



# DAVIS STUART

*A Heritage of Serving Youth and Their Families*

## PERFORMANCE AND QUALITY IMPROVEMENT ANNUAL REPORT

JULY 2022 - JUNE 2023





This Performance and Quality Improvement Annual Report is aimed at sharing with you Davis Stuart’s assessment on how well we are achieving our goals, meeting standards of practice, meeting internal and external thresholds, and improving operations and services. Our assessment is based on the feedback and statistical data collected during the 2023 fiscal year. This report is intended to disclose information which is both positive and unfavorable, in order to accurately and honestly represent our progress, our challenges, and our areas of need.

## WHAT IS PERFORMANCE AND QUALITY IMPROVEMENT?

Performance and Quality Improvement (PQI) is a system that continuously looks at processes, outcomes, and feedback to assess and help improve Davis Stuart’s operations, at all levels. This is done through four phases – planning, doing, checking and acting.

Davis Stuart uses stakeholder feedback and statistical data to measure and track performance in the areas of business practices, human resources practices, financial management, treatment services, program services, environmental control, and regulatory requirements. The goals of PQI are directly tied to Davis Stuart’s strategic plan.

## KEY TRADEMARKS OF AN EFFECTIVE PQI SYSTEM

- Broad-based/Agency-wide
- Belief that change is good
- Buy-in from employees
- Data driven
- Transparency
- Accountability
- Culture of improvement
- Inclusion of stakeholders at all levels

## WHO IS RESPONSIBLE FOR PQI?

In our pursuit of excellence, accountability extends to all stakeholders, varying in accordance with their level of involvement. Davis Stuart has established a structured approach to oversee this responsibility, led by a dedicated PQI Coordinator and a PQI Committee. Comprising a diverse group of staff members, spanning from treatment associates to department heads, the PQI Committee is entrusted with the important role of upholding our commitment to performance and quality improvement. The PQI Coordinator assumes the position of committee chair, overseeing and guiding PQI-related initiatives. The PQI Committee convenes on a quarterly basis to ensure continuous evaluation and enhancement of our operations.

For any inquiries or clarifications regarding the information and data contained within this report, we encourage you to contact our Executive Director at [executivedirector@davisstuart.org](mailto:executivedirector@davisstuart.org) or reach out via phone at (304) 647-5577. Your questions and feedback are invaluable in our ongoing quest for excellence.

## THE DAVIS STUART STANDARD

Davis Stuart completed reaccreditation through the Council of Accreditation (COA) in 2020. This is a proud and significant achievement for our agency. Following the guidelines, standards, and requirements set for by COA. Davis Stuart continues to grow and adapt to the changing needs of our residents while maintaining our heritage, mission and vision.

Davis Stuart is accredited through March of 2024. For more on COA, please visit their website – [coanet.org](http://coanet.org).

# LOOKING BACK

## FISCAL YEAR 2023 GOALS

### DAVIS STUART IN THE COMMUNITY

- Increase public understanding of the vision, mission and work of Davis Stuart through community activities, volunteerism and participation in community events
- Continue membership in local, regional and state groups
- Provide information on a regular basis in varied formats to stakeholders, donors and supporters of the changes, outcomes and needs of Davis Stuart

### PROGRAM AND SERVICE DEVELOPMENT

- Explore different options for service provision including community based, wraparound, etc.
- Work in conjunction with other providers to ensure that the services being provided are meeting the needs of the youth in West Virginia
- Ensure flexibility and adaptability with state changes regarding residential placements
- Maintain resident and family connections

### INFRASTRUCTURE & FACILITIES

- Refurbish Scott Hall as a recreational center for all residents to enjoy
- Continue our partnership with Freedom Farms while expanding our agriculture and animal husbandry opportunities



### OPERATING AND ADMINISTRATIVE EFFICIENCIES

- Continue to search for alternative procedures and processes within administrative best practices to increase efficiency
- Obtain approval and implement new agency policy manual
- Complete departmental procedure manuals
- Explore ways to identify and increase prospective workforce availability

