



## **Youth Advocate Programs, Inc.**

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### **Performance & Quality Improvement Information**

Youth Advocate Programs, Inc. (YAP) welcomes all referring authorities, community groups, consumers of our services and other interested people to become involved in our performance and quality improvement process. If you are interested in exploring opportunities to become involved, please contact Alan M. Kassirer, Chief of Performance and Quality Improvement at (717)-979-2729 or through e-mail at [Akassirer@yapinc.org](mailto:Akassirer@yapinc.org).

### **Organization's Philosophy of PQI**

For more than thirty years, YAP, a private, not for profit 501(c)(3) organization, has partnered with public agencies to provide safe, economical and effective community-based alternatives to compulsory placement for troubled youth. YAP was founded in 1975 and has always been headquartered in Harrisburg, PA. Today, YAP operates more than 125 programs serving 10,000 youth and their families per year in 16 states and the District of Columbia. In addition, YAP has assisted in the development of sister programs in England and Ireland, and provided support to like-minded youth agencies in Hawaii, Scotland, Guatemala and Sierra Leone.

Our mission is to provide individuals who are, have been, or may be subject to compulsory care with the opportunity to develop, contribute and be valued as assets so that communities have safe, proven effective and economical alternatives to institutional placement.

Our approach stems from the premise that even the most troubled individuals and families have strengths and capabilities that can and must be developed for both their own and our society's well-being.

Guiding the development of these strengths are YAP's Core Principles:

- Individualized service planning
- Cultural competence
- Partnership with parents
- Focus on strengths
- No reject, no eject policy
- Family empowerment
- Teamwork
- Community-based care
- Unconditional care
- Corporate and clinical integrity
- Giving back

YAP believes that by embracing the mission and living the core principles our programs will achieve positive outcomes for their youth and families. We have developed a set of “Gold Standards” designed to provide a practical roadmap for our program directors to follow in living the mission and guiding principles. Our Performance and Quality Improvement Plan, and the activities it spawns will provide further guidance and a system of measurement to support our program directors in these efforts.

Any true commitment to continuous quality improvement must begin at the top of the organization. YAP Chief Executive Officer (CEO) Jeff Fleischer has regularly shown his commitment to the process not just in his words but in his actions. Shortly after becoming CEO in 2003, Mr. Fleischer created what was then called the Quality Assurance department. The department was charged with answering the questions: (1) Are we doing what we say we’re doing? and (2) How well are we doing it? These two questions have spawned many new or upgraded activities. What follows is a sampling of those activities:

- An agency-wide internal outcomes measurement effort was initiated in November 2004. YAP currently tracks the progress of over 10,000 young clients annually. Outcomes reports are presented quarterly to Senior Management and the Board of Directors. Outcomes information, specific to their contracts, is also shared with funding sources as requested. Finally, the outcomes reports are available to anyone who is interested through [www.yapinc.org](http://www.yapinc.org).

The construction of an upgraded outcomes measurement system is scheduled to be completed in the second quarter of 2008. The new system has added questions that will improve our ability to measure our families’ success in areas where we’re currently unable to do so.

- YAP’s internal auditing function was expanded to ensure that each program is audited once every 18 months. A team of auditors is housed in the Harrisburg, PA Support Center. This team visits each advocate program once every 18 months to review client and employee files for completeness and relevance. Their reports (including corrective action plans) are shared with program directors, regional leaders and the CEO. Follow-ups are conducted to ensure that items listed in corrective action reports are dealt with.
- In addition to the centralized audits, regional quality improvement leaders visit their programs on a regular basis to review files. Their reports are internal to the region and are used as the basis for continuous quality improvement.
- Behavioral Health programs are audited by regional quality improvement leaders who are knowledgeable about the regulations that govern these types of programs in each state. These audits also cover client and employee files and reports (including corrective action plans) are shared with local, regional and national leaders.

