

DEPARTMENT OF EDUCATION
SCHOOL BASED BEHAVIORAL HEALTH SERVICES
FY 05 FINAL REPORT

AGENCY: Hale 'Opio Kaua'i, Inc.

CONTRACT NO: EDN-150-9-06

Overview of Delivery of Services:

- Student population served (ie: age range)
 - **1 age 18 2 age 11 2 age 3**
 - **2 age 15 1 age 9**
 - **2 age 13 1 age 7**
 - **2 age 12 1 age 4**
- Student population identification (ie: race, geographic areas)
 - **5 Caucasian; 9 part Hawaiian**
- How was student referred to agency: **All referred through Mokihana**
- Types of services delivered by the agency: **All received Skills Trainer services based on IEP goals; three also received services of IISC.**
- Average length of stay, duration of services:

• 2 @ 24 months	• 2 @ 18 months	• 1 @ 12 months
• 3 @ 8 months	• 1 @ 5 months	• 1 @ 4 months
• 3 @ 2 months	• 1 @ 1 month	

Unique Qualities of Program:

- Distinguishing characteristics of program that sets it apart from similar programs administered by other agency providers: **Our Skills Trainers have more than seven years of experience with the population, and are supervised by a Qualified Mental Health Professional.**
- How was agency able to integrate services with schools, agencies, and other contracted providers:

Hale 'Opio Kaua'i, Inc. met monthly with the Director of Mokihana and the Autism Resource Teachers for each consumer. The Coordinator of IIS went to the school and the home to coordinate with the teacher/school team and the parent, as well as observe and guide interactions of the skills trainers and consumers. The Hale 'Opio Kaua'i, Inc. Program Director met monthly with all Mokihana providers and the administration of Mokihana. The IIS Coordinator also attended monthly Kaua'i Community Children's Council meetings.

Areas Needing Improvement: There is continuing need for training and coordinated efforts on behalf of all stakeholders in this program - teachers, providers, and parents.

Barriers to Providing Services: The barriers include the difficulty of the field with highly variant consumers requiring specific treatment protocols, the lack of an experienced job force, the AA

requirement, engaging parents in meaningful change to benefit their child, and training and supporting teachers in best practices. The requirement that skills trainers not drive the consumer would be a barrier to services, were we to have continued with the contract. Other providers who receive DD money and who can assign a personal assistant to the case to transport so that services under this contract can continue as in the past was not an option for Hale 'Opio Kaua'i, Inc.

Quality Management Activities:

Hale 'Opio Kaua'i, Inc. obtained a copy of the Mokihana Quality Assurance and Improvement Program to ensure our Quality Assurance Improvement Plan dovetails with the District of Kaua'i's QAIP. Hale 'Opio has participated in Kaua'i's efforts on behalf of the Felix Class since 1994 and was the only private provider to attend the initial Seamless System of Care Conference, January 1995. The HOK Program Director was a member of the Quality Assurance Committee for the original Felix Implementation Plan. Hale 'Opio participated in the baseline service testing for the island of Kaua'i and continues to participate as community members, providers, and custodians. The goal of Hale 'Opio's Quality Assurance Improvement Plan is to achieve positive consumer outcomes through evidence-based programs designed to address the behavioral issues affecting consumers' ability to benefit from their education. The objectives include the provision of high quality services, accountability to consumers, including constituents, funding sources, and partners in the treatment process, and conservative use of resources. The agency systematically plans its programs and evaluates them regularly in view of the agency mission and goals and the goals of its contractors. It is the policy of Hale 'Opio Kaua'i, Inc. (HOK) to practice a quality assurance and improvement process that seeks input from the standing staff committees and from staff directly at all levels of the agency [and] by utilizing the agency's existing structures and processes to create opportunities for improvement. The HOK Quality Assurance Improvement Plan promotes continual individual responsibility and involvement towards problem/opportunity identification and resolution. It is further the policy of HOK to provide quality services to the population that it serves, quality being defined as the extent to which consumer needs are met, and consumers being defined as service consumers, their families, contracting agencies, and employees. It is therefore appropriate for the overall quality improvement process to be inclusive of data analysis of behavioral indicators entered in the agency MIS, clinical documentation, data from personnel and safety committees, and input through satisfaction surveys from all stakeholders to include the community at large, consumers, volunteers, funders, and all levels of staff. It is the intent of HOK to utilize all sources of information to identify and resolve issues or problems facing the agency on all levels.

