Performance & Quality Improvement Newsletter

LaSalle School
Albany, NY

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Upcoming Topics:

- Day Service outcomes
- Incident Review Committee
- Adverse Childhood Experience Histories for Youth at Lasalle

September 2016

COA Maintenance of Accreditation

The Council on Accreditation (COA) requires annual completion of Maintenance of Accreditation (MOA). As a nationally accredited organization, we submit various materials that demonstrate a commitment to continuing implementation of COA's standards as well as the pursuit of excellence and quality service delivery. The MOA process captures various activities to maintain accreditation, which is in addition to site visits and the tireless activities of staff associated with meeting best standard practices and the needs of our clients. These activities include monitoring and self-reporting related to clients, quality improvement plans, legal, regulatory and licensing activities, corrective actions, and progress toward strategic goals and objectives. We also submit information that demonstrates compliance with and implementation of Administration, Service, Safety, Management and Governance standards, and we describe our efforts to strengthen organizational capacity and improve quality to meet the clients needs.

A key component of the MOA process is our commitment to deploying and actualizing quality & performance improvement, especially during the years between the formal self-study submissions and site visits. We did submit components of our short and long term plans and annual quality improvement plans, examples included our commitment to improved client engagement, discharge outcomes, increasing our capacity to produce and/or implement evidence based practices, reducing risk related to high risk behaviors, and better use of data to inform the secondary and tertiary interventions and supports within PBIS. We also were able to report that during the past three years we reduced rates (improved trending) of AWOL behavior and suspended payments due to AWOL of 6 days or more. Also related to AWOL was a favorable trend in the rate of youth who were AWOL at the time of "unplanned or precipitous AWOL." We believe these trends are a reflection of improved engagement rates with clients as well as structural and systemic changes to various programmatic processes.

We described some of our priorities, such as efforts to increase community based programming, including aftercare, clinical services and collaboration with other organizations for evening and education related services. Also included in our MOA response:

- developing a comprehensive plan to promote steady growth and profitability of the Counseling Center
- working with our Communication and Marketing Plans to elevate the profile of LaSalle School
- cultivation of appropriate referrals
- expanding LaSalle's network of donors
- Attempting to achieve a greater presence and leadership role among local, regional, state-wide and national forums
- working to be well positioned for the NYS Medicaid Managed Care transformation

We highlighted in our MOA submission included efforts underway to build on our already strong staff development program with training for supervisors and managers, continued commitment to ACE response work and trauma informed care, and the ACE Symposium, which contributes to our standing in the field as experts that bring LaSalle practice innovations to regional and national audiences.

Finally, we noted the progress with Lasallian Mission Preservation, the Hanner Center for Excellence and Lasallian Mission, and the ability to capitalize on our mission's impact on all aspects of our operations.

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

ADOD- Anticipated Date of Discharge: The date we anticipate that a child will be discharged from a program.

ATD- Alternative to Detention: A community based program, like the JRFC, that serves as an alternative to more restrictive and usually much higher cost, detention.

COA- Council on Accreditation: An independent, international accrediting body specializing in programs that provide child and family services. LaSalle is currently accredited by COA through 2015.

DSS- Department of Social Services: Each county (and all of NYC) in New York operate local social service districts charged with providing for the social welfare of residents in keeping with state law and regulation. NYS OCFS has oversight of these districts

MSAR- Maximum State Aid Rate: The rate set by OCFS for the Board and Care services provided to children placed in residential care at LaSalle.

OASAS- The Office of Alcoholism and Substance Abuse Services: The state agency responsible for supervision and licensing of LaSalle's Chemical Dependency Treatment Clinic.

OMH- Office of Mental Health: The state agency responsible for supervision and licensing of mental health providers.

TCI- Therapeutic Crisis Intervention: The OCFS approved model of behavior management and intervention when children are in crisis, including the approved techniques for the manual restraint of children. TCI has been developed by Cornell University.

PBIS Updates

The PBIS Committee conducted its annual PBIS kick-off during the first week of school. Activities included discussions of behavioral expectations, the PBIS Matrix, Fast Cash, and appropriate behavior during mealtime. Mr. Deguire also provided students with an overview of the school day, expectations about uniforms, the afterschool list, and incentives like Sundae Monday and quarterly awards.

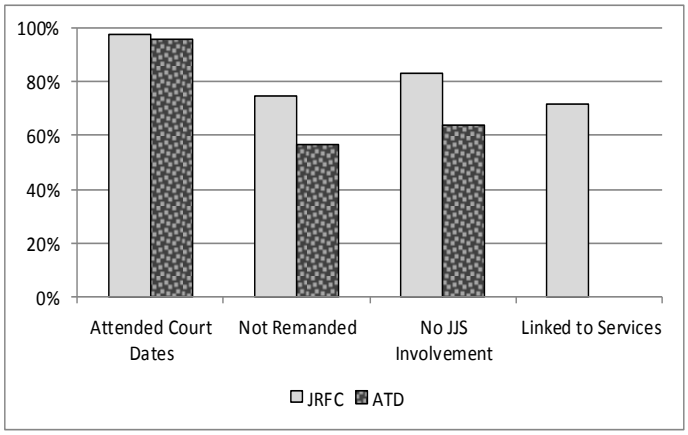
If you need Fast Cash, it's available from: Ed Carroll, Deb Fisher, Jim Meyer, and Mark Silverbush.

