YOUTHCARE

Performance and Quality Improvement Plan

Written By

PQI Team

Approved: June 2023

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Section One – Introduction

YouthCare is a non-profit organization located in Seattle, WA that has been in existence since 1974. Originally founded as one of the first shelters for runaway and homeless youth on the West Coast, YouthCare now spans 15 sites across Seattle, serving more than 1,500 young people every year.

YouthCare provides a comprehensive set of services including engagement, workforce development (employment & education), early intervention, specialized services, shelter, and housing.

Each of these departments spans multiple locations and service types. Setting up a comprehensive Performance and Quality Improvement Plan for YouthCare was a challenge due to the diversity of services provided. However, in 2020 YouthCare made investments in leadership and infrastructure, committing to creating a culture of quality and improvement. From Board Members to clients, every individual person has an opportunity to influence change.

YouthCare's Performance and Quality Improvement (PQI) efforts, launched in Fall 2020. Program Quality and Improvement is a dynamic and constantly evolving to support the vast amounts of data collected from a variety of our stakeholders (See Section Two). Leadership has created a foundation of support by allocating resources, both monetary and human, to ensure that the promotion of change through data is integrated into the culture. As with all endeavors at YouthCare, feedback is always requested. As you participate in YouthCare's PQI efforts, be sure to contact our PQI team with any comments or suggestions at PQI@YouthCare.org. We always want the opportunity to improve.

Section Two – Stakeholder Involvement

YouthCare relies upon stakeholder feedback and involvement for the Performance and Quality Improvement process. The following chart demonstrates how stakeholders will be able to provide feedback and data to the PQI process, once the PQI Plan is fully implemented.

	Stakeholder: **Clients**	
Internal	*Describe the Stakeholder Group:* YouthCare clients are the primary stakeholder group. They consist of participants of all YouthCare services in Engagement, Centralized Client Services, Workforce Services, and Housing.	*What data do they provide?* • Satisfaction & experience data from annual and ongoing surveys • Informal and formal input and feedback to program staff through conversations, community meetings, and suggestion boxes • Demographics and life experience data to inform service delivery in our client management system • Program outcome data for both strategic and department indicators in our client management system • Grievance Reports
		What information do they receive? • Quarterly PQI Reports that are posted on our website and on program sites • Annual Impact reports that are posted on our website and around the agency • Client Survey Results • All staff receive the monthly Health of the Agency dashboard
	Stakeholder: **Direct Service Staff**	
Internal	*Describe the Stakeholder Group:* Direct service staff are a group of youth workers, case managers, coordinators, specialists, therapists, and teachers with no supervisory duties. They come from a variety of backgrounds and training and provide a range of services directly to clients.	*What data do they provide?* • Satisfaction & experience data during annual staff surveys, exit surveys, and DEI surveys • Participation in Quarterly Department PQI Meetings and program opportunity planning • Feedback during team meetings & All Staff/Town Hall Meetings • Quality of care provided documented in client records and quarterly File Reviews • Contribute examples of Values in Action via SurveyMonkey • Regular input on the efficacy of YouthCare systems, including but not limited to the case management system
		What information do they receive? • All staff receive the PQI Quarterly Report and the Annual Report • All staff receive the annual Impact Report • All staff receive the monthly Health of the Agency dashboard
	Stakeholder: **Admin Staff**	
Internal	*Describe the Stakeholder Group:* Admin Staff include all staff in non-leadership roles within the support departments of Finance, Operations, Development, and Human Resources.	*What data do they provide?* • Satisfaction & experience data during annual staff surveys, exit surveys, and DEI surveys • Participation in Quarterly Department PQI Meetings and department opportunity planning • Feedback during team meetings & All Staff/Town Hall Meetings • Contribute examples of Values in Action via SurveyMonkey • Contribute data for Department Indicators • Department specific metrics incorporated into regular agency level evaluation

		What information do they receive? • All staff receive the PQI Quarterly Report and the Annual Report • All staff receive the annual Impact Report • All staff receive the monthly Health of the Agency dashboard
	Stakeholder: **Leadership**	
Internal	*Describe the Stakeholder Group:* Leadership staff include both program and admin staff who are Supervisors, Managers, Associate Directors, and Directors.	*What data do they provide?* • Satisfaction & experience data during annual staff, DEI & exit surveys • Participation in Quarterly Department PQI Meetings and program opportunity planning • Feedback during Leadership Meetings • Feedback on creation of new policies & procedures • Contribute examples of Values in Action via SurveyMonkey • Incident Reports • Program narrative and reflection on a monthly basis • Regular input on the efficacy of YouthCare systems, including but not limited to the case management system
		What information do they receive? • All staff receive the PQI Quarterly Report and the Annual Report • All staff receive the annual Impact Report • Specific information about financial and programmatic performance, monthly financial reports, audit results, program performance reports • Client input from community meetings, suggestion boxes, etc. • All staff receive the monthly Health of the Agency dashboard
	Stakeholder: **Senior Leadership Team**	
Internal	*Describe the Stakeholder Group:* Senior Leadership Team includes all Senior Directors, and Executive Team members	*What data do they provide?* • Satisfaction & experience data during annual staff surveys, exit surveys, and DEI surveys • Participation in Quarterly Department PQI Meetings and program opportunity planning • Feedback during SLT Meetings • Feedback during creation of new policies & procedures • Contribute examples of Values in Action via SurveyMonkey • Lead development and accountability for Performance Improvement Plans • Regular input on the efficacy of YouthCare systems, including but not limited to the case management system
		What information do they receive? • All staff receive the PQI Quarterly Report and the Annual Report along with a presentation at the SLT Meeting • All staff receive the annual Impact Report • Specific information about financial and programmatic performance, monthly financial reports, program performance reports • External audit and Licensing review results • Results of Improvement Plans, as appropriate (Execs) • All staff receive the monthly Health of the Agency dashboard
	Stakeholder: **Board of Directors**	