The Quality Assurance Committee is responsible for the accuracy and completeness of consumer documentation; adherence to program operations, policies, procedures and standards; treatment integrity including evidence-based practice; adherence to credentialing processes and accuracy and completeness of credentialing files; adherence to quality supervision and training processes; development of action plans; and addressing any deficiencies discovered, including review of the QA process. The members of this committee represent all agency programs and are the Program Director, the Administrative Coordinator, Therapeutic Group Home, Therapeutic Foster Home, and Intensive Instructional Services Program Coordinators, Clinical Supervisor, Therapists, and Crisis Services and Kaua'i Teen Court Program Managers. The Program Director is the Chair of the Quality Assurance Committee. The QA committee meets monthly to review one case randomly selected from each program and all closed cases. Any case specifically targeted for reexamination from a previous review and any case that staff requests may be included. A case record review and a quantified quality assurance form are utilized as standard tools. The Chair insures that findings are accurately recorded and summarizes the overall results in minutes of the meeting and a case specific report sent to the appropriate program coordinator. When corrective action is required written corrective action plans must be submitted to the Program Director and all corrective actions completed within thirty days for all deficiencies. A worksheet with the documented corrections is signed by the appropriate program coordinator, approved by the Program Director and placed in the record. Any staff member who disagrees with the findings or recommendations

of the Quality Assurance Committee has the right to appeal them directly to the Committee through their supervisor. The Committee will consider the appeal at its next scheduled meeting at which time the staff person may appear to explain the reason for the appeal. The results of all quality assurance reviews are summarized in writing quarterly to the Quality Improvement Committee and are collated to become part of the annual program evaluation and quality assurance and improvement report to the Board of Directors.

There are four levels of QA review, all of which are intended to aid the staff person assigned to the case, as well as to monitor, via sampling, the overall caseload of the agency:

1. The case record review ascertains the quality of consumer records by means of a checklist noting the presence or absence and quality of all required case record documents that vary from program to program. Closed cases, for example, may be examined for extraneous material that should not be a part of the closed case record.

2. The service plan review generates an analysis of the types and progress of service being provided to consumers. It is an examination of the record to determine the appropriateness and implementation of the service plan, whether the service plan flows logically from the presenting problems and assessment and that there's an indication of progress toward goals with a target date for goal attainment.

3. The treatment plan review considers the presenting problems, assessment, goals and objectives, methodology, level of family participation, outcomes and risk management issues. The review may also examine court reports, family histories and home studies.

4. The utilization review examines screening, admission, and justification for on-going services. In particular, the quality assurance committee looks for mental health outcomes by examining the record for the following: clear problem and goal statements; measurable outcomes and performance targets; evidence of a thorough assessment, which identifies strengths as well as problem areas and has included the family; an appropriate diagnosis; an implementation strategy that follows the plan; thorough clinical documentation of services and supervision; a monthly report that summarizes the progress of case activity after every 30 days of service; an indication of goal attainment at closing; and evidence of dynamic transition and crisis plans.

The Quality Assurance Committee uses a case record review form, quality assurance form and committee minutes to keep record of the quality assurance committee. The case record review and quality assurance form may be found in the consumer records. Committee minutes and a summary quarterly report are filed chronologically in the Quality Assurance files and inform the activities of the Quality Improvement Committee. The Committee is also responsible for brainstorming about issues affecting the quality of service delivery such as a lack of professionals in specific disciplines, etc. These issues may be brought to the attention of the Quality Improvement Committee for further processing, or may be resolved on the program level as appropriate.

The Safety Committee is responsible for the assurance of the agency's compliance with all applicable safety regulations. The committee utilizes a standard checklist tool and assures that these checklists are completed monthly for each site. The Committee is responsible for suggesting and implementing corrective action based upon the checklist results. The Committee may also brainstorm about needed training regarding safety issues and how to address these needs. Additionally, the committee will make recommendations to the Quality Improvement Committee, some of which may be followed up with the appointment of an ad-hoc quality improvement team. At minimum, there is a representative from each site on the committee. The Controller is the chair of the Safety Committee.

