

# **Unity House of Cayuga County Inc.**

## **Quality Improvement Plan (QIP)**

### **2024**

**Our Mission:** to empower and enrich the lives of people in recovery, coping with a mental illness and/or diagnosed with a developmental disability. This is accomplished by offering services and supports in an inclusive, people-centered environment.

**Our Vision:** all individuals are respected and lead lives of personal fulfillment and acceptance within our community.

**Core Values:** Respect, Honesty and Integrity

Unity House serves individuals in a variety of capacities including substance use disorders, mental illness and developmental disabilities. Within each service area, Unity House offers an array of services.

#### **Quality Improvement Plan (QIP):**

- Unity House of Cayuga County Inc.'s Quality Improvement Plan (QIP) initiatives focus on the implementation of Oversight Agency Regulations, State and Federal Requirements and agency policies and procedures to enhance and maintain the highest quality of person-centered services. In addition, this plan governs methods for the evaluation and measurement of agency-wide quality enhancements of recipient services, safety and program compliance. The Quality Improvement (QI) Department works in collaboration with the Compliance Committee of the Board of Directors to ensure that necessary auditing and compliance activities are completed to provide the highest quality of services and supports. The Compliance Committee of the Board of Directors is composed of the Chief Executive Officer (CEO), the Chief Operating Officer (COO), the Chief Financial Officer (CFO), the Chief Compliance Officer (CCO) and three members of the Board of Directors (BOD).
- The QIP is developed by the CCO at the beginning of each year. It is approved by the CEO and then presented to the Compliance Committee of the BOD for final approval. The Work Plan audits and compliance activities are presented each quarter to the Compliance Committee of the BOD. Revisions to the QIP are made by the CCO and CEO. Priorities and goals are established annually with the CEO, COO and CCO.
- The Compliance Work Plan outlines the compliance activities for the year. Additional targeted audits may spring up throughout the year. These audits will be completed by the QI department in most cases. The Work Plan is approved by the Compliance Committee and all QI activities are reviewed with the CEO and monitored by the Compliance Committee.
- Auditing tools are developed and maintained by the QI department. The tools are posted on the agency intranet and accessible to all staff. Quarterly, the QI department completes the QI Dashboard to provide to the agency and the BOD data on performance measures. Suggested modifications and systemic improvements are discussed with the involved directors at team meetings. Annual reports are compiled by QI to demonstrate findings and systemic issues.
- Quality services, well-trained staff, solid policies/practices and smooth operations foster a positive environment in which the individuals served can learn and grow. Routine training is completed per regulation and additional training/support is provided as needed. When gaps

occur, such as a new manager is hired, additional monitoring is done by means of director support and additional auditing.

### **Continuous Quality Improvement:**

- Continuous Quality Improvement is the responsibility of all staff, managers, administrators, support staff and the board of directors. The quality improvement functions and activities are completed by the QI team. Audits and compliance activities are completed per the Compliance Work Plan, which is approved by the Compliance Committee annually.
- The outcomes of each audit and activities are compiled, aggregated and analyzed. The outcomes are sent to the Program Director, Chief Operating Officer and Chief Executive Officer. Corrective Action is completed, as appropriate, based on findings and recommendations. The Corporate Compliance Committee is informed of the outcomes of all compliance activities. Ongoing compliance concerns are brought by the CCO to the director teams for further discussion, corrective action and/or training.
- QI audits and activities are initially completed the CCO. The CCO is responsible for training the QI staff who will complete the task ongoing. Auditing and activities are then monitored by the CCO.