Internal	*Describe the Stakeholder Group:* The Board of Directors are a distinct group of community leaders which includes multiple disciplines that serve as a resource for the organization.	*What data do they provide?* • Satisfaction & experience data during annual Board survey • Feedback during monthly Board Meetings • Historical context and data to inform strategic planning processes and input
		What information do they receive? • The BOD receives the PQI Quarterly Report and the Annual Report as well as a presentation at the Board Meeting • The BOD receives the annual Impact Report as well as a presentation at the Board Meeting • Reports from various Departments including audits and licensing review reports • Regular updates from the Health of the Agency dashboard
	Stakeholder: **Volunteers/Interns**	
External	*Describe the Stakeholder Group:* Volunteers and Interns provide support with program and administrative needs, from direct service to helping with events.	*What data do they provide?* • Satisfaction & experience data during annual Volunteer/Intern survey
		What information do they receive? • Quarterly PQI Report and general information that is posted on our website • Annual Impact report that is posted on our website
	Stakeholder: **Community**	
External	*Describe the Stakeholder Group:* Community members include private donors, other organizations that refer to the organization and the general public	*What data do they provide?* • Feedback through our website that provides an opportunity to contact us and provide suggestions • Data from media outlets and needs assessments that are conducted by other organizations • Satisfaction & experience data during bi-annual donor Stakeholder survey • Large scale evaluation of regional and area related trends in youth homelessness and service delivery
		What information do they receive? • Quarterly PQI Report and general information that is posted on our website • Annual Impact report that is posted on our website
	Stakeholder: **Partners**	
External	*Describe the Stakeholder Group:* Organizations or Businesses who have a formal partnership with YouthCare for service provision.	*What data do they provide?* • Satisfaction & experience data during Annual Stakeholder Survey • Client outcome data they collect, as appropriate • Feedback during regular partnership meetings
		What information do they receive? • Quarterly PQI Report and general information that is posted on our website • Annual Impact report that is posted on our website • Client outcome and demographic data, as appropriate

	Stakeholder: Funders	
External	*Describe the Stakeholder Group:* Funders refers to both Public and Private sources of support for YouthCare	*What data do they provide?* • Satisfaction & experience data during bi-annual donor Stakeholder survey • Audit Reports • Feedback through informal and formal meetings
		What information do they receive? • Quarterly PQI Report and general information that is posted on our website • Annual Impact report that is posted on our website • If there is an issue identified in an audit, Improvement Plans are implemented and the funder receives a copy along with the results, once completed. • Client outcome and demographic data, as requested or required in contracts • Program narrative data, as requested or required in contracts

Section Three - PQI Infrastructure

Since the evolution of the PQI department, a variety of new positions have been created to support the development and execution of Performance and Improvement (PQI) initiatives. The PQI department is led by the Senior Director of Program Quality & Impact, the Director of Strategy and Integration, and the Director of Government Funding & Research. The PQI Plan continues to grow and develop to be responsive to the growing capacity and needs of the agency. The goal is to create a robust system that includes all stakeholders and is both sustainable and dynamic.

The PQI Infrastructure includes 4 key layers of participations:
1. PQI Team
2. Senior Leadership Team
3. Department and Program Leadership teams

The PQI Team is comprised of four integrated areas:

Data Management
Led by the Information Systems Manager, the Data Management wing of PQI focuses on systems administration, development, and systems alignment with external data collection systems. This integral team builds responsive systems that address program needs, integrates contract requirements into data collection, and integrates all stakeholders perspectives into responsive and culturally competent data collection at YouthCare. Along with building data collection systems, the Data Management team is a main resource for ensuring all YouthCare systems make program staff jobs easier, more efficient, and most importantly more impactful.

Evaluations
Led by the Senior Director of PQI, this branch of PQI is responsible for all internal and external evaluations, impact analysis, and post-procurement reporting for public funding. Comprised of the Data Analyst and the Public Grant Reporting Manager, the Evaluations team provides analysis of YouthCare data (from a variety of internal systems) to ensure all PQI activities are data informed and tailored to have the ultimate impact of ending youth homelessness.

Public Funding
Led by the Director of Government Funding & Research, this branch of PQI is focused on strategizing, forecasting, and acquiring public funding for YouthCare. The Director of Government Funding & Research works with the Grant Manager to implement a robust, data informed, and strategic public funding vision. In partnership with all stakeholders and the Senior Director of PQI and the Chief Program & Impact Officer, the Public Funding team is responsible for all pre-procurement activities.

Continuous Quality Improvement
This branch of PQI is led by the Director of Strategy and Integration who is the central organizing figure and for whom 100% of their time is dedicated to PQI activities. The Director of Strategy and Integration, the PQI and Training Manager, the Senior Director of Program Quality and Impact and Senior Leadership at the organization, leads continuous quality improvement work, and guides all the PQI activities within the organization. Below are some examples of their responsibilities:
- Organize data for and facilitate the quarterly PQI meetings, create follow-up on discussions and improvement plans, maintain participation with appropriate staff and include client involvement.

- Work with select members of the board of directors to encourage involvement at the governing body level.
- Analyze data received from all programs and surveys.
- Produce and distribute the PQI Quarterly Report and Annual Report
- Develop and maintain, with stakeholder input, the PQI Plan.
- Serve as the point of contact for the Council on Accreditation during active accreditation cycles and in between.

The SLT Team is currently comprised of the following types of positions within the organization:
- CEO
- Executive Team
- Senior Directors

The Department & Program Leadership is currently comprised of the following types of positions within the organization:
- Directors
- Associate Directors
- Managers/Supervisors

The **SLT Team** and **Department & Program Leadership Team** meets monthly. The PQI activities of this team include the following:
- Monthly, Directors and Associate Directors provide updates on their Department & Program Opportunity Plans.
- Review Health of the Agency dashboard.
- Collectively determine shared Opportunity Plan goals based on Health of Agency dashboard and review progress towards the completion of those goals.

PQI Department Committees are each made up of 5-10 staff from that department, including Department Directors, Associate Directors, managers, and non-leadership staff. The PQI Manager and a youth representative (*TBD)* will also sit in each committee. It is important that there are internal stakeholders from all levels of the organization as each position brings different context when viewing information. Departments are categorized as follows:
- Human Resources
- Development
- Finance
- Operations
- Engagement – UDYC
- Engagement – Orion
- Engagement – South Seattle
- Workforce Development
- Early Intervention
- Specialized Services
- Young Adult Transitional Housing Services

- Community-Based Housing Services
- Adolescent Housing Services
- Engagement Center Case Management

The primary activities of these **PQI Committees** include the following:
- Review data analysis summaries from the PQI Manager to identify trends, strengths, and areas of concern.
- Review Opportunity Plans and progress towards the completion of Opportunity Plans.
- Create new Opportunity Plans to address areas of concern.

