**Unity House of Cayuga County Inc.**

**Quality Improvement Plan (QIP)**

**2025**

**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 complied, 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 are initially completed the CCO. The CCO is responsible for training the QI staff who will complete the tasks ongoing. Auditing is then monitored by the CCO.

**Goals for 2025**:

1. **Unity House will begin the roll out of the next three-year strategic plan. The 2025-2027 plan will have an emphasis on DEI.**
2. **In 2025, the CCO will attend the NY Alliance Executive Briefings and the agency/CCO will conduct an organizational assessment around AI and its acceptable use for the agency.**
3. **The mission advancement team will work to raise the agency’s profile in Tompkins County in 2025.**

**Compliance Group Organizational Structure**:

Compliance Committee

(3 members of BOD, CEO, COO, CFO, CCO)

Compliance Group

(Senior Management)

Board of Directors

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**:

Annual BOD Training:

Compliance Training

CCO meet with BOD independent from administration

Board of Directors

Initial Trainings:

Onboarding conducted by CEO

Incident Management

**Contractors**:

Contractors

Initial contract implemented and annually:

Letter explaining compliance program and where to locate compliance information on the website.

**Agency Staff**:

HR P&Ps via Relias within 10 day of date of hire

Relias Training (All employees within 30 days of date of hire):

Infection Control/Hep B/ Bloodborne Pathogens/ Universal Precautions

Fire Safety

Back Safety

Slips, Trips and Falls

Mandated Reporter

HIV/TB

OPWDD only:

Seizures

Understanding DD

Characteristics of Persons Served

Human Growth and Development

DAY 1 – INITIAL TRAINING

(All Employees):

Mission/Vision

BOD/Organizational Chart

Strategic Plan/QIP

Payroll Information

JC Code of Conduct

Incident Management

On-Call

New Employee Orientation (NEO)

(All Staff within 90 days of hire):

Professional Boundaries Corporate Compliance

Incident Management Abuse and Neglect

Core Competencies Professionalism

DSP Code of Conduct Agency Program Overview

Wellness Mileage and Pay

Payroll/Benefits/EAP/Health Insurance

Credit Union (Auburn Employees only)

Union Contract (Union Employees only)

Site-Specific Training and Shadowing

(All Employees)

NEO In-Person Tng

(Maintenance staff within 90 days of hire):

CPR/FA

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)

Quarterly Trainings:

Power Struggles Informed Decisions Making/Informed Choice Sensitivity

Hearing Voices Simulation Valued Outcomes/Service Planning

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)- 24⁰ within first 2 years; 6⁰ annually thereafter

NYS CASE (ACCES-VR) – employment staff – must be completed within 24 months of hire (1-time training only)

How the effectiveness is periodically evaluated:

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