The primary function of the Quality Improvement Committee is a forum for analysis of data presented by committees, programs, consumers, stakeholders, and staff, setting improvement practices in place, and evaluating the results of those practices quarterly and annually. The Administrative Coordinator retrieves the data stored in the MIS: outcomes, stakeholder and consumer satisfaction data, sentinel events/incidents, training and need, staffing, etc. for analysis and determination of next steps. The Quality Improvement Committee thoroughly reviews the information and provides recommendations

to the Executive Director for action that may include addressing the issue with the Board of Directors, the creation of ad-hoc quality improvement teams, or a decision by the Executive Director.

Quality Improvement Ad-hoc Teams are developed as needed to address issues/problems that are brought to the attention of the Quality Improvement Committee either through the standing committees or through staff or consumers. The teams appoint a team leader, have one member of the Quality Improvement Committee attending, and are vertically and horizontally integrated (including both management and non-management staff, and including representation from several different programs). The teams are appointed for a time limited basis and the expectation for a recommendation to come back to the Quality Improvement Committee is specified at the outset. The teams address the problem from all angles including operations, administration and program. After a thorough analysis of the problem, a solution is suggested taking into account fiscal, contractual, and other restraints. The solution is presented to the Quality Improvement Committee for discussion and decision making by the Executive Director, or forwarded for decision making by the Board as appropriate.

The Quality Improvement Committee generates a written quarterly report within thirty (30) days of the end of each quarter. The report includes quality of clinical documentation, utilization and outcomes, sentinel events, incidents and accidents; grievances, complaints/suggestions; personnel activities, training and effect on youth treatment; staffing schedules, adequacy of staff and clinical supervision, staff turnover, credentialing status; facility status; safety and risk management; a summary of corrective actions and required deliverables resulting from monitoring reviews; data, trends and an analysis based on performance measures incorporated in the Quality Assurance Improvement Plan. The Quality Improvement Committee includes the Program Director, Program Coordinators, Clinical Supervisors, Controller, Administrative Coordinator, Office Manager and the Executive Director, who is chair of the committee.

The Quality Improvement Committee reviews consumer satisfaction and stakeholder surveys completed upon discharge from a program and then at six months to assess and evaluate the outcomes of services for participants and suggestions of collaborating agencies. The Committee conducts an annual evaluation that includes a summary of all data and analysis of trends, a summary of activities to evaluate the quality assurance and improvement program, and the findings, recommendations, and changes in the program as a result of the evaluation. This report becomes part of the annual program evaluation report to the Board of Directors. The Committee also utilizes the collected information to prepare for agency-wide strategic planning. A strategic plan is formulated every four years with the Quality Improvement Committee responsible for developing, implementing, and annually updating the Operational Plan.

The organization has allocated staff to the credentialing and recredentialing process and has policies and procedures in place to continue compliance. At intake an on-staff advocate informs and explains to youth their rights and responsibilities, provides information regarding their Rights, Grievance Procedures and Confidentiality. Signed acknowledgment forms are kept in each consumer's file. The organization's services are made accessible through providing information to the community through publications, websites, www.haleopio.org, public access television announcements and education, networking with groups who serve similar consumers, attending parent meetings, etc. Hale 'Opio complies with all regulations regarding confidentiality through securing appropriately documented releases for specific information, for specific purposes and duration of time. HOK trains all staff in the regulations and informs consumers of their right to confidence. Employees are trained in documentation of incidents including more than one consumer, or in reporting substance abuse incidents. Records are kept in locked files. When a record is removed, a locator card replaces the record indicating the name, date, and purpose of removing the file from security. Staff is supervised in their work area for maintaining working files in a controlled manner.

- Goals for FY04/05
Our goals were to develop child and parent skills, retain and train staff, improve services, and actively integrate with other systems to benefit individual consumers.

1) parent, student, and school satisfaction

One parent wanted more timely response to request for services from the system, not specifically Hale 'Opio Kaua'i, Inc.. Another thought services were excellent and are very satisfied with child's progress. Another felt very much a part of the team although may have disagreed with the direction the team wanted to go. No other consumer questionnaires were returned during the reporting period.

2) treatment progress and outcome measures related to overall academic achievement and behavioral successes

Highly individualized treatment measures are used for each consumer. Monthly meetings with the District Psychologist, District Autism Resource Teacher, the Mokihana Director, the Autism Consultant, and the Program Director of Hale 'Opio discuss case progress, barriers, and strategies to insure skill-acquisition in a timely and integrated fashion. One consumer is making marked progress due to a new teacher, new setting, and perhaps, maturing. All consumers are continually assessed by the variety of individuals working together for the best prognosis.