Below is chart that demonstrates the flow of information within the infrastructure of the PQI Program:
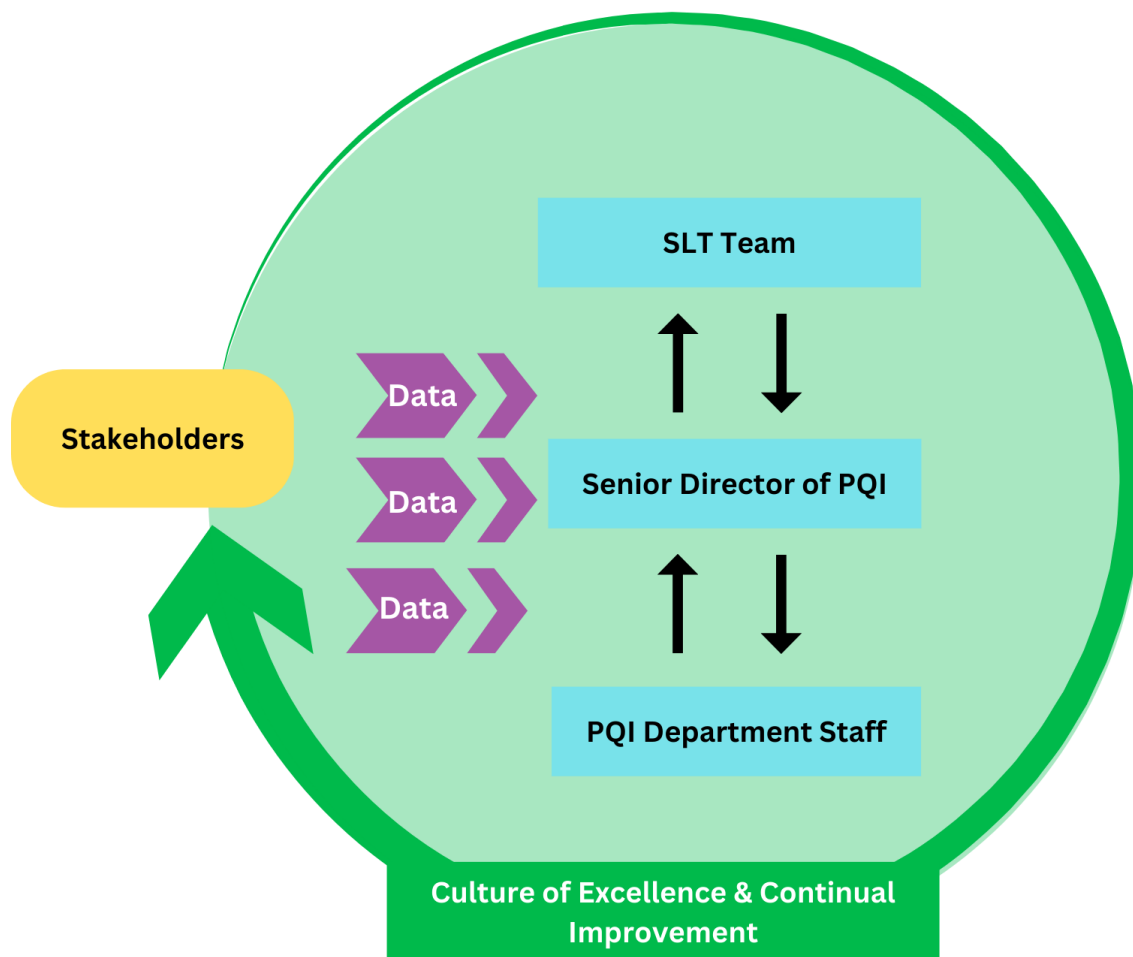
Data is received from the stakeholders through established tools and internal/external systems. The data flows from the stakeholders to all levels of the agency through the SLT Team, the Senior Director of PQI and/or PQI Department Staff.

Stakeholder Data: Clients
Client level data flows to PQI Department Staff to analyze and summarize for the Senior Director of PQI and

SLT Team. Client level data is utilized to inform Opportunity Plans, Agency Impact, and Program design.

- The PQI Manager is responsible for aggregating Client Satisfaction Survey results to present in the Quarterly Opportunity Plan meetings.
- The Data Analyst is responsible for aggregating client life experience, demographic, and outcome data to present in Monthly Impact Reports and the Annual Impact Report. They are also responsible for aggregating this data to communicate to external stakeholders.
- The Data Management team is responsible for aggregating this data to input into external data systems that contribute to local, state, and federal youth homelessness systems.

Stakeholder Data: Direct Service Staff

Direct service staff data flows to PQI Department Staff to analyze and summarize for the Senior Director of PQI and SLT Team. Direct service level data is utilized to inform Opportunity Plans, Agency Impact, and Program design.

- The PQI Manager is responsible for aggregating Exit Survey data and Values in Action results from direct service staff to present in the quarterly Opportunity Plan meetings and quarterly and annual PQI Reports. The PQI Manager is also responsible for aggregating quarterly File Review data to present in quarterly Opportunity Plan meetings.
- The Data Analyst is responsible for aggregating and maintain Program Evaluation Dashboards that reflect direct service staff engagement with the Case Management System. This information is presented on quarterly basis in Opportunity Plan meetings. The Data Analyst is also responsible for aggregating direct service staff data, demographics, hours, turnover/retention, and vacancies from Human Resources to input into the Health of the Agency dashboard monthly.
- The Data Management team is responsible for aggregating data from annual Case Management System feedback surveys to utilize in the PQI quarterly Opportunity Plan and PQI annual goal setting processes.

Stakeholder Data: Admin Staff

Admin staff data flows to PQI Department Staff to analyze and summarize for the Senior Director of PQI and SLT Team. Admin staff level data is utilized to inform Department Opportunity Plans, Agency Impact, and Program support.

- The PQI Manager is responsible for aggregating Exit Survey data results to present in the quarterly Opportunity Plans.
- The PQI Manager and Data Analyst are responsible for aggregating program data (client, direct staff) to present to Admin Staff during quarterly Department Opportunity Plan meetings.

Stakeholder Data: Leadership

Leadership data flows to PQI Department Staff to analyze and summarize for the Senior Director of PQI and SLT Team. Leadership level data is utilized to inform Opportunity Plans, Agency Impact, and Program Support. While Leadership level data is sourced from data similar to direct service staff sources, program performance data is integral in evaluating Leadership excellence and opportunities for improvement.

- The PQI Manager is responsible for aggregating Exit Survey data, Values in Action, and Incident Report data results from direct service staff to present in the quarterly Opportunity Plan meetings and quarterly and annual PQI Reports. The PQI Manager is also responsible for aggregating quarterly File Review data to present in quarterly Opportunity Plan meetings.
- The Data Analyst is responsible for aggregating and maintain Program Evaluation Dashboards that reflect leadership of program models and program impact. This information is presented on quarterly basis in Opportunity Plan meetings. The Data Analyst is also responsible for aggregating leadership staff data, demographics, hours, turnover/retention, and vacancies from Human Resources to input

into the Health of the Agency dashboard on a monthly basis.
- The Data Management team is responsible for aggregating data from annual Case Management System feedback surveys to utilize in the PQI quarterly Opportunity Plan.

