

**QUEST PROGRAMS, INC.**  
**Annual Performance**  
**Analysis**

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## INTRODUCTION

Quest Programs, Inc., doing business as S.T.E.P.S. and Eagle Eye is committed to continually improving our organization and service delivery systems. S.T.E.P.S. is a remote-site Transitional Housing Placement for Non-Minor Dependents (THP-NMD), ages 18-21 serving male, females. Whereas Eagle Eye is a Short-Term Residential Therapeutic Program (STRTP) for adolescents, located in Oakland, CA, where services are provided to males, transgender males, and children who identify as gender expansive, ages 13 to 17.

Through an organized system of data collection and information management, Quest Programs, Inc. seeks to increase the outcomes of our services and initiate new methods and/or services that can further support our mission and core values. Information about Quest Programs Inc.'s business function and service delivery outcomes are shared with the organization's stakeholders, who are essential partners in the process of supporting continual improvements within the organization.

## OVERVIEW OF PERFORMANCE IMPROVEMENT SYSTEM

Quest Programs, Inc. has an ongoing performance improvement system within its operational structure. That system supports the development of data and information used for business and service delivery decision-making within the ongoing operations of the organization. An overview of Quest Programs, Inc.'s information management and performance improvement system is as follows:

- 1 Business Function Improvement:** Quest Programs, Inc. has an information management structure that allows for information/data to be utilized by the Board of Directors and Management to make decisions that improve the operations of the organization. Information is utilized in making decisions that support the health of the organization. Areas of information that are key to decision-making are as follows: finances, accessibility, resource allocation, corporate compliance, cultural diversity and competency, risk management, human resources, technology, health and safety, field trends, and service delivery.
- 2 Service Delivery Improvement:** All Quest's Programs, Inc.'s programs maintain an organized data collection system for program improvement. Data is collected at various points in service to measure the effectiveness of services, the efficiency of the provision of services, access to services, and satisfaction with services. Quest Programs, Inc.'s service delivery performance improvement team is charged with ongoing development of quality indicators, collection of the data, utilizing the data/information to make service delivery and program improvements, and reporting the information to the Executive Director and Board of Directors for analysis, consultation, and necessary resource allocation.

## PERFORMANCE ANALYSIS FOR 2021

The following is an analysis of information management and performance improvement activities for 2021.

### A BUSINESS FUNCTIONS

#### 1 Financial/Resource Allocation

##### Summary

The 2021 fiscal year saw an increase in overall revenue and revenue sources for Quest Programs, Inc. S.T.E.P.S. experienced increased participation due to the Covid-19 extension, whereby 21-year-olds were allowed to remain in foster care until 12/31/21. Another factor contributing to the increase in revenue was the approval and implementation of Quest Programs, Inc. providing on-site Behavioral Health Services at Eagle Eye. As increased services were provided, we also increased our personnel/capacity to handle the influx. These changes resulted in the Executive Director requesting the bookkeeper to move from quarterly reports of revenue and expenditure reports to monthly reports. Quest Programs, Inc. finds monthly budgets to be more malleable and effective.

During the 2021 fiscal year Quest Programs, Inc. also needed to apply to obtain CARF accreditation for Eagle Eye, Quest Programs, Inc.'s Short-Term Residential Therapeutic Program. Quest Programs, Inc. has been aware of this regulatory requirement for several years, and we were able to utilize our increased revenue to pay the application fees, additional costs associated with training staff, and other requirements.

During the 2021 fiscal year, Quest Programs, Inc. continued to pursue Community Care Licensing approval to establish a second Eagle Eye STRTP, in Sonoma County, where services will also be provided to for males, transgender males, and children who identify as gender expansive, ages 13 to 17. Establishing the additional Eagle Eye site will require an expenditure of one- or two-months operating expenses prior to receiving the revenue for the services.