### FINANCIAL DEVELOPMENT

- Assist Development Office with presentations, grant applications, event preparation and volunteer opportunities
- Grow census as staffing levels allow to maintain minimum census requirements

### MANAGEMENT INFORMATION SYSTEMS & QA

- Continue monthly agency newsletter
- Maintain national accreditation from Council on Accreditation
- Provide all necessary updates to grantors in a timely and accurate fashion
- Continue to review and use Resident Surveys, Staff Surveys and Stakeholder Surveys

### EMPLOYEE WELL-BEING

- Annual Staff Survey Employment Satisfaction greater than 65%
- Continue employee engagement activities such as Employee of the Quarter and incentives
- Continue providing needs specific training related to child and youth development
- Continue to encourage agency wide participation on agency committees, work groups and various agency activities

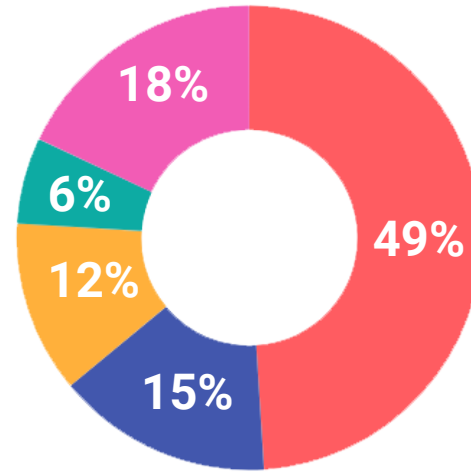
#### KEY

- Completed
- On-going
- Not Completed

## EMPLOYEE SATISFACTION

SURVEY STATEMENT	AGREE	DISAGREE	UNDECIDED/ NO ANSWER
Pay Is Fair	26%	70%	4%
Recognized For Performance	53%	37%	10%
Sufficient Training and Resources	83%	17%	0%
Comfortable Work Environment	91%	0%	9%
Understand Policy and Procedures	91%	9%	0%
Understand Grievance Process	92%	8%	0%
Suggestions Are Respected	83%	13%	4%
	<b>VERY</b>	<b>SOMEWHAT</b>	<b>NOT AT ALL</b>
How Satisfied Are You At Davis Stuart?	36%	46%	18%

## EMPLOYEE YEARS OF SERVICE



## EMPLOYEE ACCIDENTS

<p><b>Total Number of Worker's Compensation Claims Filed</b></p>	<p><b>Total Number of Lost Work Days</b></p>