- Since early in its existence, YAP has had a monitoring program where we reach out to each family receiving service once a month by telephone and once a month by letter. The purpose of this program is to verify that our direct service workers actually provide all the service they claim they provide. In addition, our monitors ask questions designed to measure customer satisfaction. Reports from these systems are distributed to local, regional and national leaders on a monthly basis.
- A Quality Improvement Summit was held in February, 2008 where people with quality improvement responsibilities gathered for two days of information sharing and strategy planning. We hope that this will become an annual or bi-annual event.
- YAP has committed the funding and human resources necessary to earn accreditation by the Council on Accreditation. The accreditation process has encouraged us to look at our processes and procedures to see if they are in fact best practices. As a result of this work, several procedures have been updated, new policies have been created and paperwork has been streamlined.
- YAP has allowed various parts of its operation to be analyzed by outside researchers. These analyses have been gathered into a Compendium of External Evaluation Studies and Publications which is available to our funding sources and to other community stakeholders. In addition, YAP has recently commissioned Public & Private Ventures, one of the nation's foremost research organizations to do a thorough impact study of our juvenile justice programs. The impact study will be of experimental design meaning that a control or comparison group will be used to verify that our model is successful in improving the outcomes of youth involved in the juvenile justice system.

While commitment to excellence and continuous improvement must start at the top, it must also include individuals at every level of the organization. To that end, YAP has implemented a Performance and Quality Improvement Committee that includes members from all over the Agency.

### **The PQI Committee**

YAP has created a PQI Committee consisting of individuals representing each of the Agency's major geographical regions and each department in The Support Center. The committee has recruited, and will continue to recruit members with varying backgrounds and job responsibilities. The goal is to have as many different points of view represented as possible. The people holding the following positions must be on the committee: Chief of Performance & Quality Improvement, Chief Compliance Officer, Director of Monitoring & Auditing and the individuals with primary quality improvement responsibility from each of the regions. The Committee will be co-chaired by one person who works at The Support Center and one who works at a field location. Other people have been, and will be recruited to meet the goal of widespread representation.

The Committee's role is to identify many of the Agency's strengths and opportunities for improvement through the collection and analysis of data. Once opportunities for improvement are identified, it will be the Committee's responsibility to make recommendations on how to implement change to the appropriate committees, departments or regions. Finally, the Committee will measure the results to ensure that changes have the desired impact. Requests for the PQI Committee to study an issue may come from anywhere in the Agency. We anticipate that most issues will come from The Executive Team, Senior Management, Regional Presidents and Support Center Chiefs.

The Committee will support YAP's strategic priorities and goals in the following areas:

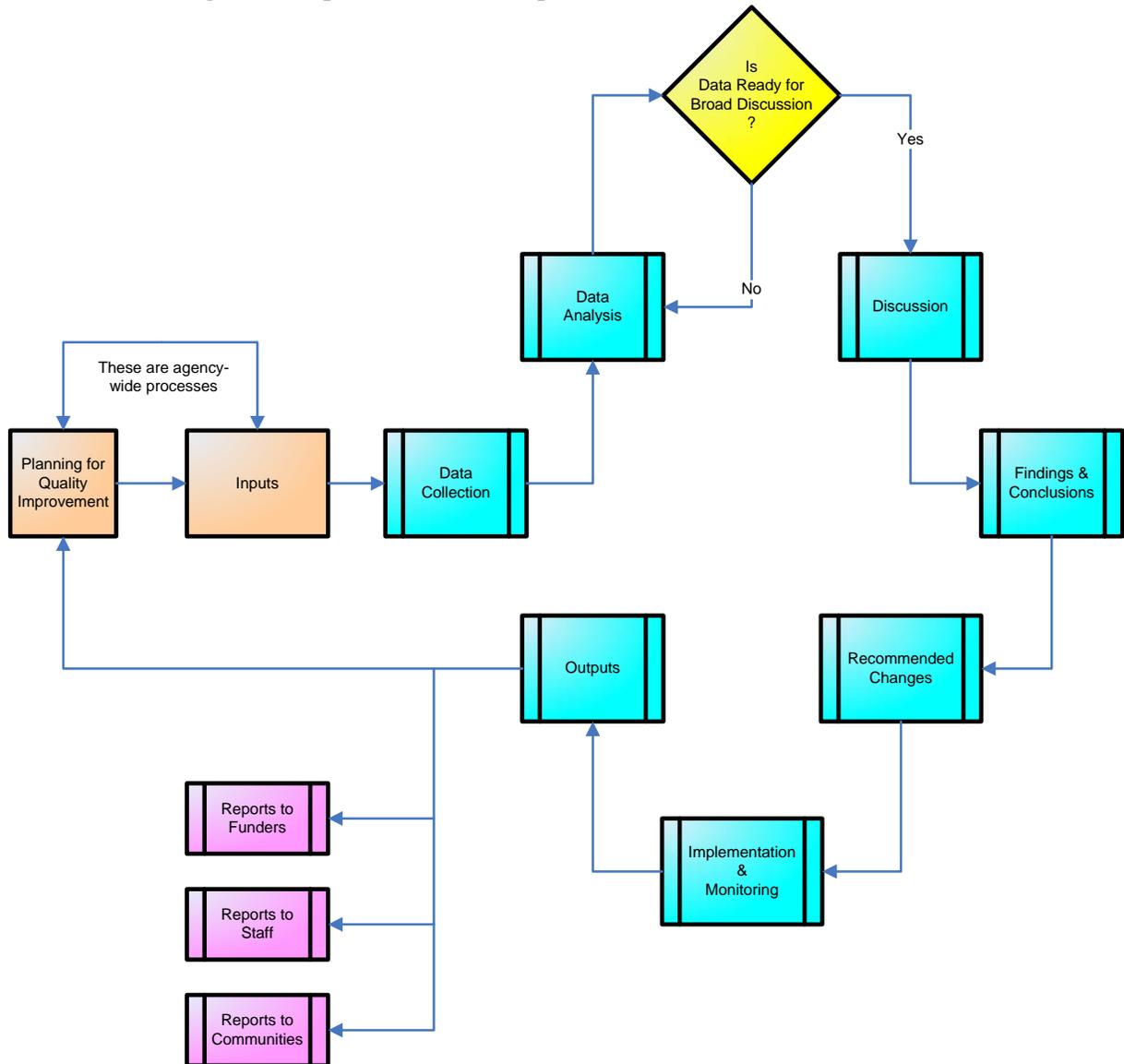
- Compliance with YAP's policies and procedures
- Quality of service provided to youth and families
- Adherence to the YAP model
- Customer (families & funding sources) satisfaction
- Employee retention and satisfaction
- Outcomes of our work with youth and families

**PQI Committee Roster**  
**As of January, 2009**

<b>Individual</b>	<b>Title</b>
Alan Kassirer	National Chief of PQI
Belinda Hampton	Southwest Vice President
Stephanie Moore	NJ Quality Improvement Director
Cheryl Reeling	Director of Program Services (PA/OH)
Cliff Kubiak	Chief Information Officer
Dawn Knepp	Director of Communications, Marketing & Development
Jerlyn Newhouse	Agency Audit & File Retention (co-chair)
Keith Koenig	Team Leader National Program Services
Mark Sawyer	President of Behavioral Health Services
Mary Sersch	Assistant Chief of Contracts
Michelle Miller	Autism Team (BSC/MT)
Patty Rosati	AVP Employee & Program Development
Rick Stottlemyer	Chief Fiscal Officer
Sarah Kapp	Administrative Manager - Tri County BH Program
Stacia Ortega	Regional Director Southwest BH Programs
Tyra Madden	Human Resources Generalist
Wes Eggleston	NY Director of Quality Assurance
William Cameron	Program Director Greenville/Pickens (SC)

## The Quality Improvement Cycle

YAP's performance & quality improvement efforts are based on the Quality Improvement Cycle. Requests for quality measurements and recommendations may come from anywhere in the Agency or from external stakeholders. These requests will be directed to the Performance and Quality Improvement (PQI) Committee. The committee will then follow the process shown below to gather and analyze data, recommend changes, if needed, based on the data, measure the results of the changes and report results of the process.