During the 2021 fiscal year, S.T.E.P.S. continued to maintain approximately 50 remote-site apartment units where Non-Minor Dependents are provided resources, referrals, and support by case managing social workers. S.T.E.P.S. provides apartments for Non-Minor Dependents in Northern and Southern California. The specific Northern California cities are Alameda, Berkeley, San Francisco, and Walnut Creek. While the specific Southern California cities are El Centro, Hemet, Moreno Valley, Riverside, and San Diego.

### Financial/Resource Allocation Planning and Improvement for 2022

**Needed Improvement:** With the increased revenue projections and subsequent expansion of services for the coming years, Quest Programs, Inc. will need to improve our ability to predict our program's operational costs and ensure that all cost centers are allocated funding to meet service delivery.

**Plan:** Quest Programs, Inc. initiated a budgeting process during the last quarter of 2021 that sought feedback from both S.T.E.P.S. and Eagle Eye program/cost centers. The feedback was requested in the form of projected line-item expenses for the coming fiscal year. The board of directors and executive director had previously completed this process without a feedback loop from program managers and administrators. The information was used to develop our 2022 budget. A meeting is scheduled with management in June to review the process and make any necessary adjustments for completing the budgeting process in September for 2023.

## 2 Accessibility

### Summary

Quest Programs, Inc. saw many improvements in accessibility during 2021, as the integration of the CARF accreditation standards expanded activities in this area beyond what the organization traditionally viewed as accessibility issues. An accessibility plan was developed and many of the objectives were addressed. The most significant improvement was the result of the required safety upgrades at the Eagle Eye STRTP facility. The facility's office is now physically accessible for persons using wheelchairs. Although a long-term objective in our plan, this was met through the decision of Eagle Eye's landlord to remodel our office, adding a wheelchair ramp, and enlarging the bathroom to accommodate a wheelchair, resulting in the office becoming ADA compliant.

In addition, our objectives around attitudinal barriers to accessibility were addressed comprehensively. An assessment of staff and persons served was completed that determined the degree of difference between each group in areas of the perceived attitude of Eagle Eye's staff. The biggest area of difference was in the staff and persons served perception of the language used by staff in the residential treatment facilities. While the staff did not perceive it as a problem, persons served in the residential program perceived language use by staff as somewhat negative and punitive. A focus group was held with residential participants to gather specific information, and a series of in-service trainings were held for staff to utilize the feedback and develop a "strengths based" approach to language used within staff and program participant's communications.

### Accessibility Planning and Improvement for 2022:

**Needed Improvement:** Although in-services were provided to residential staff regarding the outcome of the attitudinal assessment, follow-up has not occurred to assess the level of improvement in the perception of staff attitudes by program participants.

**Plan:** Eagle Eye's Head of Service will re-assess the matter in 2022 and, depending on the outcome, additional objectives in this area may be included on the Accessibility Plan.

## 3 Corporate Compliance

### Summary

The corporate compliance program improved through initiating the use of an anonymous electronic reporting system provided within our website and physical suggestion boxes in the residential facility and offices. Fortunately, the initiation of this system did not result in an increase of reported allegations of violations of the organizational ethics/conduct code. The few reports came from the Eagle Eye residential facility and the report(s) were related to the awareness of attitudinal issues, due to the recent attitudinal assessments and in-service trainings. All organizational wide allegations were responded to according to the corporate compliance investigation policies and procedures. Only one individual personnel action resulted from the investigations.

### Corporate Compliance Planning and Improvement for 2022

**Needed Improvements:** The results of an employee survey administered by the S.T.E.P.S. and Eagle Eye administrators indicated that all S.T.E.P.S. employees have access to a computer and can utilize our web-based reporting system. However, 10% of Eagle Eye employees either did not have access to a computer, nor a smart phone, therefore, they couldn't access the electronic reporting system.

**Plan:** The administrator will review computer access issues and make recommendations to the executive director regarding access and training of staff. Meanwhile, paper forms to report allegations of wrongdoing will be readily available near Eagle Eye's confidential suggestion/complaint box to increase accessibility of the corporate compliance reporting system.