3) percentage of monthly quarterly treatment and progress summary reports and progress notes submitted during the required timelines.

All required documentation, including reports, were submitted according to timelines.

4) time from authorization of service to initiation

Service initiation occurred with contacting the family within 24 hours.

Staff Summary and Types of Services Provided:

- List of employees and subcontractors employed during FY05, including credentials and types of service each provided

Lynn Pizzitola, LMFT, Autism Consultant

Linda Foy, BA, Skills Trainer

Terry Wilcox, TA III Certification, Skills Trainer

Mary Norris, TA III Certification, Skills Trainer

Karena Biber, TA III Certification, Skills Trainer

Linda Berdeski, AA, TA III Certification, Skills Trainer

- List of all new employees hired after 7/1/04 and volunteers showing status and completion of mandatory background checks

No volunteers utilized; no new employees for the period. All employees have documented mandatory background checks.

- Client to staff ratio

Autism consultant typically works with one child at a time, in tandem with the skills trainer; one consumer to two staff ratio. We had one family with autistic twins, each with their own skills trainer; two consumers to three staff.

- Recruitment efforts and results

When we were recruiting we continuously advertised with the newspaper, state employment services, and workforce development offices. We stopped recruiting with the decision to leave this area of service to contractors who had DD funds as well.

- Pay scale in relation to market value

\$11- \$15 is the scale for skills trainers. Another contractor was paying slightly more, but had access to DD funding, which may have impacted their pay scale. The qualified mental health professional wage is comparable to other licensed individuals with similar experience and caseload.

- Retention problems, issues

- ✓ The burden of paying for and scheduling in continuing education is a retention concern.
- ✓ There is a vast array of conflicting opinions in the field, lots of mistrust of the system by parents, and an overwhelmed sense from the majority of teachers that drags on the implementation of any intervention.

Staff Training:

- List of staff training and workshops during the contract period
 1. Effects of Medication on Children
 2. CPI Training
 3. HIPAA Staff Training
 4. Autism
 5. Children Who Act Out Sexually
 6. Division on Developmental Disabilities
 7. Intervention in Autism Spectrum Disorders
 8. Health and Safety Training
 9. CPR
 10. Visual Schedules
 11. Service Providers Monthly Treatment and Progress Summary
- Number of hours employees spent in training
Six staff trained for a total of 168 hours during the period of July 1, 2004 - June 30, 2005.

Evaluation of Staff and Subcontractors:

- Evaluation schedule, frequency
All employees are evaluated ninety days from hire date and annually from hire date or change in job description date thereafter. Interim evaluations may be conducted as part of a targeted supervision or discipline regime.
- Evaluation methodology, criteria
All employees are evaluated using Hale 'Opio Kaua'i, Inc. forms specific to their place in the organization: management, staff, etc. Goal attainment is ascertained, new goals established,

completed training reviewed and needs identified, and functioning evaluated according to specific job tasks and professional practices.

- Personnel involved in evaluation process
The employee's supervisor provides a completed evaluation to the employee's supervisor's supervisor for discussion and signature. The approved evaluation is then provided to the employee, who completes a written response. A meeting of the employee and the employee's supervisor reviews the evaluation, including the employee's written comments. The employee signs the evaluation. The Program Director and Executive Director review the process and sign the evaluation. If there are concerns the employee believes need additional clarification, a supplemental sheet summarizing the concerns is presented to the supervisor, who responds in writing to the concerns.

Future Plan of Action for the Next Fiscal Year:

Hale 'Opio Kaua'i, Inc. did not propose to provide services beyond FY05.

- Accreditation plans
Hale 'Opio Kaua'i, Inc. is accredited by the Council on Accreditation for Children and Family Services, Inc. (COA).
- Recent agency annual report
The annual report is published for distribution 9/8/05. A copy will be sent under separate cover.
- Recent financial audit
The current financial audit of Price Waterhouse will be available in September. A copy will be forwarded under separate cover.
- Pending litigation or judgement disclosure
NA

Submitted by:

Signature on file

LaVerne Bishop
Program Director