Roy Maas' Youth Alternatives, Inc. (RMYA)
QUALITY ASSURANCE PLAN
Fiscal Year 2020

1.) Purpose of QA

The goal of Roy Maas Youth Alternatives (RMYA) **Quality Assurance (QA) Plan** is to continually promote and enhance the quality of services provided at our programs by monitoring timeliness, appropriateness, and adequacy of all services. QA activities involve and account for all agency programs, sites, personnel, and all individuals and families served. This QA Plan outlines all agency QA activities and processes, and will be updated at least once each fiscal year with input from senior management and the Board of Directors.

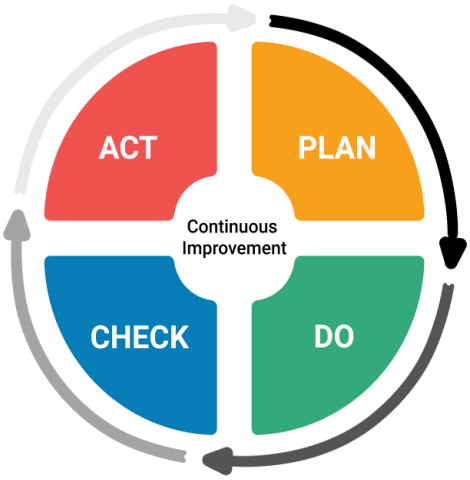
The RMYA QA process:

- Seeks agency improvement at both the service delivery level and in administration across the agency as a whole;
- Uses reliable and valid methods to study our practices;
- Identifies and builds on program strengths and positive practices;
- Develops goals and outcomes based on QA activities;
- Bases improvement plans on data; and
- Provides feedback regarding areas of needed improvement.

RMYA collects and analyzes data on several aspects of operations on a monthly, quarterly, semi-annual, and annual basis in order to target opportunities for improvement and growth. Improvements are made through **improvement action plans**, which are monitored to determine if such implemented corrective actions have been an effective and successful improvement. As a result of QA activities, RMYA revises policies and/or operational procedures, personnel assignments, personnel training, contracts, and other aspects of organizations operations.

RMYA uses the **Plan-Do-Check-Act** continuous improvement cycle model to report findings and monitor results of strategic QA initiatives. This process involves:

- **Plan**
  - Identify opportunity for improvement or change,
  - Establish intended SMART (specific, measurable, attainable, relevant, time-bound) goal(s), and
  - Create action plan for improvement;
- **Do**
  - Execute action plan, and
  - Measure and collect data on results;
- **Check**
  - Monitor action plan, and
  - Evaluate if results were an improvement and/or if intended goal was effected; and
- **Act**
  - If actions resulted in an improvement or goal achieved, the action become standard practice.
  - If the intended goal has not yet been achieved, the lessons are learned and the process repeats in context of these new findings.



The Senior Director of Compliance and Quality Assurance and Compliance and Quality Assurance Administrator, qualified by education and experience, are responsible for the coordination of the QA process and activities. QA activities include engaging stakeholders at all levels of the organization in the QA process; systematically collecting information and analyzing data; and communicating the results of suggestions and recommendations throughout the agency and to external stakeholders. ("**Stakeholder**" refers to any person, group, or organization that has an interest in the mission of RMYA. Examples include clients/residents, parents/legal guardians, personnel, Board of Directors, donors, funding organizations, referral organizations, vendors, governmental bodies, and other community supporters.)

All personnel receive an overview of QA as part of their agency onboarding process and pre-service training. The orientation includes a review of the QA plan, processes, and a discussion regarding the value of QA and their importance role in the agency has continued effort to provide better services.

2.) QA & Ethics

RMYA supports the ethical practice of employees' ability to report suspected misconduct within the agency. RMYA prohibits employment-related retaliation against employees, and others affiliated with the organization, who come forward with information about suspected misconduct or questionable practices. They agency's **Whistleblower Policy** provides an appropriate, confidential channel for reporting such information. To support this policy, any QA process findings that affect the ethical function and well-being of the agency are directly communicated to the CEO and/or Board of Directors. In this way QA processes establish a means to report, safely and anonymously, any issues that employees feel compelled to report.

