

## **Goodwill of SWPA**

### **Quality Improvement Plan**

#### **Union Station Clubhouse Mission:**

#### **Union Station Clubhouse quality Improvement Plan will meet the following requirements:**

- **Annual review of the quality, timeliness and appropriateness of services**
  - **Outcomes for PRS**
  - **Individual Record Reviews**
  - **Individual Satisfaction**
  - **Use of exemptions to admission and continued stay requirements**
  - **Evaluation of compliance with the agency service description**
- **Identify reviewers, frequency, and the types of reviews and methodology in establishing sample size**
  - **Document that individuals served participate in QI plan development and follow-up**
- **A report prepared by the Union Station Clubhouse that documents the analysis of the findings and identifies actions to address annual review findings.**
- **The Union Station Clubhouse will make the annual QI report available to the public via internal posting and agency website.**

#### **The development of the Quality Improvement Plan includes:**

- **The manner in which the Union Station Clubhouse meets the Quality Improvement Plan criteria.**
- **The provider's quarterly performance review data and available reports**
  - **Placement reports**
  - **Monthly activity calendars**
  - **Admission/ discharge records**
  - **Satisfaction Surveys**
- **The results from provider monitoring**
- **Compliance with requirements in Chapter 5320 licensing**
- **Results from satisfaction surveys**

**Goodwill of SWPA**  
**Quality Improvement Plan**

- **Identify reviewers, frequency, and the types of reviews and methodology in establishing sample size.**
  - **Record sample size determined by currently active membership and recently inactive or discharged members.**
  - **Survey Sample Size determined by a compilation of all completed surveys.**
  - **Reviewers include Clubhouse Director, Auspice Agency Representatives**
  - **Program file reviews are conducted monthly by the Director and annually by the representatives.**
  
- **Document that individuals served participate in QI plan development and follow-up**
  - **Participation in the QI plan development is included in the Unit Development Meeting Minutes**
  
- **Use of exemptions to admission and continued stay requirements**
  - **Refer to Clubhouse Admissions Policy**
  
- **A report prepared by the Union Station Clubhouse that documents the analysis of the findings and identifies actions to address annual review findings.**
  - **Written corrective action plan is prepared and shared with staff, members, auspice agency and the public.**
  
- **Evaluation of compliance with the agency service description**
  - **Determined by results of Clubhouse Accreditation and OMHSAS Licensing**

Quality Improvement:

Organization Name:		Goodwill of SWPA		Program: Union Station Clubhouse			
Mission:		A safe and caring environment that offers guidance, support, and encouragement.					
Program Activities:		Psychiatric rehabilitation services utilizing the Clubhouse model					
		2019-2020					
INDICATORS	MEASURES	WHO APPLIED TO	DATA SOURCE	RESPONSIBILITY FOR DATA COLLECTION	TIME OF MEASURE	TARGET GOAL EXPECTANCY	Comments
Optimal satisfaction with PR services	Internal Satisfaction Surveys, Agency Satisfaction Surveys, CFST Surveys	Clubhouse members	Surveys administered	Clubhouse Operations Unit, Goodwill SWPA Quality Assurance Dept., Fayette County CFST	Annually	100% Compliance	CFST Survey- Over 85% approval Internal- Over 90% approval Goodwill- Average approval of 4.42 on a scale of 1 to 5
PR Outcomes	Internal employment statistics, Clubhouse International CPQ	Clubhouse members	Employment Statistics Spreadsheets, Clubhouse CPQ	Clubhouse Operations Unit, UMass	Annually	Employment- Transitional 25% Supported/ Independent- 10%	Transitional Employment percentage met pre-COVID. Supported/Independent Employment percentages met.
Individual Record Reviews	Staff File Review, Agency Record Audit	Clubhouse Staff	Supervision Forms, Goodwill SWPA Contract Audit Form	Clubhouse Director,	Monthly, Annually	100% Compliance	Internal Audit- 100% Compliance File Reviews- 100% Compliance
Evaluation of compliance with agency service description	Outcomes of Clubhouse Accreditation and OMHSAS Licensing	Clubhouse Program	Clubhouse Accreditation Report, OMHSAS Survey Results	Clubhouse International, OMHSAS	3 Years, Annually	100% Compliance	OMHSAS- Full License Clubhouse International- 3 year accreditation (conditional upon TEP development)

## INTERNAL QUALITY ASSURANCE (IQAS) 2020 RESULTS

GENDER	MALE	10
	FEMALE	6
	No Answer Provided	1
RACE	WHITE	8
	AFRICAN AMERICAN	6
	NATIVE AMERICAN	1
	No Answer Provided	4

