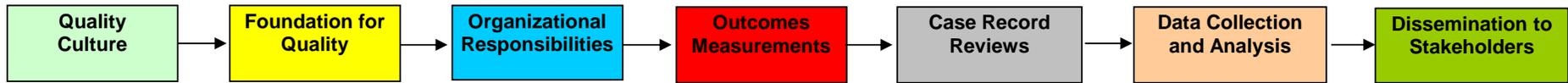


CSSW Quality Plan



QUALITY CULTURE

It is the responsibility of all CSSW stakeholders to participate in, promote and enhance all levels of quality in the Agency.

Board of Directors - The Agency leadership team conducts quarterly and annual reviews of quality indicators to determine overall trends in resource allocation and outcomes. The BOD actively participates in long term strategic planning, mission objectives and community involvement.

Agency President - Promotes the importance of the quality culture, monitors and filters outcomes data, actively involves staff, management, stakeholders and community members in the CSSW quality plan and allocates appropriate resources to accomplish quality initiatives.

Management Staff - Establish short and long term strategic program and agency goals with staff and peers. Quality results and improvement activities are addressed with staff on a quarterly basis. Customer and stakeholder satisfaction are key to defining program quality expectations.

CSSW Employees - All staff have a role in creating, reinforcing and addressing issues of quality. Staff project the values and strategic direction to all participants, set direction and performance goals through strategic planning and SWOT analysis and periodically review overall performance in relation to expectations. Staff are informed of Agency directives and outcomes through monthly staff newsletters, staff team meetings and the employee intranet.

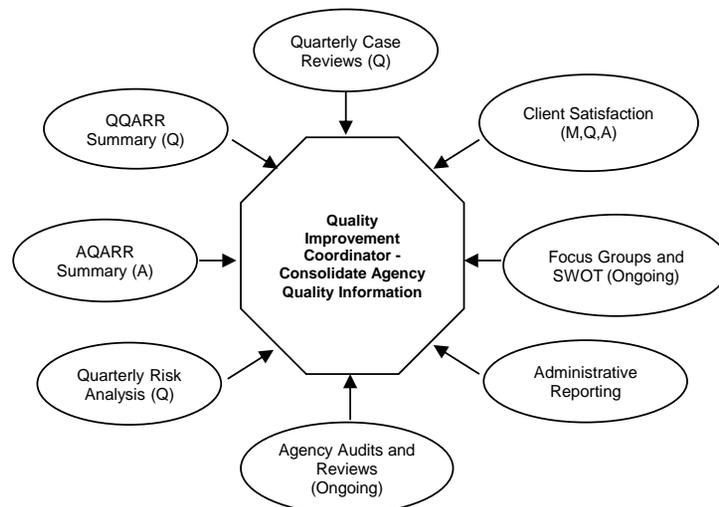
Customer and Stakeholders - Actively participate in defining quality objectives by expressing verbal and written feedback, participating in focus groups, satisfaction surveys, SWOT analysis, funding and licensing reviews and participating on community initiatives boards. Stakeholders are informed of Agency directives through newsletters, the agency website and social media reports, the Agency annual report and program presentations.

Quality Improvement Coordinator (QIC) - The Agency designates an individual to manage the quality plan, monitor quality indicators and oversee all processes. This individual is responsible for implementation and coordination of PQI activities including consolidation of key program documentation.

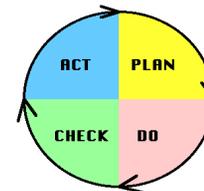
Continuous Quality Improvement Committee - A cross functional group of agency employees who strive to identify program and agency improvement initiatives, monitor and implement improvement activities and disseminate best practices throughout the organization.

QUALITY FOUNDATION

1. All Administrative departments, Agency programs and program sites participate in CSSW quality activities.
2. Quality reporting is done on a monthly (M), quarterly (Q) and annual (A) basis. Summaries are presented to Management Staff, the Agency President and the Board of Directors for review and dissemination to all staff and stakeholders through team meetings, all staff meetings, all staff and stakeholder newsletters, community presentations and electronic media postings. Detailed review cycles are outlined in the BOD annual cycle of Board Reviews.
3. Quality activities are coordinated by the Quality Improvement Coordinator (QIC).



4. The established PQI Committee and QIC are responsible for identifying, monitoring and reporting improvement activities on a monthly and quarterly basis using the Plan-Do-Check-Act quality philosophy. The QIC reports quality findings to management staff at monthly staff meetings. On a quarterly basis, all programs' short term goals are monitored and reported to management staff, the Agency President and the board of directors through the quarterly summary reports. Annual program and administrative goals are monitored and reported to management staff, the Agency President and the Board of directors through annual summary reports.



ORGANIZATIONAL RESPONSIBILITIES

It is the responsibility of all CSSW stakeholders to participate in, promote and enhance all levels of quality in the Agency.

