These devices ensure network traffic between offices is reliable and secure.
4. UFS continues to maintain its contracts with a local security vendor to provide real time security and fire monitoring. Security cameras continue to record 24/7 at offices with a resolution of 720p to network storage devices.
5. Several networking devices have been upgraded over the past year to improve reliability and speed. These devices include network switches, WiFi access points, and routers.