3.) QA & Confidentiality

In order to conduct certain QA activities (such as Case Record Reviews), authorized staff will need to review confidential case records. Staff will comply with all confidentiality policies and procedures when conducting QA activities. Clients' rights and confidentiality are protected throughout the QA process. All employees, Board Members, volunteers, and interns sign confidentiality statements.

Resident and client records are maintained electronically in the organization's electronic client management information system. The system protects confidentiality, is dependable, and provides rapid access to information. A permanent hard copy file on each client is also maintained. Resident records are stored in a secured filing cabinet, which may be located in the Program Manager's office or in another secure location. The doors to the office or closet are locked when staff are not present. Resident records are available only to those staff who are involved with the case or to those who have a supervisory or QA role.

RMYA protects electronically maintained data as follows:

- All computers have up-to-date anti-virus protection;
- Secure protocols, including the use of passwords and firewalls, govern the electronic collection and transfer of sensitive data; and
- Data saved on the shared user drive is backed up on RMYA servers and the Cloud.

The designated RMYA HIPAA Privacy Officer ensures confidentiality protocols are followed when handling sensitive client information. Any violation of confidentiality should be reported on an Incident Report form and be given to the agency HIPAA Privacy Officer and Chief Executive Officer.

4.) Strategic Planning
The RMYA QA process includes long-range and short-term planning elements to determine agency objectives and direction. Every three to five years, the RMYA executive team, senior management and/or the Board of Directors will conduct an organization-wide long-range strategic planning review, which:

- Clarifies the organization's mission, vision, and values;
- Considers rules, regulations, and other mandates that apply to the organization;
- Assesses agency strengths, weaknesses, threats, and opportunities;
- Assesses human resource needs, including an analysis of the agency's organizational chart;
- Establishes measurable goals that follow its mission and responsibilities; and
- Identifies and formulates strategies for meeting identified goals.

The strategic planning review will include an assessment of community needs that examines:

- Services offered by other providers in the community;
- Gaps in the array of services required by our service population;
- Accessibility issues; and
- The need to expand, eliminate, merge, and/or redirect our services in response to changing demographics and the needs and wishes of the community.

As part of the long-range planning process, RMYA will create a demographic profile of both the surrounding community and its actual client population, which includes the following:

- Gender;
- Age;
- Language of choice;
- Racial/ethnic composition;
- Annual income; and
- Religious affiliation.

In addition to the above information, the demographic profile for the youth at our residential programs will also include the following:

- Length of stay;
- Level of service at admission; and
- Level of service at discharge.

As a result of the long-term strategic planning review, the Board of Directors and senior management will develop a strategic plan for the next three to five years, referred to as the **Strategic Plan**. The Strategic Plan is presented for formal approval at a meeting of the Board of Directors.

5.) Annual Planning
In support of the organization's Strategic Plan adopted by the Board, each year RMYA develops an **Annual Plan** that outlines short-term milestones, objectives, and tactics for how the Strategic Plan's goals will be put into operation and permit a flexible response to changing conditions and needs. The Annual Plan also incorporates responses to feedback collected through QA surveys and activities.

Multiple levels of personnel from various agency departments participate in the annual planning process, as necessary based on the focus of the strategic plan goals. Annual plan components include, but are not limited to:

- Human resources, recruitment, and retention;
- Training practices evaluation and needs assessment;
- Budgeting and fundraising;
- Technology and information management; and
- Program development planning and establishing annual output and outcome targets.

6.) Roles in the QA Process

Clients, personnel, Board members, and any external individuals who are involved with RMYA in any capacity (otherwise known as "stakeholders") are strongly encouraged to contribute feedback and recommendations through various QA activities and data collection tools so that we may continue to grow and improve in all aspects of operations.

Stakeholders' feedback and recommendations are used in the following ways:

- Identifying quality improvement goals;
- Helping set the organization's long-term and short-term direction; and
- Reviewing the organization's overall performance in relation to established expectations.

a.) Board of Directors Participation in the QA Process

In addition to determining the agency's plan of direction in the Strategic Plan, the Board of Directors is responsible for the oversight of all aspects of the organization, including QA efforts and ensuring RMYA continually strives to improve its practices. The Board of Directors sets a tone of high standards and excellence for all administrators and staff.