AGE GROUP	18-30	5
	31-59	10
	60+	3

STAFF INTERACTION	No Response	1
	1 (Poor)	0
	2	0
	3 (Average)	4
	4	0
	5 (Excellent)	12

BUILDING	No Response	0
	1	0
	2	0
	3	1
	4	2
	5	15

ACTIVITIES	ON SITE	No Response	0
		1	0
		2	0
		3	0
		4	3
	5	15	
	MONTHLY	No Response	0
		1	0
		2	0
		3	3
		4	1
	5	3	
	LOCAL EXTERNAL	1	0
		2	0
		3	4
		4	1
		5	9
	LONG DISTANCE/ ANNUAL	1	0
		2	0
		3	2
4		2	
5		13	

REFERRAL METHOD	DOCTOR/THERAPIST	7
	CASE MANAGER/SC	7
	ANOTHER MEMBER	1
	OTHER	3

STAFF EFFECTIVENESS IN GOAL/MENTAL HEALTH MANAGEMENT	1	0
	2	0
	3	0
	4	4
	5	13

<6 MONTHS	1
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MEMBERSHIP	6 MONTHS-1 YR	3
LENGTH	1YR-2YR	5
	2YR-5YR	2
	>5YR	6
TOTAL COMMENTS		4

**PARTICIPANT SATISFACTION SURVEYS**  
**September 2020**

**PROGRAM: UNION STATION CLUBHOUSE**  
**NUMBER OF SURVEYS RETURNED: 19**

**RETURNED RESULTS:**

	Question 1	Question 2	Question 3	Question 4	Question 5		
Date Survey Completed	How satisfied are you that the available services are meeting your needs	Overall, how satisfied are you with performance of staff	How satisfied are you that our facility meets your needs	Overall, how satisfied are you that the service you received matches what you expected	Would you recommend our services to others	I am a new client with this program	I would like to further discuss programs available at Goodwill SWPA
9/16/2020	5	5	5	5	5		yes
9/16/2020	5	5	5	5	5		yes
9/16/2020	5	5	5	4	5		
9/15/2020	3	3	2	3	2		
9/14/2020	4	3	5	4	5		
9/14/2020	5	5	5	5	5		
9/14/2020	4	5	4	5	5		
9/14/2020	4	5	3	3	3		
9/14/2020	4	4	3	2	4	yes	
9/14/2020	4	4	4	4	4		
9/14/2020	4	5	4	5	3		
9/14/2020	4	4	5	4	5		
9/14/2020	4	4	4	4	4		yes
9/14/2020	5	5	5	5	5		yes
9/14/2020	5	5	5	5	3	yes	
9/14/2020	4	4	5	3	5	yes	
9/14/2020	5	5	5	5	5		yes
9/14/2020	5	5	5	5	5		
9/15/2020	5	5	5	5	5		
<b>Average Score:</b>	4.42	4.53	4.42	4.26	4.37		

**Comments:**

**Question 1). How satisfied are you that the available services are meeting your needs?**

I used Clubhouse developing skills of conversation.

You help me make a honest work day, thank you.  
Cool

**Question 2.) Overall, how satisfied are you with the performance of the staff?**

Staff often divide their time between their employment with Goodwill and other community outlets that interfere with their working.

I liked skills showed from the staff.

Nice

Looking for work

**Question 3.) How satisfied are you that our facility meets your needs?**

Working staff and members resources

To find jobs that fit me.

OK

**Question 4.) Overall, how satisfied are you that the service you received matches what you expected?**

I used my time of maintenance and structured one on one staff and members.

Good, I would like to find jobs that fits my needs.

Satisfied

I'm happy and stay happy every day. Great

**Question 5.) Would you recommend our services to others?**

Too much drama -- I would like to change so there will be no drama.

Record of poor place to work .

I don't have others that I know would fit here.