Stakeholder Data: Senior Leadership
Senior Leadership data flows to PQI Department Staff to analyze and summarize for the Senior Director of PQI and SLT Team. Senior Leadership level data is utilized to inform Agency Impact, and Strategic Planning.
- The PQI Manager is responsible for aggregating File Review data, which is presented by the Senior Director of PQI on a quarterly basis in team meetings with Senior Directors.
- The Data Analyst is responsible for aggregating and maintain Program Evaluation Dashboards that reflect leadership of program models and program impact. This information is presented on quarterly basis in Opportunity Plan meetings. The Data Analyst is also responsible for aggregating leadership staff data, demographics, hours, turnover/retention, and vacancies from Human Resources to input into the Health of the Agency dashboard on a monthly basis.

Stakeholder Data: Board of Directors
Information flows form the Board of Directors to the Senior Leadership team. The Senior Leadership Team is responsible for analyzing and utilizing data to inform Strategic Planning and Agency Impact.
- The Chief Program & Impact Officer and Exec Team is responsible for designing an informed approach to Strategic Planning that utilizes Board of Directors input on a monthly basis.

Stakeholder Data: Volunteer/Interns
Volunteer/Intern data flows to the PQI Department staff from the Development department to analyze and summarize for the Senior Director of PQI and SLT Team. Volunteer/Intern level data is utilized to inform Department Opportunity Plans.
- The Data Analyst is responsible for aggregating Volunteer/Intern engagement data on an annual basis to be presented in the Annual Impact Report.

Stakeholder Data: Community
Community data flows to the PQI Department staff, Leadership, and Senior Leadership team. This data is analyzed and summarized for the SLT Team. Community level data is utilized to inform Strategic Planning.
- On a semi-annual basis, the Senior Director of PQI is responsible for a comprehensive review of community data. This data is presented in the semi-annual Impact report.

Stakeholder Data: Partners
Partner data flows to the PQI Department staff and is analyzed and summarized for the SLT Team. Partner level data is utilized to inform Strategic Planning.
- The Senior Director of PQI is responsible for aggregating partner data and feedback and presenting it to the Director of Strategic Partnerships as data flows in.

Stakeholder Data: Funders
Partner data flows to the PQI Department staff and is analyzed and summarized for the SLT Team. Partner level data is utilized to inform Strategic Planning and Department/Program Opportunity Plans.
- The Director of Strategy and Integration is responsible for aggregating funder data and presenting it to the SLT team in quarterly Department and Program Opportunity Plan meetings.

Section Four - Change Model

YouthCare is dedicated to an ongoing and continual process of quality improvement. Across the agency, goal setting and action planning has been a foundational practice to individual, program, and agency improvement. The role of the PQI department at YouthCare is to not only inform change to align to best practices but also to encourage and facilitate a culture of consistent learning. As an agency, YouthCare has aligned its practices of goal setting to flow together, making the ultimate work towards YouthCare's mission as effective as possible.

YouthCare Goal Setting Processes

Mission
All levels of goal setting are integral pieces to collectively ending youth homelessness.

Agency Level
Alignment of department goals to strategic direction of agency.
Process: Strategic Planning (3-5 years) (Led by Executive team).

Program & Department Level
Department goal setting to align all staff goals to department vision.
Process: Department and Program Opportunity Plans (DOPs/POPs) (PQI).

Staff Level
SMART goal setting to drive individual improvement.
Process: Individual SMART goals with supervisor (HR).

A change is indicated by information (data) when set targets, measures and outcomes are unachieved. When data indicates that a change is needed and goal setting and action planning needs to occur, YouthCare utilizes a Plan, Do, Check and Act (PDCA) model, as recommended and described by the Council on Accreditation, below:

This model is flexible enough to adapt to a multitude of situations and contexts. It provides staff involved with the PQI department enough structure and guidance to help develop and visualize Opportunity Plans. Much of the data that YouthCare receives is not indicative of change, but when it is, it is placed in an Opportunity Plan and follows the PDCA model. The Leadership Team is made aware of the plan, progress and any challenges that are encountered. The Opportunity Plans also have an area to document the results, even if they are not the desired/intended results or if the results are negative. Lessons learned are part of the completion of every opportunity plan and are shared with the Leadership Team and the PQI Committee. Regardless of the results, completed Opportunity Plans are considered as progress. Completed and in-process Opportunity Plans are maintained in the Program Opportunity Plans folder located on the Program Quality & Impact shared drive. In the event an Opportunity Plan contains confidential information, it is shared only with those who are appropriate to be exposed to the information.
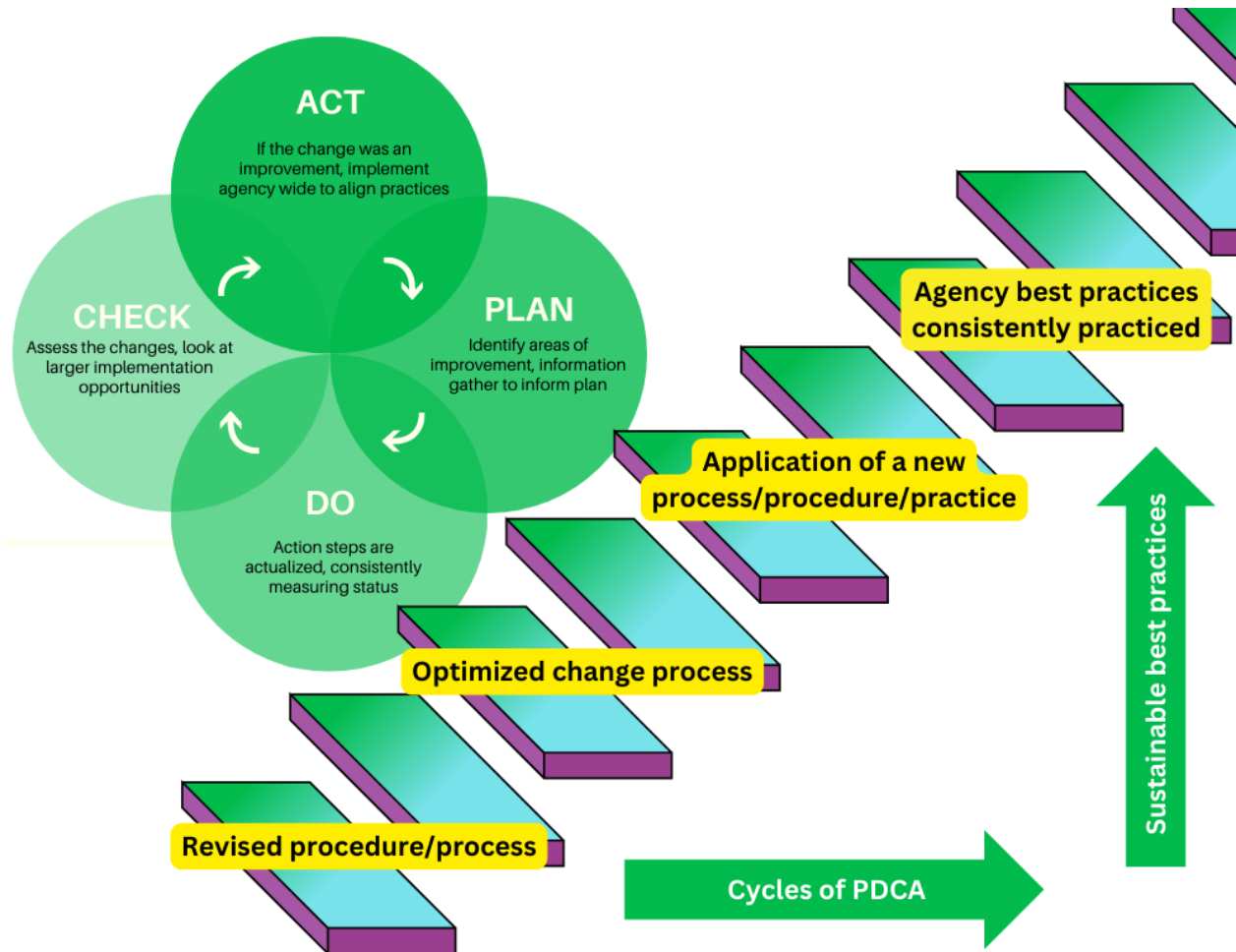
PLAN

