

Performance & Quality Improvement Newsletter

LaSalle School
Albany, NY

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Inside this issue:

LaSalle's Alphabet Soup	2
PBIS Update	2
Residential Discharge Outcomes	3
SOAR Corner	3
Satisfaction Survey	4
Office of Mental Health (OMH) Program Review of Outpatient Services	4

Upcoming Topics:

- COA Maintenance of Accreditation
- Focus on Outcomes
- OMH Program Review Results

Risk Prevention and Risk Management

The presence of risk is not new to anyone who works with youth and families in settings like LaSalle, and all staff are involved in both working toward favorable outcomes and minimizing our exposure to various types of risk. We have active risk prevention and risk management processes that include broad staff, leadership and Board involvement. Our Risk Management Processes focuses on seven broad areas:

1. Service Delivery
2. Workforce
3. Facility
4. Consumer and Customer
5. Financial Operations and Fiduciary
6. Regulatory
7. Insurance

This article focuses primarily on committee work designed to assist with risk management as it relates to Service Delivery, although one can quickly see the impact that service delivery risk has on other categories such as workforce and financial operations, as essentially everything we accomplish flows from the quality of the workforce, and positive outcomes affect financial operations

The **Risk Management Committee** reviews data related to safety holds, reportable cases of abuse and neglect, AWOL, grievances, accidents, turnover, program outcomes, consumer satisfaction and more. The committee also works to ensure compliance with Federal, State and local laws and regulations and standards; assists with monitoring that staff act with honesty and integrity to meet high ethical and professional standards; supports the prevention and detection of fraud, abuse, waste & misconduct; and participates in responses to any detected compliance concerns with appropriate corrective actions.

The **Safety Hold Review Committee** reviews all safety holds, including antecedents, duration, and staffing patterns related to safety holds and other factors. In addition to tracking the number of safety holds conducted, the SHRC focuses on whether adequate resources exist to manage on a forward going basis, or if some infusion of resources (training, more staff) or a change in procedure and/or policy is necessary.

The **Incident Review Committee** reviews most reportable cases to the Justice Center as well as other high level incidents not limited to those that involve mobile crisis, police presence on campus, significant criminal behavior or psychiatric hospitalization. The IRC also is involved with those cases for which we are assigned investigation responsibility; in those cases, the IRC reviews each investigation design, progress or results of investigations, and identifies or reviews trends. The Incident Review Committee works to enhance the quality of care, provide a safe environment and reduce and prevent the occurrence of significant incidents.

These committees use systematic approaches to identify, prevent, manage, and reduce risk, and thereby protect the key resources of clients & staff, reputation, mission, etc. These committees support Quality and Performance Improvement by assisting with summarizing data, identifying possible causes, patterns and trends of incidents, strengthen our agency by identifying risk and learning from challenges; and identify and discuss trends, raise questions, and suggests recommendations.

While the above practices are widely viewed as best practice, it is important to note that they are also required by our various State Oversight Agencies, the Justice Center, and/or our national accreditation.

Performance and Quality Improvement (PQI) activities assist with achieving program and service area outcomes, and contribute to efforts to improve organizational climate and culture and staff and client satisfaction. PQI encourages the use of data and staff and stakeholder involvement to identify, establish and implement improvement practices that contribute to desired outcomes. This occasional newsletter will be one avenue to encourage staff involvement in PQI.

LaSalle's Alphabet Soup

A guide to the acronyms used on campus

ACEs-Adverse Childhood Experiences: A research study showing strong correlations of childhood trauma with greater incidents of high cost adult medical needs such as heart disease, diabetes and mental illness. Increasingly called upon to drive trauma informed treatment for children.

FERPA- Family Educational Rights and Privacy Act: gives parents access to their child's education records, an opportunity to seek to have the records amended, and some control over the disclosure of information from the records.

FMLA- Family Medical Leave Act: a United States federal law requiring covered employers to provide employees job-protected and unpaid leave for qualified medical and family reasons. Qualified medical and family reasons include: personal or family illness, family military leave, pregnancy, childbirth, adoption, or the foster care placement of a child.

HIPAA- Health Insurance Portability and Accountability Act: a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the Department of Health and Human Services, these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. HIPAA requirements and other federal confidentiality requirements apply to LaSalle.

RFP-Request For Proposal: A request for a bid to provide services or receive grant money, often used by government to solicit bids for the issuance of contracts. ACDCYF issues RFPs for Prevention Services.



PBIS Updates

PBIS organized its traditional end of the school year field day June 23rd. It was a lovely day, and students and staff seemed to have a good time.

Starting in the summer, we are planning to discuss how we incorporate the 12 virtues of a good educator into the PBIS system, behavior lesson plans, and expectations of the week.

If you'd like to join the PBIS committee, the standing meeting day is the first Wednesday of the month. Over the summer, we are hoping to work on incorporating the 12 virtues of an educator into the PBIS framework.

Just a reminder, if you need Fast Cash, it's available from: Ed Carroll, Deb Fisher, Jim Meyer, Cathleen Peter, and Mark Silverbush.