Dates: 5/1/2020 - 9/1/2020

Provider: GOODWILL INDUSTRIES OF FAYETTE CO

	#Yes	Total	%
1. Do you know you can choose where you get your treatment?	13	16	81.25%
2. Is the provider staff respectful and friendly?	14	16	87.50%
3. When you first called for an appointment, were services provided in a timely manner?	14	15	93.33%
4. Is this provider conveniently located?	16	16	100.00%
5. If you had a problem with your provider, would you feel comfortable filing a complaint?	16	16	100.00%
6. Are you asked to participate in treatment planning/goals?	14	15	93.33%
7. A Did you want your family to participate in treatment planning/goals?			
7. B If yes to 7 A, did your provider involve your family in treatment planning/goals	10	10	100.00%
8. Has your provider made you aware of support services in your community?	12	15	80.00%
9. If you had a question about your benefits or treatment options, do you know how to contact Value Behavioral Health (VBH-PA)?	12	16	75.00%
10. Are you aware that telephone services at VBH-PA are available 24 hours a day 7 days a week?	12	16	75.00%
11A. Have you called VBH-PA within the past year?			
11B. If yes to 11A:Were you satisfied with how you were treated when you called VBH-PA?	0	0	0.00%
12. Are you aware of how to file a complaint with VBH-PA?	13	15	86.67%
13A. Have you filed a complaint with VBH-PA within the past year?			
13B. If yes to 13A: Were you satisfied with the outcome of your complaint?	0	0	0.00%
14. Are you aware of how to file a grievance with VBH-PA if your services were denied?	13	16	81.25%
15A. Have you filed a grievance with VBH-PA within the past year?			
15B. If yes to 15A: Were you satisfied with the outcome of your grievance?	0	0	0.00%
16A. Do you use medical assistance transportation?			
16B. If yes to 16A: Are you satisfied with their service?	5	5	100.00%
17. FOR CHILDREN IN BHRS, FAMILY BASED, RTF, AND PARTIAL: Were you satisfied with the ISPT process?	0	0	0.00%
18. Are you satisfied with your primary care physician?	15	15	100.00%
19. Overall, are you satisfied with the behavioral health services (your therapist, doctor and/or other staff you see) you are receiving?	15	16	93.75%
20. How hopeful are you about your (or your child's) future since receiving services?	14	16	87.50%

24 What effect has the treatment you received had on the quality of your (or your child's) life?

Number answered as "Much better" and "Little better":	15
Total:	15
Percent:	100.00%



Dates: 5/1/2020 - 9/1/2020

Provider: GOODWILL INDUSTRIES OF FAYETTE CO

	#Yes	Total	%
25. Staff treat me with respect regarding my cultural background (race, ethnicity, religion, language, age, sexual orientation).	16	16	100.00%
26. The doctor worked with me to get on medications that were most helpful to me.	3	3	100.00%
27. Staff encourage me to do things that are meaningful to me.	14	15	93.33%
28. Mental health services helped me get or keep employment	8	8	100.00%
29. My family gets the education or supports they need to be helpful to me.	11	11	100.00%
30. The services I am receiving are consistent with recovery based principles such as, focusing on things that I think are important and including people who are important to me.	15	16	93.75%
31. I have a place to live that feels like a comfortable home to me.	15	16	93.75%

Number of Surveys:

16

Totals:

209

233

89.70%



CST Report Percentages by Question  
(STATE Questions #21 to #24)

LOC: All Combined Run Date: 10/19/2020

Dates: 5/1/2020 - 9/1/2020

Provider: GOODWILL INDUSTRIES OF FAYETTE CO

21 In the last 12 months, were you able to get the help you needed?

Yes:	Some:	Never:	Den:
16	0	0	16
100.00%	0.00%	0.00%	

22 In the last 12 months, did your child have problems getting the help he or she needed?

Yes:	Some:	Never:	Den:
0	0	16	16
0.00%	0.00%	100.00%	

23 Were you (or you and your child) given the chance to make treatment decisions?

Yes:	Some:	Never:	Den:
14	2	0	16
87.50%	12.50%	0.00%	

24 What effect has the treatment you received had on the quality of your (or your child's) life?

Much_Better:	A_Little_Better:	About_the_Same:	A_Little_Worse:	Much_Worse:	Den:
9	6	1	0	0	16
56.25%	37.50%	6.25%	0.00%	0.00%	

### QA YE 2020 Roster of Employment Program Participants

#	Program	Member Name	Employer	Position / Title	Retainer Period	Start Date	End Date
1	SE	Murray, Dustin	MHA in Fayette County	C/FST Member		3/10/2010	Continuing
56	SE	Dewitt, Coty	TJ Maxx	Associate		3/2/2016	Continuing
	TEP	Hudak, George	Goodwill SWPA	Office Assistant	226	7/30/2019	3/12/2020
	TEP	Grow, Tammy	Goodwill SWPA	Janitorial	-142	8/5/2020	3/16/2020
	TEP	Copeland, Mace III	Goodwill SWPA	Janitorial	54	1/22/2020	3/16/2020
	TEP	Hamborsky, Ra-Mel	Eat N' Park	Assembly	205	2/25/2020	9/17/2020
	IE	Zelina, Christopher	Goodwill SWPA	PSI Contract	133	11/4/2019	3/16/2020
	TEP	Phillips, Erica	Nemacolin Woodlands	Laundry Room	114	9/10/2019	1/2/2020
	TEP	Cochran, Anna	Goodwill SWPA	Janitorial	26	1/3/2020	1/29/2020
	TEP	Gault David, Jr.	Goodwill SWPA	Janitorial	23	2/10/2020	3/4/2020
	IE	Brooks, Henry, Jr	Pickers Pub & Grub	Dishwasher	21	2/3/2020	2/24/2020
	IE	Curtis-Clark, Krysta	Pickers Pub & Grub	Dishwasher	29	7/1/2020	7/30/2020
	SE	Grow, Tammy	Goodwill SWPA	Janitorial		6/1/2020	
	SE	Copeland, Mace III	Goodwill SWPA	Janitorial		6/22/2020	