## 4 Cultural Competency and Diversity

### Summary

Quest Program Inc's board of directors has developed a Cultural Competency and Diversity Plan and was active in operationalizing the organization's cultural competency plan during 2021. In addition, all staff have been required to complete Cultural Competency and Diversity training annually.

### Cultural Competency and Diversity Planning and Improvement for 2022

**Needed Improvement:** The organization now has its first comprehensive Cultural Competency Plan. While the plan is comprehensive and detailed, some of the objectives will require additional resources to achieve the overall goals.

**Plan:** The executive director will meet with the administrators, and head of service to analyze and determine the estimated costs of continuing to diversify the organization based on the cultural competency plan. Once costs are estimated, the executive director will complete a "cost versus expected outcome" analysis of the plan and make recommendations to the board of directors as to the resource allocation necessary to meet the recommended goals.

## 5 Risk Management

### Summary

The 2021 risk management plan and activities focused on three specific areas of risk. Those areas were financial risk, health and safety risk, and exposure to capital equipment loss.

The organization is vulnerable financially due to a high rate of reported critical incidents in elopements that occur within Eagle Eye, our STRTP facility for adolescents. One such incident resulted in a high-profile criminal act involving the theft of a staff members vehicle, resulting in a total loss due to the car being wrecked. An analysis of the critical incident reports and subsequent root cause analysis of the events indicated that the organization had an increase in loss exposure due to insufficient training and supervision of employees within the residential facility.

### Risk Management Planning and Improvement for 2022

**Needed Improvement:** Eagle needs staff need lockers to store their personal items while at work.

**Plan:** The board of directors approved the purchase of lockers for use by staff members while at work.



**Needed Improvement:** Lack of training of residential staff has resulted in an increase in elopements, according to incident reports and root cause analysis.

**Plan:** Initial and ongoing training will be established and required for all residential staff to reduce elopement by 20%. The training will be developed by the Eagle Eye head of service, in cooperation with the administrator and executive director, and implemented over the first six months of the fiscal year. Evaluation of the training will occur through training post-tests and analysis of 2022 critical incident trends.

## 6 Human Resources

### Summary

S.T.E.P.S. experienced only 10% annual turnover in 2021. However, the annual rate of staff turnover Eagle Eye decreased by 11 percent, from 30 to 21%. It appears that actions taken by management, based on a comprehensive employee survey, have made a positive impact on the organization's turnover rate. A comprehensive employee satisfaction survey was implemented that identified specific levels of satisfaction in domains critical to employee retention. The areas of "rate of pay", "quality of clinical supervision" and plan to implement "ICHRA health benefits". The surveys identified as areas of low satisfaction, and employee focus groups were conducted to provide greater detail of employee needs. The organization plans to implement an Individual Coverage HRA (ICHRA) to reimburse employees for their eligible health insurance premiums. In addition, supervisory structure and practices were revised based on the suggestions of employees.

### Human Resource Planning Improvement for 2022

**Needed Improvement:** Employee survey results noted that the annual performance evaluations were not viewed as a useful process in terms of employees being rated on specific job competencies. This was determined to be due to the general nature of the rating categories. In addition, the lack of established ratings based on groupings of workers, e.g., counselors, therapists, etc., limits compiling aggregate data that could be used to develop targeted job-specific training.

**Plan:** Quest Programs, Inc's, executive director will investigate developing a "competency based" performance evaluations that are consistent with specific job descriptions. Following development of the new evaluations, an electronic performance evaluation form will be created in 2022. Training recommendations will be based on this analysis and reported to the head of service and administrator for implementation.

### 7 Technology

#### Summary

A comprehensive technology plan was created in 2021, according to the CARF accreditation standards. The majority of the plan's objectives were focused on completing initial assessments of the organization's use of technology in the areas of hardware, software, security, confidentiality, backup policies, assistive technology, disaster recovery preparedness, and virus protection. The initial assessments were reported to the management team in late 2021, and the team is continuing to review potential goals in relation to the cost of their implementation. Overall, the management team seems to view an inconsistency of the availability of hardware across all programs, due to supply chain issues, as an area to be prioritized.