During this phase of the Plan, Do, Check, Act Cycle, preparations are made to effectively make the change. This may involve gathering additional data and information to support the need for the project. If collaboration is required for the potential change, the Plan phase may involve committee meetings and the development of proposals and work plans. If it is a smaller change, the planning may simply involve brainstorming about the possible implications to other aspects of the organization. Near the end of the planning phase, a work plan is developed to identify specific objectives, responsibilities, and indicators of success.

DO

During the Do phase, the work plan or proposal is acted upon. There should be a mechanism in place for follow up and regular reporting on the status.

CHECK

This phase allows for the work to be assessed. Those involved review the process and identify the positive aspects of the change and any negative aspects of the change. The group or individual responsible for the change compares the actual results to the expected results. Deviation from the expected result is noted. An assessment of how the change impacts the rest of the organization should also take place. Most importantly, it needs to be determined whether the change was successful or unsuccessful. Even if unsuccessful, the change still has some positive impact, even if that impact is simply a better understanding of the situation.

ACT

Once the organization has determined if the change was an improvement from the baseline, or prior status, then that change is accepted as part of current practice. The organization maintains the new practice or

change. The organization will need to integrate this change into their current culture and environment. If the change was not a positive one, then the organization returns to the baseline way of operating. The organization, group or individual can start another Plan phase of the PDCA cycle to determine a different method to address the concern.

See next section for more detailed information on **Opportunity Plans**.

Section Five – Opportunity Plans

Opportunity plans play an integral role in YouthCare's Performance and Quality Improvement Plan. All programs and administration are always expected to have an active Opportunity Plan. During each of the PQI Committee Meetings, the respective Program will develop a new Opportunity Plan, if one is not in action. By continuously having Opportunity Plans "in process," all aspects of the organization are constantly working to operate more effectively. YouthCare has two distinct types of Opportunity Plans: 1. Proactive Opportunity Plans and 2. Corrective action Improvement Plans. Proactive Opportunity Plans are utilized when there has been an area of improvement for a specific program or department based on observation or data, although a specific incident requiring the change has not taken place. Corrective action Improvement Plans are implemented when there has been an issue, audit result, or incident and action must take place to address the problem. Proactive Opportunity Plans are preferred to constantly be actively working towards best practices, however Improvement Plans, regardless of type, are opportunities for progress.

During PQI Committee meetings, the PQI Manager or Leader of the program will facilitate the process for creating Opportunity Plans. The committee members will review data together, identify areas for improvement, and create a quarterly Opportunity Plan. YouthCare will use the PDCA model and forms created by COA to document the plans and progress. For each Opportunity Plan, the committee will complete the "Plan" and "Do" forms, shown below.

Some guidelines in establishing Opportunity Plans are listed below:

- The Opportunity Plan must address an area of opportunity that is not simply part of the Program's or Department's normal expectations, unless the Program or Department is not currently meeting expectations. For example, the YouthBuild Program cannot include the goal of "provide service to at least 30 clients during the year" as this is one of the programmatic goals already. This is a normal expectation for the program. However, an acceptable example of an Opportunity plan would be to "Improve the random file review scores by 2 percentage points for the following quarter." This goal represents improvement that it is not currently outlined in program expectations. This goal can also be a Program Quality Improvement Plan if the Program (template and details in next section) consistently does not sustain outputs or attain outcomes.
- There must a clear and defined beginning and end. Opportunity Plans should be accomplishable within 1-6 months.
- The Opportunity Plan must typically take more than one day to implement and complete. There

are exceptions, however. It may be typical that Program Quality Improvement Plan take less time to implement and close.

- The Opportunity Plan must be measurable.
- Opportunity Plans cannot be plans of maintenance.
- Opportunity Plans of any type can be developed at any time. A copy must be provided to the PQI Manager at PQI@youthcare.org. To provide transparency and shared efforts, all Opportunity Plans are saved in a shared space that all agency staff can access.

Opportunity Plans should be a regular discussion topic at team meetings throughout the agency. Monthly, Senior Leadership will provide updates on Opportunity Plan progress at SLT meetings. Once an Improvement Plan has been completed, the lead staff for that Opportunity Plan should complete the "Check & Act" form, listed below. A copy must be provided to the PQI Manager at PQI@youthcare.org and it will be reviewed at the next quarterly PQI Meeting.