### **Goals for 2024:**

- 1. The Finance Team will implement the use of debit cards for petty cash and personal needs allowance for the individuals; thereby, eliminating cash transactions and minimizing the risk of theft and loss by end of 1Q 2024.**
- 2. Agency goal is to improve communication at all levels of the agency, inter-agency communications and communications with families and stakeholders.**
  - **Throughout 2024, monitor effectiveness of current communication system including quarterly meetings with managers and staff, open office hours, sharing director meeting highlights and family focus groups.**
  - **Establish a process that allows for inter-departmental communications such as regular meetings between support departments to discuss work plans, projects, processes and new systems by end of 2Q 2024.**
  - **Develop a plan/process to ensure that information is pushed from the director level to managers and DSPs regularly by end of 1Q 2024.**
- 3. The agency is working with AWARDS (PHI) to streamline the billing process. In 2024, the goal is to ensure that Billing Builder is working effectively for all programs currently implemented and develop the billing builder process for OPWDD Supported Employment, supervised and supportive IRAs by year end.**
- 4. The CCO will attend the voluntary executive director meetings for OPWDD in 2024 to ensure that the agency is current with all new ADMs and those ADMs are coordinated and implemented properly in the agency.**
- 5. In 2024, the QI department will conduct physical plant audits, not just to ensure that all required elements are met (fire evacuation, equipment in working order, interior and exteriorly structural features are sound, etc.) but also to ensure that the house has a home-like appearance and feel, it is thoroughly clean, exteriors and yard have curb appeal.**

6. In 2023 the agency will continue with an organization assessment to develop strategies to gain efficiencies in support departments. One target area is to complete an assessment of workflow in the Human Resources Department.
7. The agency will roll out the NADSP micro-credentialing program for Direct Support Professionals by year end.

**Compliance Group Organizational Structure:**



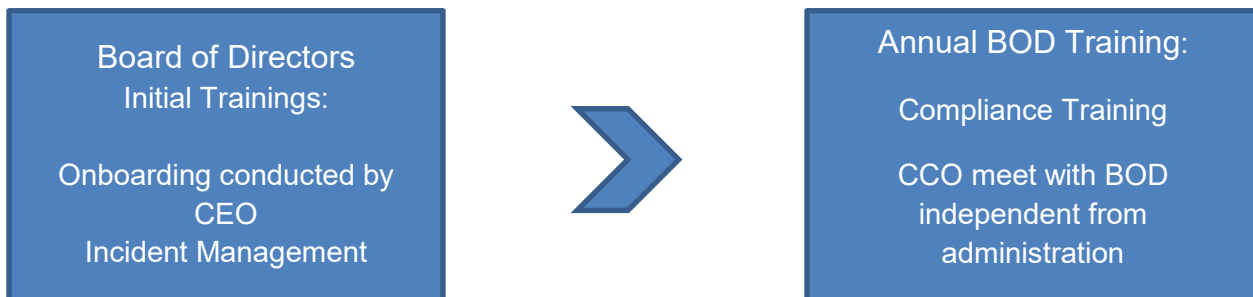
The Compliance Group, composed of senior management, meets quarterly. The minutes from their meeting are shared with the Compliance Committee of the Board of Directors (meets quarterly). The Compliance Committee provides information to the full Board of Directors via the consent agenda and discussion.

**Compliance Training Plan:**

Compliance Training is completed within the first 90 days of hire and annually thereafter. All training is monitored and tracked through the Human Resources Department.