On a regular basis, the Board of Directors receive a report of corrective actions and potential risks identified through QA activities, to which they may offer recommendation or further improvement actions. The Board of Directors plays an ongoing, active role in assessing and reviewing risks regarding areas of legal compliance, conflict of interest, fiscal accountability and financial risk, fundraising activities, insurance and liability coverage, and other governance issues in their regularly scheduled meetings and committee work.

b.) Executive Team & Senior Management Participation in the QA Process

In addition to the management of their department and/or program operations, the CEO, executive team, senior management, and administrators of RMYA play a critical role in the QA process. They are responsible for setting high performance and outcome expectations in a supportive manner, while encouraging their staff to identify areas of concern or needed improvement. Senior management and administrative personnel are expected to regularly review and discuss data and QA reports, and regularly place QA items on the agenda of administrative and program staff meetings in order to keep their staff aware of QA activities and improvements.

The CEO and RMYA executive team supports the agency's QA efforts in the following ways:

- Fosters a work environment that promotes excellence and continual improvement;
- Oversees the Senior Director of Compliance and Quality Assurance and agency QA activities;

- Ensures that a wide range of senior directors, managers, administrators, and staff members are involved in the QA process;
- Includes external stakeholders and community members in the QA process;
- Uses data collected through the QA process to promote a higher level of learning, performance, and an outcomes-oriented agency; and
- Completes an annual report of improvements made versus goals set.

RMYA's Senior Directors, Managers, and Administrators promote a quality-focused work environment by:

- Actively participating in Annual Planning to support the agency's Strategic Plan goals;
- Encouraging service delivery processes that are proven to contribute to positive outcomes;
- Focusing on client satisfaction and outcomes;
- Conducting periodic internal audits of client case records, financial records, employment practices, program procedures, etc.;
- Setting high expectations for the use of data to incite change in policies and practices; and
- Recognizing staff contributions to QA.

RMYA senior directors, managers, and administrators also play an active role in QA through membership on at least one of three committees: Case Record Review Committee, Risk Management Committee, and the QA Committee.

c.) Committees & Work Groups

To ensure the progress of the QA process, RMYA conducts internal quality monitoring through three separate committees: Case Record Review Committee, Risk Management Committee, and QA Committee. Each committee meets on a quarterly basis.

(1) Case Record Review Committee

Each quarter, RMYA's **Case Record Review Committee** reviews a random selection of open and closed case files to ensure completeness, timeliness, and accuracy. A sample of files will be selected from each service program that represents 25% of that program's population. The committee is led by the Senior Director of Compliance and Quality Assurance and Senior Director of Residential Services, who distribute the file assignments to the committee members. The Committee Members that conduct case reviews include directors, program managers, administrators, and other direct-care personnel who are routinely involved in making service decisions and are experts in client records. Committee members should avoid any conflict of interest when reviewing files, and therefore not review files from his/her own program.

The committee utilizes a **Case Review Checklist** to evaluate each file for the presence or absence of required documents and the clarity and continuity of such documents, which include (but are not limited to):

- Assessments;
- Service Plans;
- Appropriate consents;
- Progress Notes, Case Notes, or Summaries;

- Evidence of quarterly Case Supervision;
- Relevant signatures;
- Service outcomes; and
- Aftercare Plan.

(2) Risk Management Committee & Work Groups

RMYA's approach to risk management activities is through daily, weekly, monthly and quarterly assessments. The **Risk Management Committee** then becomes responsible for assessing a variety of risks by reviewing data and reports from each department and/or program that cover the previous quarter's data.

The agency divides areas of risk into three areas, and team members at all agency levels work together on a regular basis, continually assessing the agency's needs, risks, and areas of excellence. Work groups may meet as a whole or break out into smaller meeting groups including but not limited to daily administrative reviews of serious incidents, weekly program/facilities meetings, weekly Administrators meetings, monthly Executive Team meetings, and Monthly Departmental meetings. Each of these meetings include agenda, summary notes and any important improvement plans identified.