Section Six – Opportunities for Measurement

For each Department at YouthCare, there are three types of indicators that are collected: outputs, outcomes, and quality indicators.
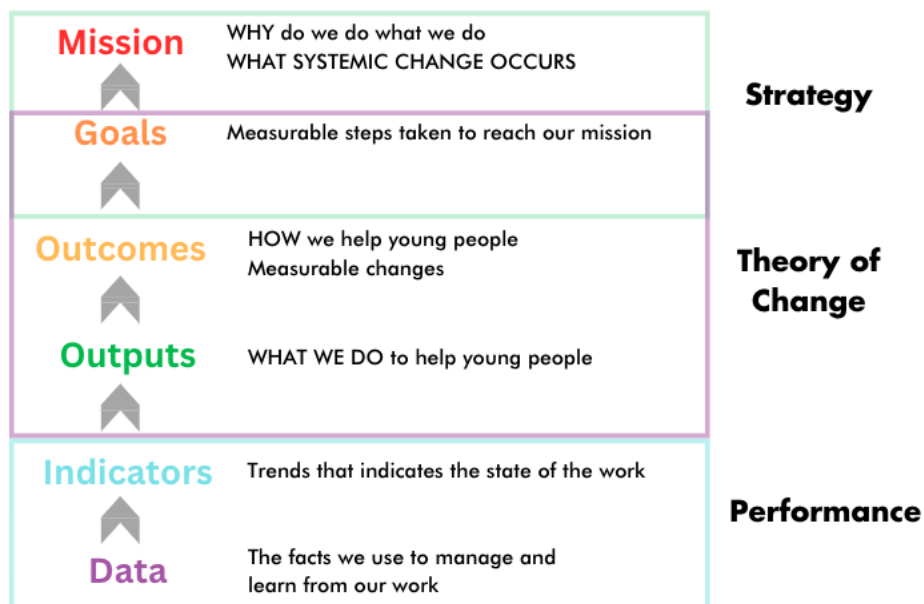
Outputs:
Typically, outputs look at if the program model is being implemented correctly. When a program model results in outputs, it ensures that the program is delivering an impact to young people. Outcomes focus on whether the work that we conducted (outputs) actually created the change that was targeted (outcomes). As per each program's Logic Model, outputs are defined based on the program model being implemented. For each program type listed below, YouthCare has designed the program model and outputs to impact the greatest outcomes.
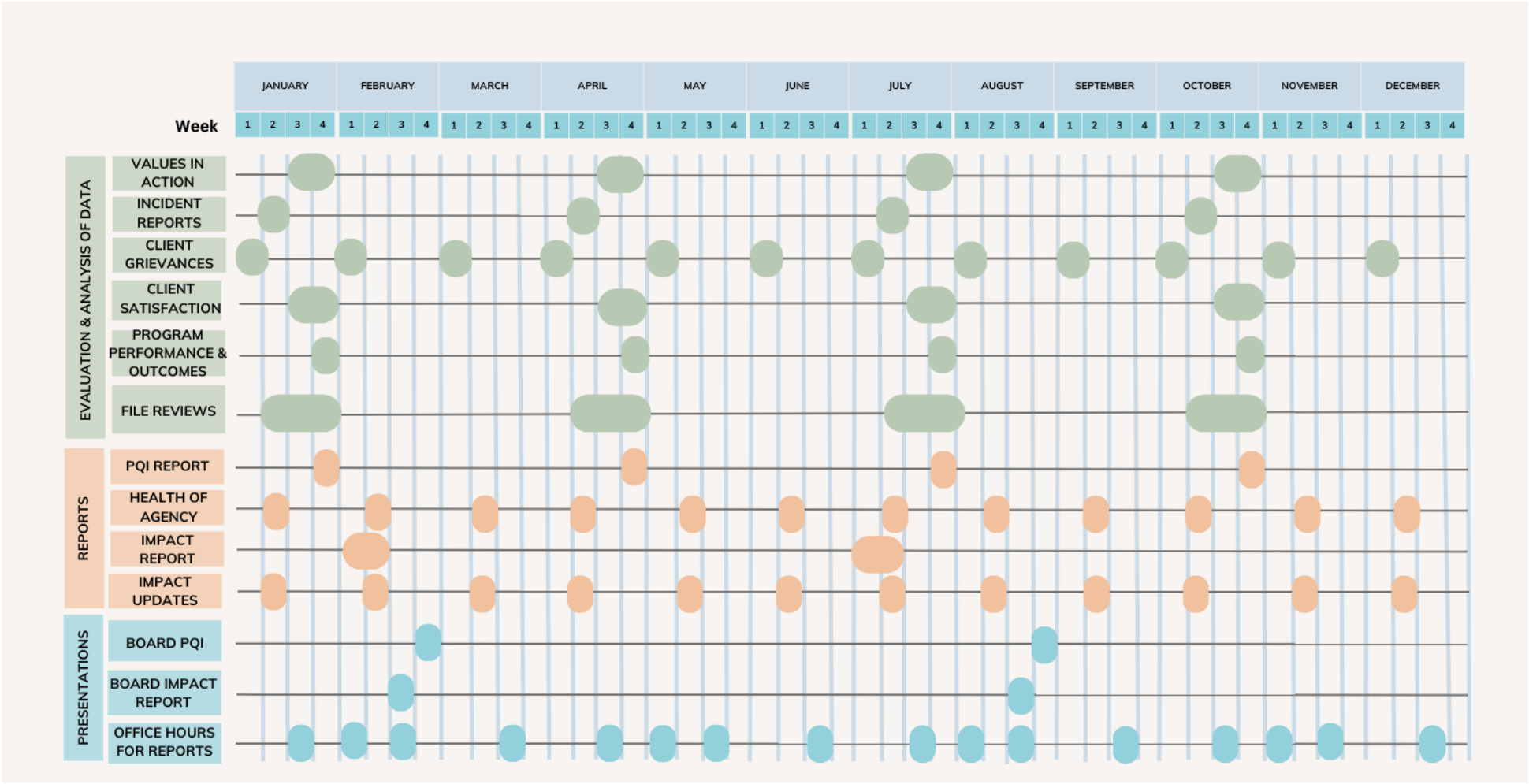
Outcomes:
YouthCare defines outcomes, as the impact of services and support on young people's sustainability. As per YouthCare's Theory of Change there are fundamental pillars of sustainability that end a homeless experience for young people. The Theory of Change focuses on building networks of support, community connections, housing solutions, and attaining education and employment. On every program Logic Model, these are outcome goals are outlined as they relate to the program model/

Quality Indicators:
Along with the indicators for program performance, YouthCare measures the quality of services. For example, the Quarterly File Review of current open and closed cases is conducted to ensure that the quality of the work meets expectations, necessary components are included and clients are receiving services that are delivered in an ethical, appropriate and high-quality manner. Results of the file review are summarized and included in the PQI Quarterly Report.