- * All staff are trained on the Quality Improvement Plan at New Hire Orientation and educated on each of the outcomes measurement tools
- * Staff and external stakeholders have access to the Quality Improvement Plan through the Agency website.
- * The Quality Improvement Coordinator actively engages staff throughout the organization in developing strategic objectives, defining program measureables, collecting and analyzing data, and communicating results to all stakeholders.
- * The Quality Improvement Committee, made up of a cross section of agency employees, meets on a monthly basis to review short term program goals, analyze risk and incident reporting summaries, and establish agency wide improvement activities.

OUTCOMES MEASUREMENTS

Annually, each program defines, reviews and submits a **Program Matrix** to the QIC and Agency President for review. Program matrices are used to:

- * Identify internal and external customers
- * Define activities, written plans and program expectations
- * Determine measurable program outcomes to determine the effect of the program each participant
- * Develop measurable outputs and reporting tools
- * Outline the program's effect and potential for social change in the community

On a quarterly basis, programs are responsible for submitting a **Quarterly Quality Assurance Review Report (QQARR)** to the QIC for review and summary. Programs utilize intake documents, case documents, demographic summaries and customer satisfaction when reporting. Quality indicators include:

- * Program demographics - total clients served, gender, religion, race, income and an analysis of data trends
- * Staffing - Staff level, workloads and major staff accomplishments
- * Risk Assessment - Safety incidences and grievance reporting
- * Short Term Planning - Strengths, weaknesses, accomplishments and goals
- * CQI - Utilization and case record reviews, internal and external referrals

On an annual basis, all CSSW programs and administrative functions including Human Resources, Finance, Operations, Information Technology, Quality, Training, and Philanthropy/Marketing and Development are responsible for submitting an **Annual Quality Assurance Review Reports (AQARR)** to the QIC for review and summary. Quality indicators include:

- * Program information - Matrix and flow chart evaluation, program and intake policy review, and compliance to the strategic plan
- * Program demographics - total clients served, gender, religion, race, income and an analysis of data trends
- * Staffing - Review of job descriptions, staff trends, attended trainings, interns and consultants utilized
- * Program Planning/Corrective Action planning - what has been learned, what will be improved, demonstrating improvements and annual goals
- * Continuous Quality Improvement Objectives - Reporting on all defined matrix categories
- * Risk Assessment - External reviews and licensing, compliance to contracted services, records management
- * Service Delivery / Feedback - Participant satisfaction, community feedback

OUTCOMES MEASUREMENTS ctd.

Additional measurement tools include:

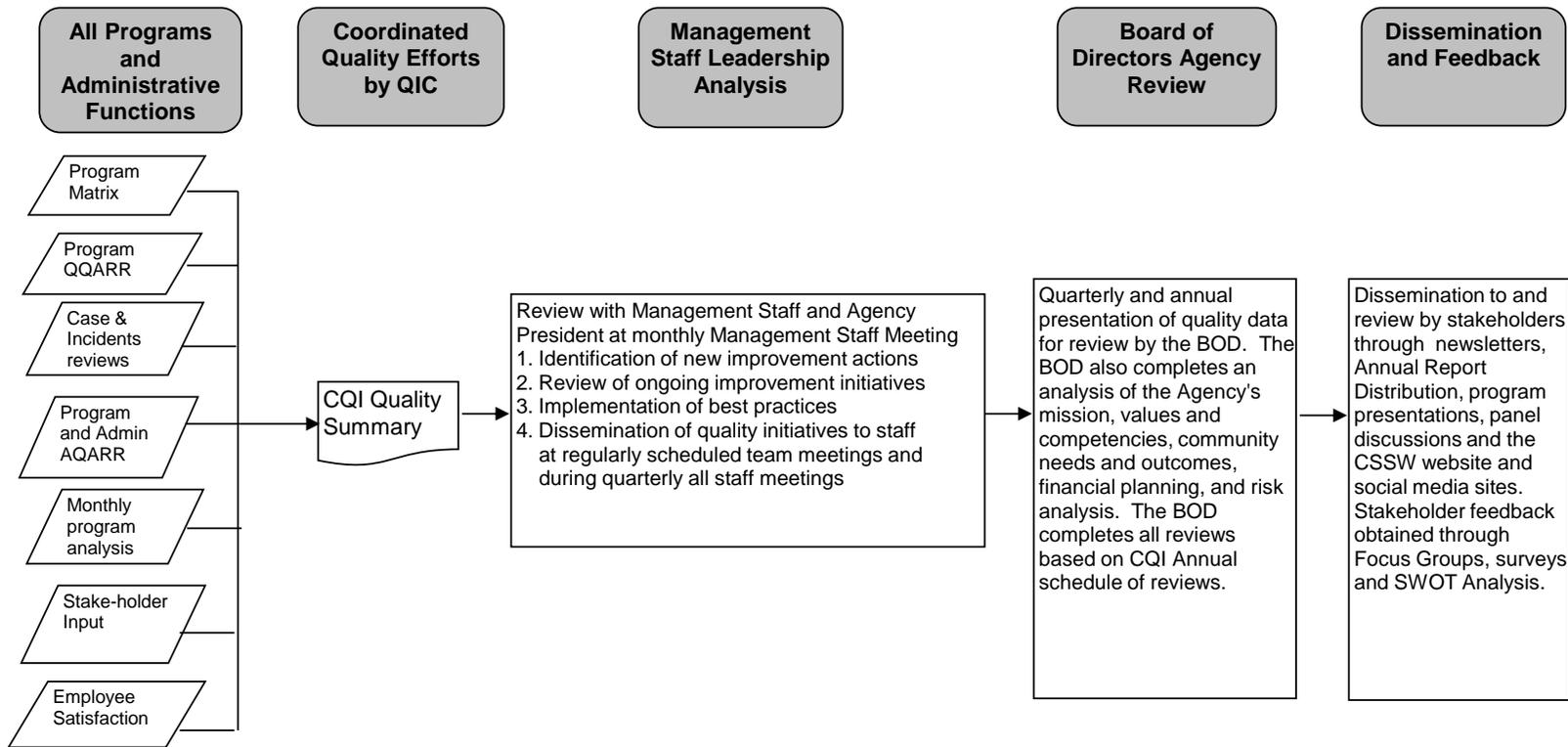
- Monthly review of program client totals to gauge service usage throughout the Agency
- Monthly review of agency quality initiatives by the Agency Continuous Quality Improvement Committee (Plan-Do-Check-Act)
- Quarterly program case reviews to determine effectiveness and quality of services provided
- Quarterly assessment of risk, incident and grievance reports
- Strengths, Weakness, Outcomes and Trends (SWOT) stakeholder analysis
- Focus group participation and reporting
- Long term planning with community partners to assist the most disadvantaged
- External financial audits, funder reviews
- Staff turnover, retention and satisfaction reporting
- Contextual compliance to Council on Accreditation administrative, service delivery and program standards