Key representatives from each of the three work groups come together and meet on a quarterly basis to report on information in their assigned areas. The membership and review topics of each work group are as follows:

- **Human Resources, Finance, Community Relations, and Training Work Group**: Senior Director of Human Resources, Onboarding Specialist, Senior Director of Community and Donor Engagement, Compliance and Quality Assurance Administrator, and Senior Director of Compliance & Quality Assurance.
    - Staff turnover rates and reasons for turnover;
    - Staff exit interview information;
    - Staff grievances/complaints and suggestions;
    - Staff survey data;
    - Performance Evaluation data;
    - Employment patterns and other HR issues;
    - Volunteer and Community Donor statistics and issues;
    - Grants and Fundraising data;
    - Budget and Finance data;
    - Training program data

- **Health, Safety, and Facilities Work Group**: Director of Facilities, Chief Program Officer, Senior Director(s) of Program Operations, Campus Nurse(s), Director of Information Technology, Compliance and Quality Assurance Administrator, and Senior Director of Compliance & Quality Assurance.
    - Medication Errors;
    - Client/Resident seasonal, topical, or widespread health concerns;
    - Environmental Audits;
    - Facility safety & maintenance issues;
    - Emergency preparedness & planning;

  - Food Service and wellness issues;
  - Information Technology safeguards

- **Residential & Clinical Program Operations Work Group**: Chief Program Officer, Senior Director(s) of Program Operations, Program Administrator(s), Sr. Director of Clinical Services, and Senior Director of Compliance & Quality Assurance.
  - Weighted Incident Reports, including total number of incidents, number of incidents per living group, and any trends developing as compared to baselines determined by clinical staff;
  - Critical Incidents;
  - Manual Restraints;
  - Self-Harm Incidents;
  - Client/Resident Grievances;
  - Client/Resident Accidents & Injuries;
  - Client and other community stakeholder survey data (including youth and parent/guardian);
  - Outreach activities and issues.

From the Quarterly Risk Management Committee meeting, a **Risk Management Improvement Action Plan** is created and tracked that describes identified risks; corrective actions to address the risks; implementation timeframes; individuals spearheading the action; and later, the effectiveness and results of the implemented corrective action.

(3) QA Committee

A third, general QA Committee meets quarterly to review the findings, recommendations, and determined corrective actions of the Case Record Review Committee and Risk Management Committee. Membership of the QA Committee includes the Senior Director of Program Operations, Program Managers, Campus Administrators, Direct Care providers, and a representative from various departments throughout the agency, and the Compliance and Quality Assurance Administrator. The responsibility of the QA Committee is to review the issues identified in the Case Review and Risk Management Meetings, and to raise questions or make recommendations related to important quality improvement matters. No formal decisions are made through the QA Committee itself. Any recommendations for improvement are discussed with the CEO, CPO, or other administrators. Recommendations or concerns of an emergency nature should be addressed immediately.

*NOTE: Updates to this committee effective December 1, 2019. The RMYA Compliance Department will be scheduling monthly QA committee meetings and opening participation up to all RMYA staff on a regular scheduled monthly meeting so program staff at all levels can attend, hear important QA information and participate in making recommendations. All notes and information shared at these monthly meetings will be posted on RMYA KaleidaCare Home message page.

d.) Staff Participation in the QA Process

On a daily basis, RMYA direct care staff are the foundation of ensuring that we provide high quality, effective services to our clients. Every aspect of their work contributes to the

quality of the services we provide. In the following ways, staff contribute to the QA process on an ongoing basis:

- Careful supervision of our residents/clients;
- Properly completing daily logs & paperwork;
- Reporting incidents;
- Maintaining safe, clean environments for our clients to receive services;
- Identifying, reporting, and preventing risks;
- Proactively drawing attention to areas of needed improvement or concern; and
- Providing constructive feedback on surveys and measurement tools.

i.) Reporting Incidents

RMYA requires direct service staff to report resident incidents, which include serious behavior problems, drug abuse or possession, insubordination, and medication errors. Incidents requiring emergency intervention must also be reported, including: medical emergencies; abusive activity to or between children; absence without permission; critical injuries; suicide gestures, statements, or attempts; and death.