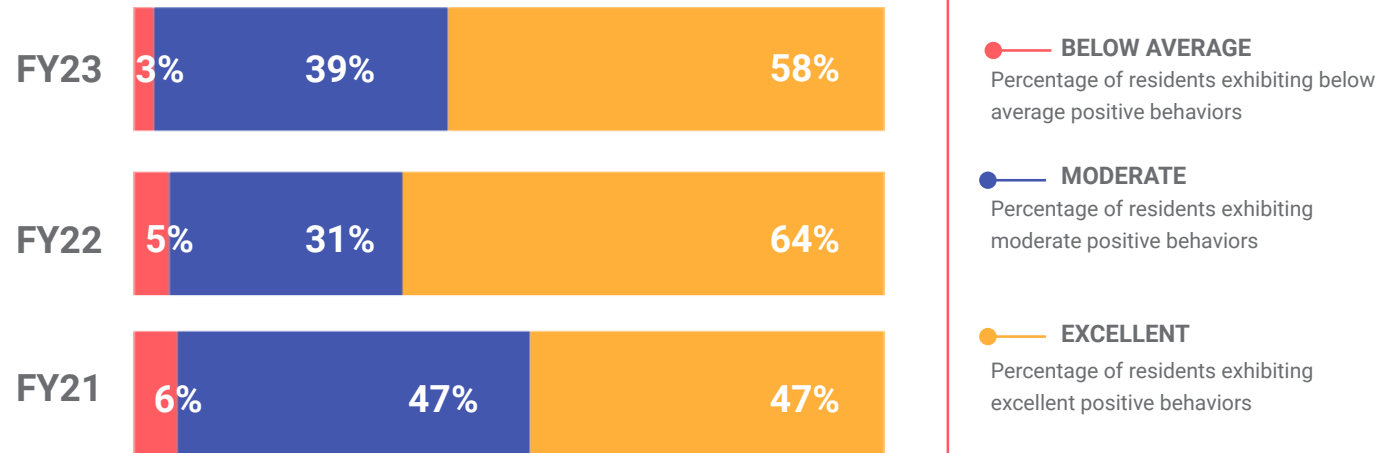
# PBIS SNAPSHOT



**PBIS is a program designed to cultivate an environment where appropriate behavior becomes the standard.**

PBIS, which stands for “Positive Behavioral Interventions and Supports,” continues to be a cornerstone of our mission to cultivate an environment where positive behaviors and reinforcement are embraced. The dedicated PBIS Leadership Team has instituted a focused behavior initiative, enabling our residents to earn tickets for consistently demonstrating two pivotal behaviors: being present when and where required and engaging in effective communication. These core behaviors play a pivotal role in imparting crucial life skills to our residents, emphasizing active participation, punctuality, and mature, respectful communication. This, in turn, equips them for successful transitions out of our program, be it in securing employment or furthering their education.

Residents accumulate these tickets, which they can redeem at our campus PBIS store, where they can choose from a variety of items. The store’s inventory is continuously replenished thanks to the generous contributions from our community, along with grant funding specially allocated to support our PBIS program. Since its inception on our campus in 2018, Davis Stuart’s PBIS program has made a profound and enduring impact, fostering growth and development among our residents year after year.



- **BELOW AVERAGE**  
Percentage of residents exhibiting below average positive behaviors
- **MODERATE**  
Percentage of residents exhibiting moderate positive behaviors
- **EXCELLENT**  
Percentage of residents exhibiting excellent positive behaviors