Component	# Participants	Percentage
Transitional	7	50%
Supported	4	29%
Independent	3	21%
<b>TOTAL</b>	<b>14</b>	

**CONTRACT AUDIT SHEET**

Revised 10/27/19

Cost Center Number: 136

Contract Title: Union Station Clubhouse

Contract Amount

Contract Year/Funding Cycle July 1 – June 30

Director: Suzanne Ratnavale

audit done by

Programmatic Audit Completed By: Team Complete

Audit Date 10/26/2020

**Scope of Work (list of services (W-Code if applicable))**

\*Psychiatric Rehab services

Vocational Training

Living, Learning Working Social, Wellness, – Skills

Job Training and Job support

Educational Support

**Requirements for Authorization for Service**Resident of Fayette County – part of the referral – often ask for ID and SS Card – copied  
18 or older -- same

Primary mental health diagnosis – from the psych eval and/or referral

Once a referral is submitted – case management, therapist, psychiatrist, self-referral – obtain LPHA letter –  
prescribing letter from a Licensed Practitioner of the Healing Arts – psych eval

Referral is then submitted to Beacon – Managed Care Organization – for authorization

Once authorized – can start to work with client – and can start to bill

**Status with Funders (i.e., in good standing, under probation)**

Beacon Health -- Good

Fayette County Behavioral Health Administration – FCBHA -- good

OMHSAS – Provide the license – oversight on programs – have a current license from the state

**Records pulled – names of individuals pulled for audit**

Henry Brooks – Ashley Markham

Coty DeWitt – Amanda Huey

Ra-Mel Hamborsky – Amanda Huey

Derek Settles – Ashley Markham

**Requirements for Billing (what is needed to be paid by funder; additional requirements for funders)**

Individual Goal Plan / Rehab Plan – IRP

90-day updates off the goal plan

Daily encounter forms

LPHA letter

Consent for Services

**Miscellaneous (i.e. names of employees and titles who are involved with clients names in audit)**

Client can work with any staff; however, one staff person has primary responsibility for file and updates. See above.

**File Overview (Cursory review of file)**

Suggestion made to have a file content checklist and to keep tabs consistent. Info under an orange tab in one and under a white tab in the other.


  
Signature of Audit Staff / Date


  
Signature of Program Director / Date

**INTERNAL CONTRACT AUDIT – QUARTERLY FINDING SHEET**

Cost Center: 136 – Union Station Clubhouse

Human Service Director Responsibility: Suzanne Ratnavale

Client Name: Henry Brooks

Date of Finding	Programmatic Audit Finding(s)	Fiscal Audit Finding(s)	Corrective Action(s) Taken	Date Corrective Action Completed
10/26/20	Goodwill Release Form not completed with checkmarks and no witness signature	No findings	Form completed	11/4/2020

Client Name: Coty DeWitt

Date of Finding	Programmatic Audit Finding(s)	Fiscal Audit Finding(s)	Corrective Action(s) Taken	Date Corrective Action Completed
10/26/20	Emergency Medical Form – do we need one signed for review period	No findings	Form to be completed on next day of member attendance	11/5/2020

Client Name: Ra-Mel Hamborsky

Date of Finding	Programmatic Audit Finding(s)	Fiscal Audit Finding(s)	Corrective Action(s) Taken	Date Corrective Action Completed
10/26/20	Release for Goodwill expires 10/2/2020 – need new.	No findings	Form completed	11/5/2020



Client Name Derek Settles

Date of Finding	Programmatic Audit Finding(s)	Fiscal Audit Finding(s)	Corrective Action(s) Taken	Date Corrective Action Completed
10/20/20	IRP Update – 1/28 – 4/28 looked like same staff signed twice – should be two different Consent for Services – place for PR Practitioner signature missing on eval and other place in folder. July 14 Daily contact – date not consistent – signed with March 14 date	No findings	Duplicate signatures was due to COVID-19 Director signed both lines  Unsigned consent is a duplicate sent with referral. Actual signed consent is located in the proper section of the chart Duplicate shredded  Member signed wrong date Director corrected with single dated and initialed strikethrough	11/4/2020

  
Vice President, Human Services

11/5/2020  
Date

  
Chief Financial Officer

11/6/2020  
Date