Appendix B - Sample Program Indicators & Measurement Dashboard
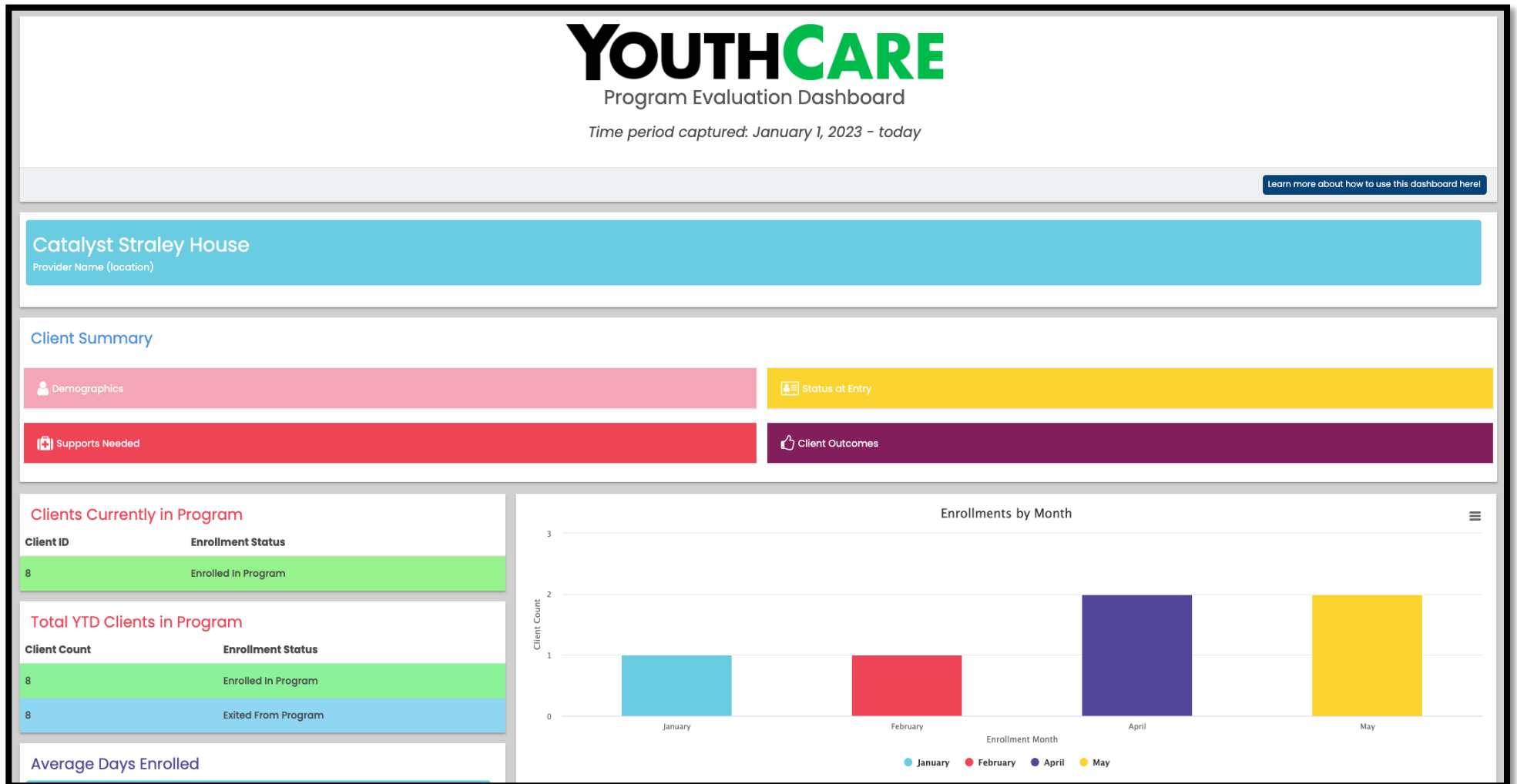
YOUTHCARE

Client Outcomes

important - this DOES NOT include any clients that did not answer the following questions. All of the following are required questions at exit, but if for some reason there is no answer, the total number in each of the following would not equal the total exited.

Number of Exits

9
# of clients exited

Catalyst Straley House
ProviderName

Financial Stability

Exit Destination

Bar chart — Client Count by Exit Destination:
- Other: 2
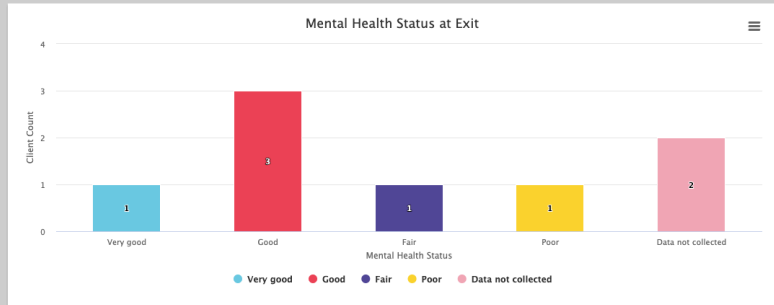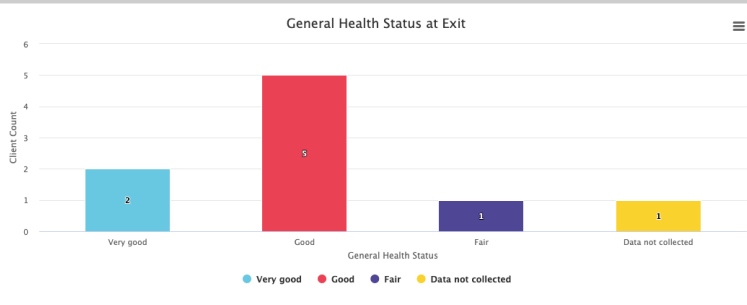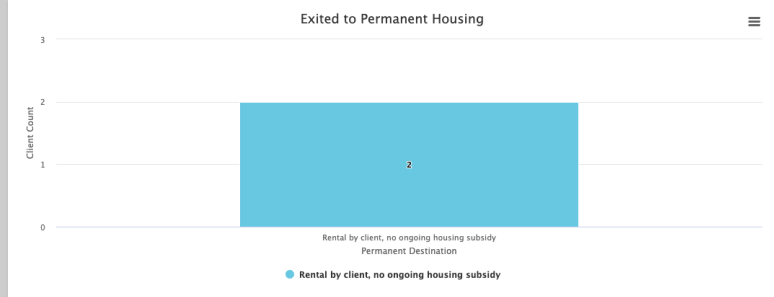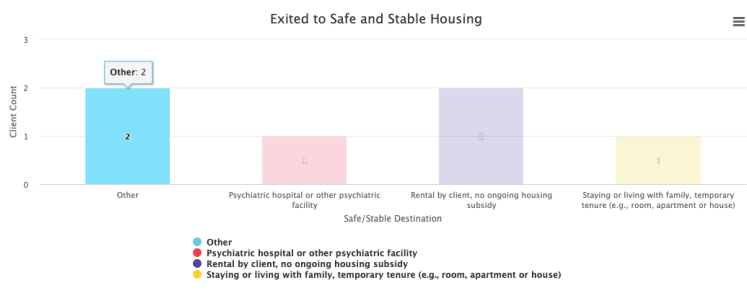- Emergency Shelter including hotel or motel paid for with emergency shelter voucher or RHY Funded Host Home Shelter: 2
- Psychiatric hospital or other psychiatric facility: 1
- Rental by client, no ongoing housing subsidy: 2
- Staying or living with family, temporary tenure (e.g., room, apartment or house): 1