These incidents must be reported through the use of an electronic **Incident Report** form found within the client management information system. The Incident Report form includes information including: date, time, type of incident, names of parties involved, description of incident, authorities notified, disposition and/or follow-up. This report should be written as soon as possible after the incident has taken place. The report is immediately sent to and reviewed by the Program Manager or his/her designee, the Director of Program Operations, and Master Clinician to ensure appropriate action is taken. During evenings or weekends, the incident is also reported directly to the Director On-Call and/or Back-up On-Call.

Incidents are summarized and reviewed in Risk Management Committee work groups.

ii.) Staff Satisfaction Surveys

Annually, the Human Resources Department and Quality Assurance Department conducts a formal annual survey of staff satisfaction. The **Staff Satisfaction Survey** requests staff input in the following areas:

- Satisfaction regarding supervision, support resources, training, communication, & wages and benefits;
- Perception of the work environment quality;
- Perception of agency needs and strengths; and
- Recommendations for agency improvements.

Results of the Staff Satisfaction Survey are compiled and analyzed, reviewed at the next Risk Management Committee work group, and shared with senior management. These survey results are also discussed with all employees in a written report and in staff meetings. This data is used in developing agency strategic and improvement plans.

iii.) Supervisor Surveys

Twice each year, the Human Resources Department and Compliance and Quality Assurance Department may also conduct **Supervisor Surveys**, on which staff rate their experience with their supervisors in several areas, including:

accessibility/approachability, communication, flexibility, receptiveness, fairness, and professionalism. Staff are also given the opportunity to offer suggestions for improvement and identify supervisor strengths. Survey results are compiled and analyzed, reviewed at the next Risk Management Committee work group, and shared with supervisors and senior management. This data is used to make improvements to agency supervisor training and development, as well as to reward effective supervision practices.

iv.) Training Program Evaluations

After each training in-service, staff in attendance are asked to provide feedback on the in-service presented through a Training In-service Evaluation form. Semi-annually, the Training In-service Evaluations are tabulated and a summary is created to describe which in-services have been rated most helpful, and offering suggestions for new in-service topics or how in-services might be improved. The results of the semi-annual **Training Program Evaluation** summary is reviewed at the following Risk Management Committee work group and they are shared with in-service presenters. The information is used to make improvements to the current training in-services offered and, if beneficial, add other in-service topics to the RMYA training program.

v.) Performance Evaluations

Annually, each employee receives a **Performance Evaluation**, which reviews the staff's performance in regard to their job description and required responsibilities. Each Performance Evaluation also evaluates staff on their participation and contributions made to the QA process on a regular basis, including: daily shift responsibilities, resident supervision, shift paperwork, staff meetings, etc. Through the Performance Evaluations, staff are offered opportunities for continual improvement and advancement within their position.

e.) Client Participation in the QA Process

RMYA strongly encourages our clients (or residents) and parents/legal guardians to offer important feedback and suggestions for the continual improvement of our programs and services. RMYA uses a variety of QA tools to collect feedback from our clients.

i.) Youth & Client Surveys

On a quarterly basis for our short-term/emergency services and a semi-annual basis for long-term services, an administrator, manager, or director conducts a random survey of 25% of youth/clients in our care regarding service delivery, client treatment, living conditions, support resources, safety, etc. The results of this survey are reviewed in Risk Management Committee work groups and shared with the Director(s) of Program Operations.

ii.) Client/Resident Exit Surveys & Guardian Satisfaction Surveys

At the time of discharge, children and parent/guardian will be surveyed to assess their satisfaction with RMYA and the services they received while in our programs in order to identify any unmet needs or areas for improvement. RMYA utilizes a standardized survey forms, called the **Client/Resident Exit Survey** and the **Guardian Satisfaction Survey**. These surveys ensure confidentiality, assess basic satisfaction or dissatisfaction with RMYA services and personnel, and include basic demographic information. The surveys also inquire about services the clients/families may need upon discharge. If need for further services is identified, RMYA personnel

will provide appropriate referrals for the family and this will be documented on the survey form. Survey results are reported in Risk Management Committee work groups, and the data collected informs strategic and annual planning.