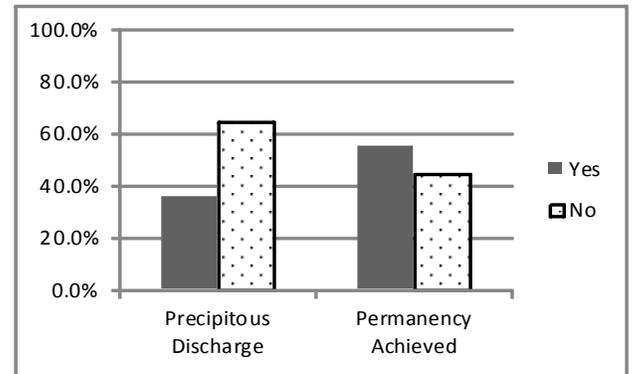


Residential Discharge Outcomes

From July 1, 2015 to June 23, 2016, 65 students discharged from LaSalle’s Residential program. Two key outcomes that are tracked for all residential student is whether or not the discharge was precipitous and whether or not the youth achieved permanency.

Precipitous discharges include discharges as a result of AWOL, jail, detention, replacement with another RTC etc. A little more than a third (35%) of our students left LaSalle precipitously. This is similar to the percentage of youth precipitously discharged in the previous 2 years.

Permanency achievement is defined by whether the youth achieved his permanency goal. Slightly more than half of our youth (55%) achieved permanency. While this number may seem low, it is a figure that compares favorably to other RTCs in NYS, and is a reflection of the difficult characteristics and conditions of RTC families. Another 10% of our youth were discharged to a lower level of care. With the complex needs of the youth we serve, these were very successful discharges. It is important to note that not all students may be ready to return to their home community, but have made significant progress in treatment.



SOAR Corner-Understanding Case Complexity

As we continue to gather data routinely on all residential clients, we are beginning to understand the true depth of complexity of the youth that we serve. Having more than one treatment issue is considered to be co-occurring treatment needs. Below is a table that examines this kind of information. Co-occurring needs means the youth has two or more of the following: 4+ ACEs, Substance Abuse treatment needs, at least 2 psychiatric diagnoses, and/or Special Education needs.

Treatment Need	% of youth
4+ ACEs	52%
2+ Psychiatric Diagnoses	82%
3+ Psychiatric Diagnoses	36%
4+ Psychiatric Diagnoses	9%
Substance Abuse Treatment Needs	52%
2+ Co-occurring Issues	75%
3+ Co-occurring Issues	39%
4+ Co-occurring Issues	10%

These results indicate that many of our youth have significant co-occurring needs that needs to be addressed during their stay at LSS. There are other needs that we are working to track, including medical health concerns and treatment for problematic sexual behavior. We hope to present those results soon.

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Satisfaction Survey

A satisfaction survey was given to students in May. It covered a wide range of residential related services and treatment, including clinical work, recreation, residential life, education, and independent living. Results of the majority of the questions were positive, and 100% of students responded that LaSalle has helped to improve their social skills, building lasting friendships, communicate effectively with others etc. Most students felt that staff in every aspect of programming was helpful and worked with the student to deal with issues.

The survey also included a number of open ended questions, which were also predominantly positive.

When asked how clinicians are helpful, students said they listen and help find ways to solve problems, help them be a successful independent person, help them with social/emotional skills, and give advice in the steps needed for discharge. One student said: "She actually cares more about the potential inside of me that I keep pushing away."

When asked what their favorite part of LaSalle was, responses overwhelmingly identified recreation, though others identified their relationship with staff, their room, and having a bed to sleep in.

Office of Mental Health (OMH) Program Review of Outpatient Services

NYS Office of Mental Health (OMH) Bureau of Inspection and Certification arrived on campus on June 16 for its unannounced program review of our outpatient clinic, which is standard practice. The two-day review consisted of a review of our services, procedures, practices and policies. The bulk of the review focused on client services such as assessment, treatment planning, service delivery, risk assessment, safety planning, client engagement and retention, documentation, discharge planning, clinical leadership, administration, and practices relative to co-occurring mental health and substance use disorders.

While we will not receive the official results of the review for several weeks, we did hear from the two OMH reviewers at the exit meeting that our clients benefit from "astute clinical services" and that staff has been extremely diligent with meeting regulatory requirements and delivering evidence based services to highly complex roster of youth. The general findings of the OMH review team were very positive. This is the second time that our outpatient clinic has been reviewed by OMH. Based on the very positive first review, this was a targeted (or abbreviated) review. Some of the other comments the OMH review team noted is that our Counseling Center offers:

- Quality services with available high level specialization
- Timely response to clients
- Clinicians who are certified to provide Integrated Mental Health/Addictions Treatment
- A strong focus on risk prevention and is responsive to clients at risk
- An effective team approach and Incident Review Committee that work collaboratively to monitor and respond to risk

The Counseling Center is also licensed by NYS Office of Alcohol and Substance Abuse Services (OASAS) and has been successfully reviewed many times by OASAS for nearly 30 years. Based on multiple positive reviews by OMH and OASAS we likely will apply for what is known as a co-located, integrated license, which had been offered as a pilot to a few organizations in the state. A co-located, integrated license will allow us to operate our outpatient clinic under one set of regulations and standards and thereby streamline many of our documentation and other administration practices, and provide integrated treatment more efficiently.