**Agency Training Plan:**

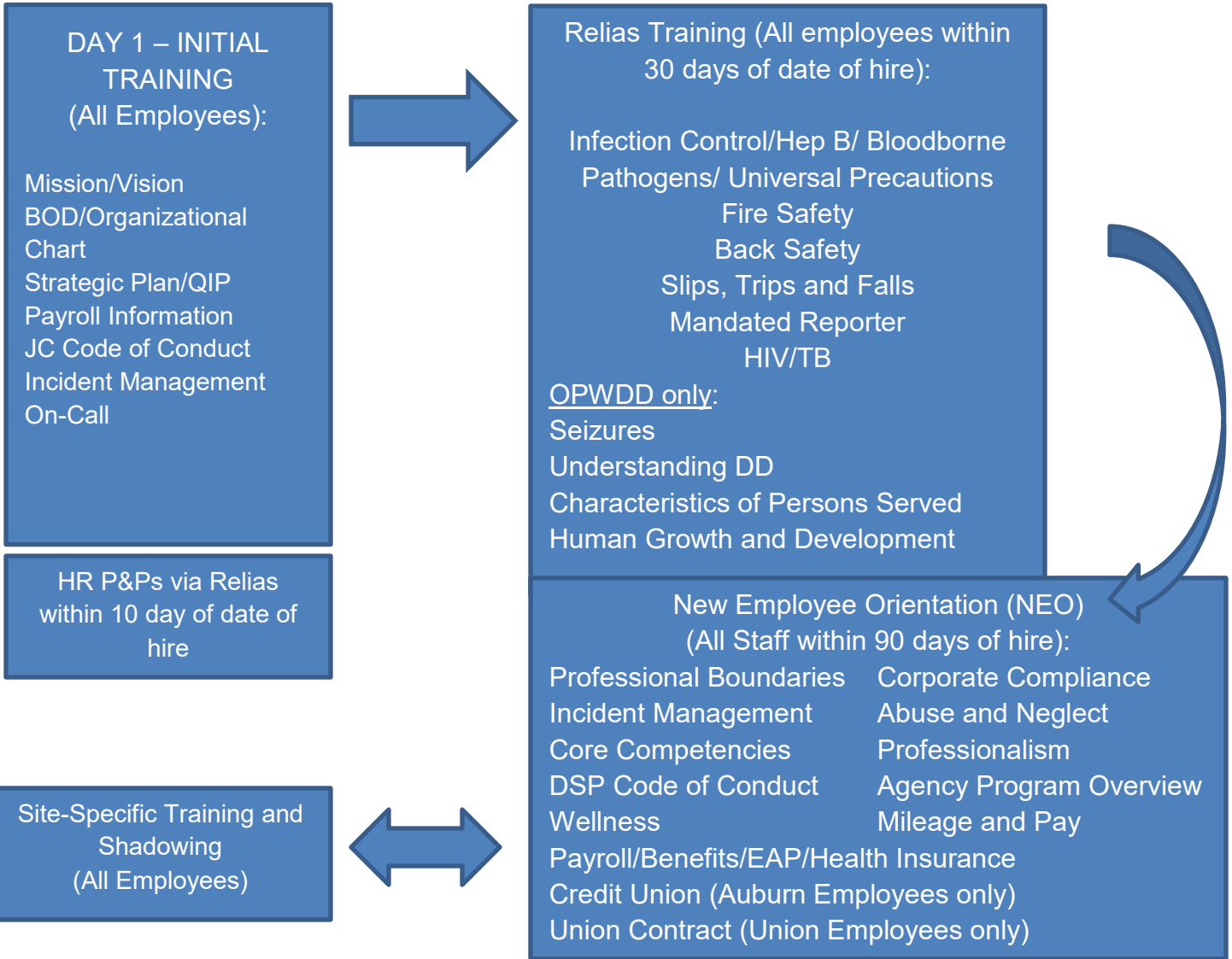
**Board of Directors:**



**Contractors:**



**Agency Staff:**



**NEO In-Person Tng (OPWDD within 90 days of hire):**

- CPR/FA
- SCIP-R
- CPI – Part I
- CPR – Part II
- Med Course

**NEO In-Person Tng (OMH staff within 90 days of hire):**

- CPR/FA
- CPI
- TRUST (OMH and Clinical)

**NEO In-Person Tng (Maintenance staff within 90 days of hire):**

- CPR/FA

**Quarterly Trainings:**

- Power Struggles
- Hearing Voices Simulation
- Informed Decisions Making/Informed Choice
- Valued Outcomes/Service Planning
- Sensitivity

Ongoing Staff Training:

CPR/FA – all staff, every 2 years	Fire Safety – all staff, annually
SCIP-R – DD staff, annually	JC Code of Conduct – all staff, annually
Corporate Compliance – all staff, annually	Bloodborne Pathogens – all staff, annually
Incident Management – all staff, annually	Universal Precautions – all staff, annually
Abuse/Neglect – all staff, annually	Food Consistency - DD staff, annually
Infection Control/Hep B/HIV/TB, all staff, annually	
TRUST (Crisis Intervention) – MH staff, annually	
Innovations/Eleversity Tng (OPWDD Employment)- 24 <sup>o</sup> within first 2 years; 6 <sup>o</sup> annually thereafter	
NYS CASE (ACCES-VR) – employment staff – must be completed within 24 months of hire (1-time training only)	

How compliance effectiveness is periodically evaluated:

- Medicaid Adjustments/disclosures
- Compliance Group Meeting Minutes: Compliance Issues/Concerns
- CC BOD Meeting Minutes – Review of Compliance Issues
- Progressive Counseling Memos
- Performance Evaluations
- BPC Audits and other Program Certifications
- External Audits
- Onboarding/Continued Stay/Exit Conference Surveys
- Service Recipient Satisfaction Surveys