### 8 Health and Safety

#### Summary

The ADA upgrades completed at the Eagle Eye office were the most significant improvements in the organization's health and safety program during 2021. Our health and safety program appears to be running smoothly as the residential programs had no critical events that warranted action by the health and safety officer in terms of policy and procedure changes.

#### Health and Safety Planning and Improvement for 2022

**Needed Improvements:** Decrease elopement at Eagle Eye, our residential facility housing adolescents.

**Plan:** See risk management section of this report for plan to decrease elopements.

**Needed Improvements:** According to analysis of emergency drill reports from Eagle Eye, our residential facility, the plan to evacuate as quickly as possible is not always being followed and sometimes clients don't take the matter as seriously as they should.

**Plan:** The safety officer will review evacuation planning for all facilities and make recommendations and changes to procedures, as necessary to get clients to take the drills more seriously and speed up evacuation. Evacuation drills for 2022 will be analyzed to determine if improvements have occurred.

### 9 Field Trends

#### Summary

Quest Programs, Inc. hired a head of service who implemented comprehensive clinical behavioral health programs with S.T.E.P.S. and Eagle Eye. The behavioral health programs allow us to provide program participants with assessments, treatment plans, medication management, individual and group therapy, mental health rehabilitation services, and targeted case management. Our head of service is also implementing a more robust training program within Eagle Eye, our Short-Term Residential Treatment Program for adolescent males, transgender males, and children who identify as gender expansive, ages 13 to 17. The head of service also began providing training, to assist our staff with providing and documenting mental health rehabilitation services to clients. Through a review of current trends and practices, the executive director and board of directors initiated a budget allocation to move toward new approaches to treatment. Based on satisfaction surveys and retention rates for these programs for the last two quarters of 2021, it appears the changes are having positive effects. Changes in this area will be analyzed through continued surveys, focus groups, and retention rate analysis.

#### Field Trends Planning and Improvement for 2022

**Needed Improvements:** Continued training for our Mental Health Rehabilitation Specialists with providing services and documenting those services appropriately.

**Plan:** Training has been arranged by the head of service for staff members who qualify as Mental Health Rehabilitation Specialists. The qualifications are as follows:

Mental Health Rehabilitation Specialist - Individual must have at least one of the following 1) Master's Degree with two years mental health work experience 2) bachelor's degree with four years mental health work experience 3) AA Degree with six years mental health work experience.

### 10 Service Delivery System

#### Summary

Quest Programs, Inc. has made multiple improvements regarding its service delivery system in the past year, the majority of which have been mentioned in the business function section of this report. The "service delivery improvement" section of this report will note specific areas of service delivery that have been analyzed and improved, and will also note additional areas slated for improvement, based on the results of ongoing data collection and analysis.

## **B SERVICE DELIVERY IMPROVEMENT**

### **Program Descriptions**

**S.T.E.P.S. THP-NMD:** The S.T.E.P.S. THP-NMD program currently consists of 13 employees at 4 locations throughout Northern and Southern California. S.T.E.P.S. serves a variety of persons who are agency-referred, court-referred, or occasionally self-referred. Fees are collected through two payment sources that include county funding and medical. The THP-NMD program assists persons in meeting life demands and obligations in a manner that supports physical, emotional, intellectual, and spiritual wellness. The program provides specifically counseling, medication management, mental health rehabilitation services, and targeted case management, and housing services to persons experiencing mental health problems.

**Eagle Eye STRTP:** Eagle Eye STRTP, our Short-Term Residential Treatment Program for adolescent males, transgender males, and children who identify as gender expansive. Eagle Eye has one 6-bed facility located in Oakland and a license pending to add a second 6-bed location in Petaluma, serving the same population. The length of stay is six months, depending on the needs of the participants. The program assists persons with developing appropriate behavior in anticipation of residential placement with their biological family or a foster home. Individual and group counseling along with educational and self-help groups are provided as part of the treatment milieu.