Thanks to the Council on Accreditation for their [Steps in the Improvement Cycle](#) drawing that was used to create this diagram.

## **Stakeholder Involvement**

YAP defines stakeholders as the federal, state and local government authorities who hold our contract and refer consumers to our programs, the individuals and families to whom we provide services, members of human services organizations in the communities within which we operate and anyone else who might be interested in the services we provide.

At this time, no external stakeholders have been invited to join the PQI Committee. However, we are currently working on a survey for our funding sources that will give them an opportunity to provide input on our PQI performance and input into future PQI initiatives. We will also prepare a survey for our Advisory Committees which include clients, former clients, parents and other community leaders in the geographic areas where we provide service. These surveys will be distributed in the first half of 2009. In addition, The PQI Committee will report to Senior Management and the Board of Directors on a quarterly basis and will prepare an annual report which will be made available to all stakeholders.

## **Current PQI Committee Initiatives**

The PQI Committee has implemented several outcomes measurement initiatives and has others under development. Appendix 1 beginning on page 7 offers a summary of those efforts. It must be noted, however, that the PQI Committee's initiatives are not the only quality improvement projects taking place. Some of the additional projects currently underway are:

1. Development and implementation of a plan to become a bigger voice in the communities where we do business. Stakeholder participation in this project would be welcomed. Interested individuals should email Peggy Thorpe at [pthorpe@yapinc.org](mailto:pthorpe@yapinc.org).
2. We are currently re-writing our Gold Standards for Youth Advocate Programs. These standards offer best practice guidelines for many areas of our operations. If you'd like to know more about our Gold Standards, please email Patty Rosati at [prosati@yapinc.org](mailto:prosati@yapinc.org) or Alan Kassirer at [Akassirer@yapinc.org](mailto:Akassirer@yapinc.org).
3. We are in the process of implementing a new comprehensive learning experience for our employees. This system utilizes a combination of platform based and internet based training to ensure that our staff members are prepared to provide the best possible service to youth and families. If you'd like more information on this training initiative, please contact Carla Benway at [cbenway@yapinc.org](mailto:cbenway@yapinc.org) or Patty Rosati at [prosati@yapinc.org](mailto:prosati@yapinc.org).
4. We have recently implemented phase two of our outcomes measurement system where we have added several questions designed provide additional information about the success of our youth and families. For more information on the enhanced outcomes measurement system, please contact Alan Kassirer at [akassire@yapinc.org](mailto:akassire@yapinc.org) or Theresa Lukowski at [tlukowski@yapinc.org](mailto:tlukowski@yapinc.org).