JRFC Outcomes

The Juvenile Reporting and Family Center continues to demonstrate positive outcomes for youth in its care. When the agencies were awarded the contract for this program, we also proposed it as an Alternative to Detention option for youth prior to adjudication in the system. The youth admitted to this program are presented to the right as ATD, and while the outcomes of the youth in the ATD program are somewhat lower than those in the JRFC, these are not unexpected outcomes given the complex profile of the youth.

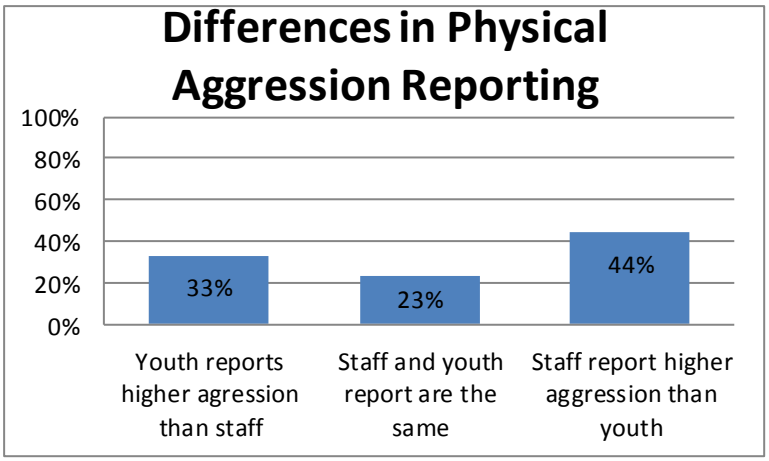
The program exceeded on one of proposed benchmarks in the four expected areas, and fell short on three. The program served 95 youth from Albany County, representing 10 different zip codes

The goal related to remand to detention was below the 90% benchmark outlined in the contract, reaching 75% for JRFC youth and 57% for ATD youth. The linkages goal also fell short of the 90% benchmark. Finally, the youth in the JRFC for ATD services did not reach the 80% benchmark for avoiding further involvement in the Juvenile Justice System.



SOAR Corner-Comparing Multiple Respondents on Physical Aggression Scores

Many of the youth come to LSS with different perception of what is "normal" and "acceptable" behavior. For example, many often fight with or are disrespectful to others, but they do not usually see why this is a problem or they minimize the effects these behaviors have. This is why the staff perspective is **key** to understanding changes in youth behavior. Staff can help provide insight into both the actual behaviors of the youth and can help demonstrate the differences in the youth's perceptions about their behavior.



The above graph represents differences in reports of youth's physical aggression at 90 days into treatment. While it might be suspected that a youth would always underreport his level of aggression, the data indicate that that is only the case for 44% of the youth and staff in the sample. In 23% of cases, youth and staff report the same levels of aggression, and in one third of the cases, the youth reports his level of aggression as higher than the staff report.

LaSalle School

391 Western Ave.
Albany, NY 12203

Phone: 518-242-4731
Fax: 518-242-4747

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www.lasalle-school.org

The Counseling Center at LaSalle Outcomes

The counselors in the CCL submit required clinical and service related information for the clients they treat to NYS OASAS Client Data System/Integrated Program Monitoring and Evaluation System (IPMES). The clinical material submitted spans from assessment and treatment through discharge. The data is used by OASAS to monitor program performance and identify areas that appear to be operating below expectations.

In addition to the positive outcomes and audit results noted elsewhere in this newsletter, the CCL is pleased once again that our OASAS license CCL was not flagged. Congratulations again to everyone associated with the CCL.

Compared to the comparison group, we did well, especially with retention rates and percentage of clients who made treatment gains, such as symptom reduction, discontinued or reduction in use and successful completion of treatment.

Below is some information from our IPMES report:

- 1-Month Retention Rate - 95% (near 95th percentile)
- 3-Month Retention Rate - 87% (near 91th percentile)
- 6-Month Retention Rate - 69% (near 71th percentile)
- % Completing Program or Referred - 40% (Standard=35%)
- Client population symptom severity level remains very high
- Clients that discontinue use 51% (50th percentile);

Counseling Center at LaSalle Receives Highest Level Recertification

The CCL underwent a relicensing program review in late June. The two day review was conducted by OMH and consisted of an agency level review (governance, administration, procedures, and policies) and review of the CCL (all service and practice components and related documentation). The bulk of the review focused on the client services of assessment, treatment planning, service delivery, risk assessment, safety planning, client engagement and retention, documentation, discharge planning, clinical leadership, and co-occurring mental health and substance use disorders.

We recently received the results, which is the full 3 year recertification, the highest level of recertification, an outcome not easily achieved by many licensed mental health programs, and the Monitoring Outcome Report (MOR), which highlights exemplary and needs improvements areas:

Exemplary:

- Comprehensive assessment process
- Co-occurring assessment with use of standardized tools recommended by OMH/OASAS Task Force on Co-Occurring Disorders
- Assessment of risk using standardized tools
- Comprehensive treatment planning using evidence-based methods with clear link between assessment, services and discharge planning
- Treatment plan reviews are rich and detailed with clear goals and objectives
- Integrated treatment of co-occurring disorders with clinicians trained in integrated treatment methods
- Commitment to evidence based practices

Needs Improvement:

- The systematic identification, tracking and documentation of incidents and clients at high risk

This was the second time that our outpatient clinic has been reviewed by OMH. Based on the very positive first review and the numerous similar results in our OASAS licensed clinic, clinical leadership anticipates that we will likely apply for what is known as a co-located, integrated license. 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.