### **1 Effectiveness of Services – S.T.E.P.S. THP-NMD**

Over the past year several sources of data collection have been utilized to assess the effectiveness of the program. These sources of data have been the basis for decision-making consistent with initiating program changes. Surveys have been used to determine the level of satisfaction. Those satisfaction domains are related to access/admission/orientation, referrals/transition/discharge, input, rights & responsibilities, assessment, treatment planning, quality of care, quality of life, cultural competency, accessibility & technology, and health and safety. The survey was given to all new clients and then given again after three months of treatment. The areas that showed the least improvement in satisfaction were within the area of accessibility and technology. Specific areas noted within the were “access to electronics such as a computer, television etc.”,

Service delivery was adjusted around providing generic resources where youth can get free or low- cost computer, televisions, and wi-fi access. We also systematically increased the education and encouragement given to clients regarding the importance of participation of a significant other in treatment. Participation of the identified significant other increased by 15% during the third and fourth quarters of 2022, according to file audits at each location.

Regarding participation in other methods of treatment, several ideas are being considered by an ad hoc group of counselors who are researching best practices and outcomes in this area to devise program wide approaches to increase satisfaction in those areas.

### **Planning and Improvement for 2022: Effectiveness**

**Plan:** S.T.E.P.S. THP-NMD program will continue to assess life satisfaction at admission and three months. The results will be analyzed to determine if the current areas of intervention are making an impact on the self-ratings. New practices will be developed around increasing satisfaction with aforementioned areas. Also, additional areas will be reviewed among the domains of the satisfaction assessment and may be addressed if indicated by the results.

**Eagle Eye STRTP:** Our Short-Term Residential Treatment Program is currently using surveys both an initial assessment and a 90-day follow-up assessment. The aggregate results are collected and analyzed. Effectiveness is noted by the degree of change in the severity scales between the admission data and the 90-day data. Results are sorted by all clients.

Over the past year, the severity of the psychological scale has decreased the least between admission and 90 days. The program directors initiated a file audit to assess the percentage persons being treated with a single mental health diagnosis, by history, and those with a multiple diagnosis. It was found that 66% of clients being served in the residential programs at the time of the audit had multiple psychiatric diagnoses. Except for a consulting psychiatrist that is contracted to provide the residential program staff with educational assistance, as needed on a requested basis, the residential programs are operating with very little staff training or programming related to multiple psychiatric diagnosis.

### **Planning and Improvement for 2022: Effectiveness**

**Plan:** The head of service has been asked by the executive director to develop specific recommendations to increase the ability to treat persons within the residential program who have multiple diagnosis. Their initial meeting occurred in November of 2021 and the head of service will make recommendations to the management team no later than June of 2022. The executive director will consider recommendations and work with the head of service to develop both short-term and long-term solutions in this area.

## **2 Efficiency of Services – S.T.E.P.S. THP-NMD**

S.T.E.P.S. THP-NMD has historically provided services from a traditional model in terms of hours of operations. Until the past year, hours of operations were from 9 AM to 5

PM, Monday through Friday. Satisfaction surveys utilized with program participants consistently noted dissatisfaction with the hours of available services. Most noted was the dissatisfaction with clinical services not being available on weekends for persons who were employed during normal business hours. In November of 2021, an additional MHRS was hired who is available some weekends. The cancellation rate is down 15% since the new MHRS is available some weekends. The degree of revenue increase, based on the decrease of "no-shows", has not been calculated at this date.

### Planning and Improvement for 2022: Efficiency

**Plan:** S.T.E.P.S. management will discuss the further expansion of clinician availability. Staffing configurations, staff flexibility, resource allocation, and other business functions will be considered based on current data and based on the collection of new data related to decision-making in this area. The goal of the organization is to double our current "weekend and after hours" capacity by the end of 2022.

**Eagle Eye STRTP:** Over the past three years, employee turnover within the residential programs has averaged 30% per year. There are many factors that may be contributing to this rate that have been noted in recent data collection and performance improvement. Among the factors are the need for increased training and supervision, the need for improvement around completely understanding job descriptions and performance evaluations, the high percentage of program participants who have multiple diagnoses, and the high cost of health insurance co-pays. All the above noted factors are being addressed currently or will be addressed in 2022, with the expectation that the turnover rate decreases accordingly.