**Appendix 1**  
**2007 – 2009 Performance and Quality Improvement Action Plan**

What is being Measured	Team Responsible for Measurement	Frequency of Measurement	Tool to be Utilized	Distribution of Report	Team Responsible for Recommending Changes	Team Responsible for Implementing Changes	Team Responsible for Tracking Changes
<b>Agency-Wide Operations</b>							
All employees to receive Integrity Compliance Training on an annual basis. Goal = 100%.	Monitoring, Local PQI Leaders, EPD Team	Quarterly	Currently Under Development	PQI Committee, Regional Leadership, ICC & Sr. Mgt.	Integrity Compliance Committee	Local PQI Leaders	PQI Committee
Employee retention meets or exceeds goals set. Goal - TBD	Human Resources	To be determined	To be developed	PQI Committee & Sr. Mgt.	Human Resources	Human Resources & Local Leaders	Human Resources
YAP is meeting or exceeding financial expectations	Fiscal & Program Services	To be determined	To be determined	PQI Committee & Sr. Mgt.	Fiscal & PQI Committee	Local Leaders	Fiscal & Program Services
<b>Client Outcomes</b>							
Percentage of Youth Living in Community at Discharge Goal = 80%	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee
Change in Percentage of Youth Living in Community 30 Days Prior to Entry to Discharge Goal = Higher percentage at discharge than at entry	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee
Percentage of youth attending school or working at paying jobs. Goal = 90%	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee
Change in percentage of youth attending school or working from entry to discharge. Goal = Higher percentage at discharge than at entry	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee
Percentage of not arrested while enrolled. Goal = 90%	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee
Percentage of youth not adjudicated on new charges while enrolled. Goal = 90%	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee
Percentage of youth not using illegal drugs at discharge. Goal = 90%	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee

What is being Measured	Team Responsible for Measurement	Frequency of Measurement	Tool to be Utilized	Distribution of Report	Team Responsible for Recommending Changes	Team Responsible for Implementing Changes	Team Responsible for Tracking Changes
Change in percentage of youth not using illegal drugs from entry to discharge. Goal = Higher percentage at discharge than at entry	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee
Percentage of youth not using alcohol at discharge. Goal = 95%	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee
Change in percentage of youth not using alcohol from entry to discharge. Goal = Higher percentage at discharge than at entry	PQI Team	Quarterly	Demographic & Outcomes Fact Sheet	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	PQI Team & PQI Committee
<b>Customer Satisfaction</b>							
Clients & families that answer are satisfied with the service they receive from YAP. Goal = 95% of respondents	Monitoring Team	Quarterly	Aggregate Telephone & Monitoring Reports	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	Monitoring Team & PQI Committee
Referring Authorities that answer are satisfied with the service they receive from YAP. Goal = 90% of respondents	Monitoring/Audit & TSC PQI Team	Annually	Under Development Draft to PQI Prior to 6/30	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	To be determined
Advisory Groups are satisfied with the service YAP provides to families in their Goal = 100%	Move to 2009	Move to 2009	To be developed	PQI Committee & Sr. Mgt.	PQI Committee	Local Leaders	To be determined
<b>File Review</b>							
Employee files contain all documents required by YAP for employees to work.	Audit Team & Local PQI Leaders	Each program to be checked at least annually	Aggregate Employee File Checklists	PQI Committee, Human Resources & Sr. Mgt.	Audit Team, Human Resources & Local Leaders	Local Leaders	Audit Team & Local PQI Leaders
Client files contain all documents required by YAP and Referring Authorities. Goal = 90%	Audit Team & Local PQI Leaders	Each program to be checked at least annually	Aggregate Client File Checklists	PQI Committee, & Sr. Mgt.	Audit Team, & Local Leaders	Local Leaders	Audit Team & Local PQI Leaders

What is being Measured	Team Responsible	Frequency of Measurement	Tool to be Utilized	Distribution of Report	Team Responsible for	Team Responsible for	Team Responsible for
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	<b>for Measurement</b>				<b>Recommending Changes</b>	<b>Implementing Changes</b>	<b>Tracking Changes</b>
Corrective Action Plans sent by the Audit Team are Implemented. Goal = 100% of plans & 95% of all items listed in plans	Audit Team & Local PQI Leaders	90 days after each program audit	To be developed	PQI Committee & Sr. Mgt.	Audit Team & Local Leaders	Local Leaders	Audit Team & Local PQI Leaders
Child Family Teams are convened for every family. Benchmark in 2008 and begin measuring against the benchmark in 2009. The team may have a different name in BH programs.	Audit Team & Local PQI Leaders	Each program to be checked at least annually	Aggregate Client File Checklists	PQI Committee, & Sr. Mgt.	Audit Team, & Local Leaders	Local Leaders	Audit Team & Local PQI Leaders