iii.) Follow-Up Surveys
After discharge, all RMYA programs contact each client/resident and their guardian so that they can participate in a **Follow-Up Survey**. If contact cannot be made after two phone attempts, a Follow-Up Survey form will be emailed and/or mailed to the address listed on the discharge form. The purpose of the Follow-Up Survey is to ask clients if they are continuing to make positive progress after receiving our services. These surveys are also used to help ensure that clients and families have all the necessary services and resources they need to be successful. If necessary, referrals will be made to the client. Follow-Up Survey results are compiled, reviewed in Risk Management Committee work groups, and incorporated into strategic and annual planning.

f.) Community Stakeholder Participation in the QA Process
RMYA is fortunate to have a significant backing of community supporters who are dedicated to the success of RMYA programs and clients. These community stakeholders also offer a unique, broader community perspective on how RMYA can improve services and operations, and their feedback is welcomed.

i.) Community Stakeholder Surveys
Each year, RMYA conducts a survey of community stakeholders to gather their input on the quality of our agency and how to improve it. The **Community Stakeholder Survey** is distributed by email to caseworkers, personnel at other agencies who provide similar services, funders, and other community supporters. The results from the annual Community Stakeholder Surveys are aggregated and reported in the next Risk Management Committee work group and shared with senior management. The data is used in identifying unmet needs in the community and how we can provide better services, informing strategic and annual planning.

7.) Other QA Measurements & Tools
The following section describes other measurement tools that are used in the QA process to collect data for quality improvement.

a.) Measuring Outcomes
On an ongoing basis, all RMYA service programs measure and track outcomes and the achievement of service goals for all persons served in the form of **Program Goals** and **Clinical Baselines**. These goals and baselines may include (but are not limited to):

- Change in clinical status;
- Change in functional status;
- Health, welfare, & safety;
- Permanency of life situations; and
- Other quality-of-life indicators, as determined.

The Program Administrators, Program Managers, Clinicians, and Master Clinicians review the results of all outcomes to determine overall program effectiveness, and these results are discussed with program staff. Program Managers, administrators, and/or directors are responsible for monitoring and tracking these outcomes, which are

reviewed and adjusted on an ongoing, as needed basis in order to accomplish RMYA's mission and improve client success.

b.) Intake Rates & Service Delivery Timelines
RMYA directors and/or program administrators are responsible for monitoring intake, assessment, and service delivery processes to ensure that the organization is providing timely, responsive services to children and families. In addition, applicant and resident demographics are reviewed to ensure that the organization is providing nondiscriminatory services. Intake denials are reviewed as well, in order to identify current placement trends, staffing needs, and any service delivery barriers.

c.) Environmental Audits
Quarterly, an **Environmental Audit** is conducted at each facility where RMYA services are provided. The Environmental Audit evaluates the program facility's safety and maintenance quality, including general cleanliness and appearance, medication storage, and record security. Environmental Audits are performed by a director, manager, or administrator from a different program to ensure a fresh perspective and thorough assessment. Results of the Environmental Audits are shared with the Director of Program Operations and that program's manager, who is responsible for addressing or correcting the issues identified in a timely manner. Environmental Audit results are also shared in Risk Management Committee work groups.

d.) Service Program Evaluations
Semi-annually, each service program undergoes an assessment review of the program's operational procedures and statistics, including: history, frequency, and appropriateness of restraints (with particular attention to restraints resulting in injury); staff and resident awareness of policies, procedures, and goals; and other behavior management and general statistical information. The results of these **Service Program Evaluations** are shared at Risk Management Committee work groups. If any issues are determined in any of these areas, targeted corrective actions will be developed and implemented.

e.) Agency Collaboration & Advocacy Efforts Assessment
Each year, RMYA will evaluate and summarize how senior management and the Board of Directors has collaborated with national and local voluntary organizations, public agencies, and other community groups to advocate for issues of mutual concern, such as: improvements for existing services; unmet needs in services; the full and appropriate implementation of applicable laws and regulations regarding issues concerning the service population; improved supports and accommodations for persons with special needs; and service coordination. The results of this assessment are reviewed at the next Risk Management Committee work group, and shared with senior management and then used in future planning of cooperative outreach & educational efforts.