### Planning and Improvement for 2022: Efficiency

**Plan:** In addition to the above-described improvements within the STRTP that are being implemented in 2022, management will conduct focus groups with direct service employees during the first quarter of 2022. According to the 2021 employee satisfaction survey, when results were grouped for the residential staff, a high degree of dissatisfaction with supervisory relationships exists among direct service employees. Through the utilization of management members trained in the focus group process, information will be collected to assist management in the development of supervisory training protocols focused on areas of need identified by staff. The turnover rate and the employee satisfaction survey will be utilized to monitor improvements in this area.

## 3 Access to Services – S.T.E.P.S. THP-NMD

During 2021, the THP-NMD's clinical programs average time from initial contact to first appointment was 6 working days. Several methods were implemented in 2022 to

reduce this time. One method implemented was shortening the initial appointment from 1.5 hour to 45 minutes, which increased client availability. We discovered that young adults are more willing to make themselves available for a shorter appointments initially. The average time for the first appointment with a clinician is now 4 working days, a decrease of 2 working days.

### **Planning and Improvement for 2022: Access to Services**

**Plan:** The head of service will continue to develop additional methods to reduce the days between initial contact and the first appointment. A new approach of having one clinic slot always open each hour of operation, on a rotating basis among all providers, is being developed to initiate immediate on-demand intakes and first appointments. Planning for this improvement will be presented to the executive director for final approval and implementation.

**Eagle Eye STRTP:** Eagle Eye STRTP provides services to adolescent males, transgender males, and children who identify as gender expansive, ages 13 to 17. Eagle Eye is a small program with only 6-beds. With such small capacity Eagle Eye must operate at full capacity to maintain the program standards.

### **Planning and Improvement for 2022: Access to Services**

**Plan:** Eagle Eye will continue to stay in contact with multiple county child welfare placement units, with availability, to interview potential clients when discharge arrangements are being made for a current client. In addition, Eagle Eye's head of service and administrator will participate in multiple monthly county provider meetings.

## **4 Feedback From Persons Served and Other Stakeholders – S.T.E.P.S. THP-NMD**

Feedback from persons served has been addressed through many methods of eliciting information within the THP-NMD program. Persons served have been provided with surveys and have participated in focus groups. Employees have participated in the employee satisfaction survey, in which the results have been grouped. Multiple improvements have been made through these methods and are reflected throughout this report/performance analysis.

### **Planning and Improvement for 2022**

**Feedback Plan:** Continued surveys and focus groups will be conducted and the results will be analyzed and used by management for program improvement. In addition, a new survey is being created that will solicit the feedback of referral sources satisfaction with various components of services, specifically their views on the clinical work being provided, access issues, and levels of communication with

employees of the organization in getting the needs of their clients met. The survey is being developed management and will be implemented during the first quarter of 2022.

**Eagle Eye STRTP:** Feedback from persons served and employees has been collected using surveys and focus groups throughout the past year and are a continuous and ongoing process within the organization. In addition, several new methods to elicit feedback have recently been introduced within the residential treatment program. A suggestion box has been placed in the residential facility and clinical office. Program participants are encouraged to contribute suggestions for improvements. Along with the suggestion box, a weekly staff and program participant meeting is held, during which time participants are encouraged to offer suggestions for program activities and improvements. The meeting may also include a review of the suggestion box contents and discussion of those items and possible implementation of the suggestions.

### **Planning and Improvement for 2022: Feedback**

A greater emphasis will be placed on solicitation of feedback from other stakeholders in the coming year. Referral sources and family members will be solicited through surveys and focus group participation to assess satisfaction with services and to determine areas needing improvement. The head of service and administrator will be charged with developing this process and generating the information for dissemination to the executive director for review and consultation, with the goal of transitioning 50% of youth to a lower level of care.