CASE RECORD REVIEWS

It is the policy of Catholic Social Services of Washtenaw County to maintain and use independent case review activities for all programs and services in order to promote quality outcomes for clients and assist with improving performance.

1. Case reviews will be conducted on a quarterly basis, or more often as defined by program specific contractual obligations.
2. Case reviews will consider a sample of cases from each program.
3. There will be 2 components to case reviews, completed on the "Case Review Form"
 - a. For all cases, the review will evaluate the presence or absence, clarity, and continuity, of required documentation including identifying information and demographics, assessments, service plans, consents and authorizations, progress notes or summaries, evidence of supervisory involvement, relevant signatures, service outcomes and aftercare/continuity plans.
 - b. For closed cases in a particular quarter, and those cases that either endure more than 90 days or exceed program criteria for length of service, the appropriateness and effectiveness of services will be evaluated. As indicated on the "Case Review Form" review objectives include: does the client's needs or concerns meet program eligibility criteria, are the program's services making an effective impact on the client and are efforts made when the client's goals are not met?
6. Case reviews will be conducted by an Agency staff member not related to the case or the supervision of the case.
7. The results of case reviews will be provided to program leaders and data will be aggregated, summarized, and included in Agency quarterly and annual quality reporting.

DATA COLLECTION AND ANALYSIS



USE AND COMMUNICATION OF DATA

Monthly

The Quality Improvement/Management Team, made up of a cross section of agency employees, meets on a monthly basis to review current program and administrative short term goals, analyze risk and incident reporting summaries, and establish agency wide improvement objectives. Trends are tracked, discussed and risk mitigated through improvement activities.

Quarterly

All program and administrative short term goals are reviewed by the Quality Improvement/Management Team. Program and risk summaries are summarized and reported to Program Directors, the Agency President and Board of Directors. Program and Agency outcomes are presented to staff at quarterly all staff meetings and through team meetings. Stakeholders receive outcomes data through newsletters, program presentations, the agency website and social media sites. Stakeholder feedback obtained through Focus Groups, stakeholder surveys and staff engagement activities. Short term goals are updated, modified and added as needed.

Annual

All program and administrative short and long term goals are reviewed by the Quality Improvement/Management Team. Program and risk summaries are summarized and reported to the President and Board of Directors. Program and Agency outcomes are presented to staff at quarterly all staff meetings and through individual team meetings. Stakeholders receive outcomes data through newsletters, annual reports, program presentations, the agency website and social media sites. Stakeholder feedback obtained through Focus Groups, surveys and SWOT Analysis. Long term strategic, programmatic and administrative goals are developed for the upcoming year.

Ongoing

Review of all program and administrative objectives are in line with the CSSW strategic plan and mission. Website updates ensure that all program and agency information is current and transparent. Regular funder and licensing audits are completed by programs and administrative departments per requirements. The Agency President engages community partners to ensure that the needs in the community are being met.