8.) QA Summary Reports
Various reports are generated and made available to summarize the findings of different QA activities, committees, and measurement tools.

a.) Quarterly QA Report
The Senior Director of Compliance & Quality Assurance compiles a summarized report of QA activity findings on a quarterly basis, which is then shared with the Board of Directors and senior management. The **Quarterly QA Report** includes agency

Corrective Action Plans developed in committee meetings, and provides the status of their progress and/or success.

b.) Annual QA Report
At the end of each fiscal year, the Senior Director of Compliance & Quality Assurance presents the **Annual QA Report** to RMYA staff, Board of Directors, and other outside stakeholders. The Annual QA Report includes information regarding the past year's Corrective Actions and their results, Staff Satisfaction Survey results, Resident/Client Exit Survey results, Guardian Satisfaction Survey results, Community Stakeholder Survey results, and any other major developments or improvements that resulted from QA activities. This Annual QA Report is made available on the RMYA website and in the programs' QA Binders.

c.) Maintenance of Accreditation Report
Each year in between COA Reaccreditations, RMYA is required to submit a **Maintenance of Accreditation (MOA) Report** to COA. The MOA Report discusses an area of needed improvement targeted by the agency's QA activities, and discusses major developments that were implemented to make improvements and how the agency was ultimately affected by these improvements. The Senior Director of Compliance & Quality Assurance creates this report and makes it available to stakeholders on the agency website.

9.) QA Feedback Mechanisms
RMYA strives to disseminate information and provide feedback to stakeholders of every kind. By maintaining open and honest communication throughout the agency, RMYA's QA process is more inclusive and effective. At least annually, RMYA shares findings from its QA processes with personnel, persons and families served, and other stakeholders.

QA Program information provided to all Stakeholders includes (but is not limited to):
- Annual QA Plan
- Annual QA Report
- Annual Maintenance of Accreditation (MOA)Report
- Resident/Client Exit Survey & Guardian Satisfaction Survey Results
- Staff Satisfaction Survey Results
- Community Stakeholder Survey Results

RMYA disseminates QA information to its Board of Directors through:
- Monthly Staff Reports presented at Board Meetings
- Quarterly QA Report

RMYA communicates QA information to its employees in the following ways:
- Bi-weekly Directors Meetings and Program Staff Meetings
- Ongoing Training, including at orientation and in-services (outlines available on request)
- QA folder on the P drive
- Message board on agency client management system (KaleidaCare)

RMYA provides QA information to its clients and outside stakeholders through:
- RMYA's website (www.rmya.org)
- Periodic Newsletters (which include agency highlights and positive client feedback)

- Various Survey Results can be made available at program intake and discharge, upon request.

a.) Agency Wide access to QA information:
All relevant QA information will be shared on the P drive, in the QA Processes and Information folder to which all personnel to have access. The electronic folder will contain information on agency QA activities, as well as program/facility-specific QA outcome data and results. The QA Folder is available for staff to review at any time. QA folder contents is updated and maintained by the Compliance and Quality Assurance Department and include information on the following:

- Description of QA Procedures & Timelines
- QA Plan
- Strategic Plan
- Annual Plan
- Staff Satisfaction Survey Results
- Training Program Evaluation Reports
- Youth/Client Survey Results
- Resident/Client Exit Survey Results
- Guardian Satisfaction Survey Results
- Program Goals Outcomes Report
- Clinical Baselines Outcomes Report

b.) QA Department Electronic Binders
In addition to Program QA Binders, the Senior Director of Compliance & Quality Assurance houses and maintains various binders that contain collected surveys, evaluations, audits, and other forms and reports from all formal QA activities. These binders are available for review by request, and in keeping with confidentiality regulations.