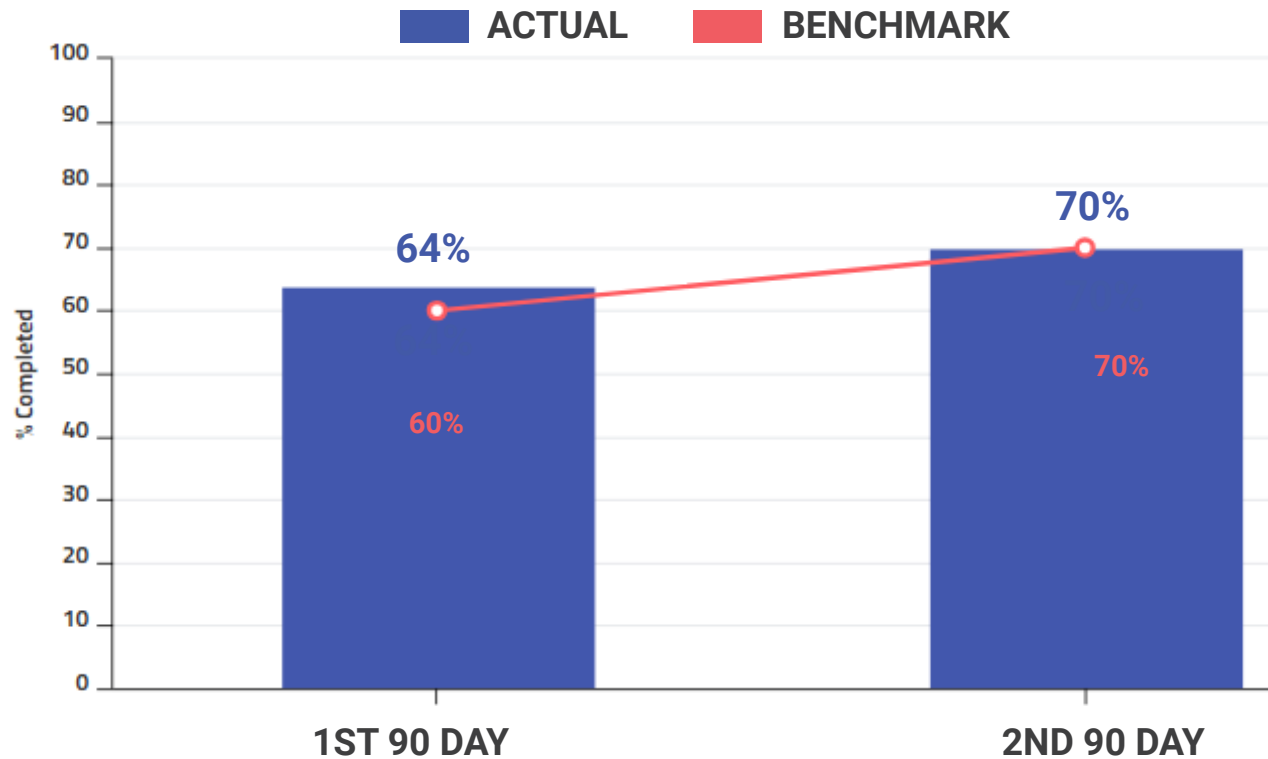
# CLINICAL

The Davis Stuart Clinical Department continues its unwavering commitment to providing a comprehensive range of services to at-risk youth. Our clinical team comprises dedicated professionals, all licensed by the state of West Virginia and equipped with Bachelor's and Master's degrees. Currently, our clinical roster includes Bachelor and Master's level social workers and Master's level counselors. To bolster the clinical team's efforts, we are supported by our Nursing Department, which includes one Registered Nurse (RN) and one Licensed Practical Nurse (LPN), along with contracted psychological and psychiatric services.

These esteemed team members are integrated into various roles within the Clinical Department, including Permanency Case Managers, Therapists, Nurses, and a Clinical Coordinator. At Davis Stuart, we embrace an interdisciplinary approach to address the diverse needs of our residents, recognizing that each youth faces unique challenges. To ensure comprehensive and individualized care, we conduct team meetings within the first thirty days of a youth's arrival, enabling us to assess their specific needs and craft a personalized care plan. These initial meetings are followed by recurring assessments every ninety days, where we gauge the resident's progress, adapt their care plan as necessary, and celebrate their achievements. Additionally, our clinical staff engages in monthly clinical rounds to facilitate case consultations and maintain a high standard of care. Furthermore, we have established a Clinical On-Call process to address any needs that may arise after regular hours, ensuring that our residents receive continuous support and care.



## AVERAGE % OF TREATMENT PLAN OBJECTIVES COMPLETED



In FY21, significant refinements were introduced to the Meta-Analysis process to enhance the relevance of data in assessing resident progress during treatment:

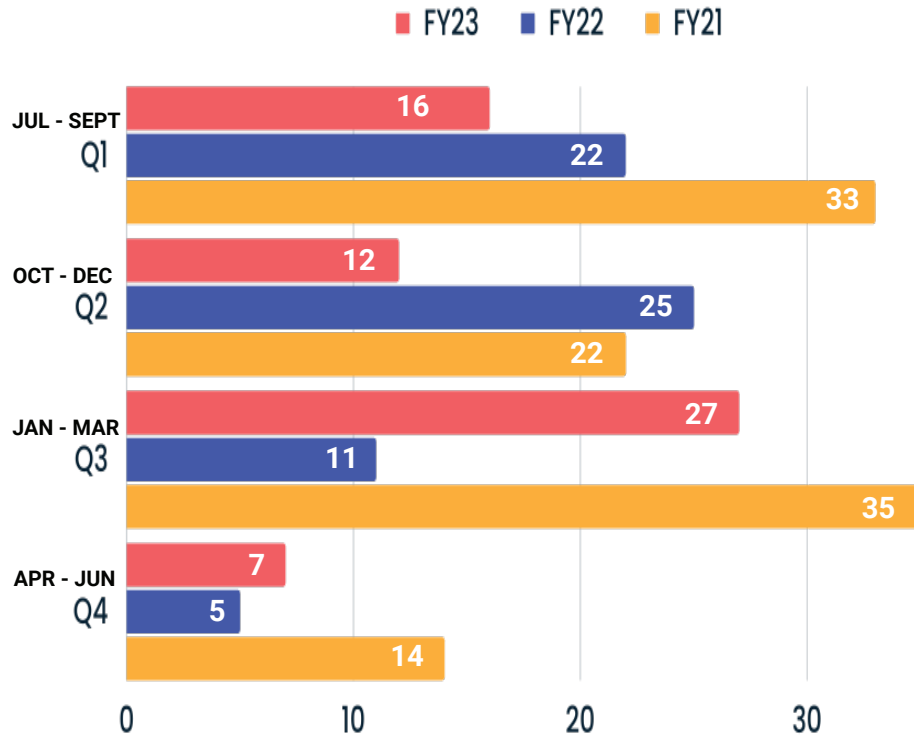
**Combining Campus and Group Home Data:** Recognizing the similarity in treatment processes, data from both campus and group home settings were merged. This change ensures a more cohesive and comprehensive view of our residents' progress.

**Exclusion of 30-Day Data:** The tracking of 30-day data was discontinued. It was observed that this brief timeframe did not provide sufficient opportunity for residents to achieve their goals and objectives, resulting in consistently skewed data.

**Tracking in Extended Increments:** Considering that the average length of stay spans between 3 to 6 months, the data is now monitored in distinct segments, focusing on the initial 90-day period and subsequent 90-day intervals. This approach offers a more accurate representation of residents' progress.

## PQI DATA

### Resident Critical Incidents



#### Examples of a Critical Incident include:

- Away from supervision
- Behavior resulting in physical intervention
- Medical errors with negative outcomes
- Behavior resulting in significant property damage
- Illicit/illegal substance use
- Involvement with law enforcement
- Injury resulting in medical treatment



# MOVING FORWARD

## FISCAL YEAR 2024 GOALS

### INFASTRUCTURE & FACILITES

- Refurbishment of Scott Hall as a recreational center for all residents to enjoy.
- Window upgrade for the upstairs level of Lineweaver residential cottage
- Complete exterior repairs and maintenance on the Chapel
- Maintenance projects for the campus staff housing

### FINANCIAL DEVELOPMENT

- Establish a fall fundraiser for non-reimbursable services provided by the agency

### EMPLOYEE WELL-BEING

- Annual Staff Survey Employment Satisfaction greater than 60%

### MANAGEMENT INFORMAITON SYSTEMS & QA

- Implement an agency leadership training program
- Reaccreditation by COA

### OPERATING AND ADMINISTRATIVE EFFICIENCIES

- Continue to search for alternative procedures and processes within administrative best practices to increase efficiency
- Obtain approval and implement new agency policy manual
- Complete departmental procedure manuals
- Explore ways to identify and increase prospective workforce availability

### PROGRAM AND SERVICE DEVELOPMENT

- Increase the amount of certified trainers for agency staff
- Teen Safety certification training for all clinical staff
- Implementation of Board of Director approved updated policy
- Implementation of updated Employee Handbook
- Completion of departmental procedure guides

# FINANCIAL INFO

**\$3.15M**

**TOTAL BUDGET**  
Based on pre-audit data

- Program: **61.3% \***
- Management: **21.0%**
- Facilities: **17.7%**

\*Decrease in program expenses is a result of the ongoing nationwide staffing shortage, which has had a significant impact on our direct care positions.

- Government Support: **79.4%**
- Charitable Giving: **6.4%**
- Other Private Income: **14.2%**