Legend: Other | Emergency Shelter including hotel or motel paid for with emergency shelter voucher or RHY Funded Host Home Shelter | Psychiatric hospital or other psychiatric facility | Rental by client, no ongoing housing subsidy | Staying or living with family, temporary tenure (e.g., room, apartment or house)

Exited to Safe and Stable Housing

Bar chart — Client Count by Safe/Stable Destination:
- Other: 2
- Psychiatric hospital or other psychiatric facility: 1
- Rental by client, no ongoing housing subsidy: 2
- Staying or living with family, temporary tenure (e.g., room, apartment or house): 1

Legend: Other | Psychiatric hospital or other psychiatric facility | Rental by client, no ongoing housing subsidy | Staying or living with family, temporary tenure (e.g., room, apartment or house)

Exited to Permanent Housing

Bar chart — Client Count by Permanent Destination:
- Rental by client, no ongoing housing subsidy: 2

Legend: Rental by client, no ongoing housing subsidy

General Health Status at Exit

Bar chart — Client Count by General Health Status:
- Very good: 2
- Good: 5
- Fair: 1
- Data not collected: 1

Legend: Very good | Good | Fair | Data not collected

Mental Health Status at Exit

Bar chart — Client Count by Mental Health Status:
- Very good: 1
- Good: 3
- Fair: 1
- Poor: 1
- Data not collected: 2

Legend: Very good | Good | Fair | Poor | Data not collected

Performance and Quality Improvement Standards Overview

> *Purpose: An organization-wide performance and quality improvement system uses data to promote efficient, effective service delivery and achievement of the organization's mission and strategic goals.*

PQI 1: Infrastructure

The organization's PQI system has the capacity to:

a. Evaluate services at all regions and sites;

b. Identify organization-wide and program-specific issues; and

c. Implement solutions that improve overall effectiveness.

PQI 1.01: A written PQI plan and procedures cover each program or service area and, if necessary, outline any variances between regions or sites, and:

a. Articulate the organization's approach to quality improvement and methods used;

b. Describe the PQI system's structure, functions, and activities;

c. Define staff roles and assign responsibility for implementing and coordinating the PQI program (PQI 2);

d. Identify what is being measured and why (PQI 3, PQI 4, Service Standards); and

e. Include procedures for reporting findings and monitoring results (PQI 5).

PQI 1.02: The PQI plan:

a. Defines the organization's stakeholders; and

b. Specifies how important internal and external stakeholder groups will be involved in the PQI process.

PQI 1.03: The PQI plan describes how:

a. Staff and their supervisors have timely access to the information they need to clarify expectations and implement practice improvement; and

b. Staffs at all levels receive relevant information on PQI findings.

PQI 1.04: Organization leaders, senior managers, program directors, and supervisors:

a. Keep PQI on the agenda of board, management, and staff meetings;

b. Regularly evaluate the need for and uses of data; and

c. Evaluate the PQI system, infrastructure, processes, and procedures.

PQI 2: Roles and Responsibilities

The organization has sufficient qualified staff, representing different departments and levels of the organization, to conduct and sustain its PQI system.

PQI 2.01: Staff responsible for implementing and coordinating the organization's PQI system are competent to:

a. Identify indicators of quality practice;

b. Implement internal and external evaluation methods, such as benchmarking, as appropriate to the programs being evaluated;

c. Ensure proper data entry and data integrity;

d. Collect, analyze, and interpret data; and

e. Communicate evidence and findings to staff in a manner that facilitates their active engagement.

PQ 2.02: Staff receives support, as appropriate to their responsibilities, on:

a. Inputting data into the data management system;

b. Using data collection tools and forms;

c. Reading and interpreting reports; and

d. Using data to improve performance.

PQI 3: Performance and Outcomes Measures

The organization identifies measures and outcomes related to:

  a. The impact of services on clients;

  b. Quality of service delivery; and

  c. Management and operations performance.

PQI 3.01: The organization identifies key outputs and outcomes, and related:

  a. Measurement indicators;

  b. Performance targets; and

  c. Data sources including data collection tools or instruments for each identified output and outcome.

PQI 3.02: The organization surveys clients annually to assess program quality.

PQI 3.03: The organization identifies measures for management and operational performance to:

  a. Measure progress toward achieving its mission and strategic and annual goals;

  b. Evaluate operational functions that influence the capacity to deliver services and meet the needs of persons served; and

  c. Identify and mitigate risk.

PQI 3.04: Findings and recommendations from external review processes are integrated into the origination's PQI system.

PQI 4: Case Record Review

The organization conducts case record reviews at least quarterly for each of its services to:

  a. Minimize the risks associated with poorly maintained case records;

  b. Document the quality of the services being delivered; and

  c. Identify barriers and opportunities for improving services.

PC 4.01: The quarterly case record review process:

  a. Includes a random sample of both open and recently closed cases;

  b. Uses uniform data collection tools to ensure consistency and permit comparison of data across similar programs and services; and

  c. Maintains objectivity by ensuring that reviewers do not review cases in which they have been directly involved as a service provider or supervisor.

PQI 4.02: Quarterly reviews of case records evaluate the presence, clarity, quality, continuity, and completeness of required documents.

PQI 4.03: The organization identifies indicators and measures the quality of services for each of its programs or services in its quarterly case record review process.

PQI 5: Analyzing and Reporting Information

The organization systematically collects, aggregates, analyzes, and maintains data.

PQI 5.01: Procedures for collecting, reviewing, and aggregating data include:

  a. Cleaning data to ensure data integrity including accuracy, completeness, timeliness, uniqueness, and outliers;

  b. Quarterly aggregation of data; and

  c. Developing reports for analysis and interpretation.

PQI 5.02: The organization analyses PQI data to:

  a. Track and monitor identified measures;

  b. Identify patterns and trends; and

  c. Compare performance over time.

PQI 5.03: Reports of PQI findings are:

  a. Shared and discussed with board members, staff, and stakeholders; and

     b.   Distributed in timeframes and formats that facilitate review, analysis, interpretation, and timely corrective action.

PQI 5.04: The organization:
     a.   Reviews PQI findings and stakeholder feedback and takes action, when indicated; and
     b.   Monitors the effectiveness of actions taken and modifies implemented improvements, as needed.