



Community Action For Human Services

Quality Improvement Plan OPWDD Division

The following Quality Improvement Plan serves as the foundation of the commitment of Community Action For Human Services, Inc. to continuously improve the quality of the treatment of services it provides.

Quality services are services that are provided in a safe, effective, recipient-centered, timely, equitable, and recovery-oriented fashion.

Community Action for Human Services, Inc. is committed to the ongoing improvement of the quality of care its individuals receive, as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

- The treatment provided incorporates evidence based, effective practices.
- The treatment and services are appropriate to each individual's needs, and available when needed;
- Risk to individuals, providers and others is minimized, and errors in the delivery of services are prevented.
- The needs and expectations of each person served is respected; individuals – or those who they designate – have the opportunity to participate in decisions regarding their treatment; and services are provided with sensitivity and caring.
- Procedures, treatments, and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and all providers of care.

Philosophy

CAHS, Inc. is a voluntary, non-profit, non-sectarian human services agency with a membership consisting of parents, professionals and volunteers who are dedicated to providing the highest level of services for individuals challenged with mental and or developmental disabilities encompassing a comprehensive array of services including: residential, day services, case management, medical, clinical services, etc.

Community Action for Human Services, Inc.'s Residential Services and Day Habilitation Services will assist each individual in discovering and participating in a wide variety of interest-driven community based resources and natural supports to form community partnerships. The individual capacities and strengths of each individual will shape the services we provide. Individual choice satisfaction, a person-centered approach, OPWDD's governing principles combined with the involvement of individual, family and friends, and our agency's commitment for excellence will function as the template for service direction and delivery. Starting where the individual is coupled with the aforementioned framework, we will provide a constellation of services which advocate:

Individual Preference and Choice Making
Person Discovery and Independence

Natural Supports, Community Inclusion and Partnerships
Productivity
Life Adjustment Skills

The implementation of residential and day habilitation services will serve as a bridge assisting individuals in the natural process of making connections and making contributions while enriching their lives.

Our Mission Statement:

“To serve individuals challenged with mental and physical disabilities, without regard to religion, race, health, status sexual orientation, marital status governed by the guiding principles to ensure individual choice, independence, integration, productivity, responsibility and dignity in the community through the provision of opportunities to reach ones’ fullest potential.”

Value Statement

Quality service delivery is important to CAHS, Inc. We value the person we serve both internally and externally. We strive to provide the people we serve with services that meet and/or exceed their expectations.

CAHS, Inc. is committed to continuous improvement and has established a Quality Improvement System that provides a framework for continually measuring and improving quality performance.

We are committed to building community, the scope of which encompasses staff, individuals, family members and all stakeholders. This commitment to staff growth and community spirit requires that, administratively, the following values be embraced and practiced:

- Dignity - We believe in the inherent worth of every individual.
- Integrity - We believe that our personal and professional integrity is the basis of public trust.
- Choice - We encourage the freedom to make choices.
- Empowerment - We encourage personal decision-making.
- Personal Growth - We believe in every individual’s ability to continuously develop and achieve.
- Relationships - We strive to build upon natural supports, developing each individual’s connectedness to the community.
- Innovations - We embrace an environment that encourages and rewards creativity and promotes leadership.
- The emphasis on community extends to individuals and their families. The environment that invites inclusiveness develops trust and provides opportunities to implement preventive measures.
- We have implemented the following practices to support us in the identification and measurement and implementation of quality improvement goals.
- Periodic reviews of internal systems to collect and analyze data to identify possible areas of improvement.
- Assessments of program reviews, audit results and stakeholder feedback and complaints.

Measurable quality objectives which reflect business goals centered around stakeholder feedback.

- Measurement of goal metrics to ensure goals are progressing and in alignment with CAHS, Inc. mission and vision statements.
- Gathering and monitoring of feedback from persons served and other stakeholders.
- Training and support for Quality Improvement key players
- Transparent Communication of QI program updates as they arise.

Management has ultimate responsibility for quality; however we ensure all employees understand their responsibilities within their work environment to ensure that quality is embedded within the company in its entirety.

Section 1 – Quality Improvement Principles and Activities

Quality Improvement Principles

Quality Improvement is a systematic approach to assessing services and improving them on a priority basis. Community Action for Human Services, Inc.'s approach to quality improvement is based on the following principles:

- Focus on Person Centered Service provision – CAHS, Inc. focus is on the agency's internal and external customers and on meeting or exceeding needs and expectations.
- Recovery-Oriented - Services are characterized by a commitment to promoting and preserving wellness and to expanding choice. This approach promotes maximum flexibility and choice to meet individually defined goals and to permit person-centered services.
- Employee Empowerment – Effective programs involve people at all levels of the organization in improving quality.
- Leadership Involvement - Strong Leadership, direction and support of quality improvement activities by the governing body and CEO are key to performance improvement. This involvement of organizational leadership ensures that quality improvement initiatives are consistent with provider mission and /or strategic plan.
- Data Informed Practice – QI processes create feedback loops, using data to inform practice and measure results.
- Statistical Tools – For continuous improvement of care, tools and methods are utilized to foster knowledge and understanding.
- Prevention Over Correction – Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- Continuous Improvement – Processes are continually reviewed and improved.

Continuous Quality Improvement Activities

Quality Improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by the agency's leadership, is understood, accepted, and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels in performance improvement. Quality Improvement involves two primary activities:

- Measuring and assessing the performance of Community Action for Human Services, Inc. through the collection and analysis of data.
- Conducting quality improvement initiatives and taking action where indicated, including the design of new services, and/or improvement of existing services.

Section 2 – Leadership & Organization

At CAHS, Inc., Leadership and the organizational structure play a key role in the development and implementation of our QI Plan.

Senior management works directly and openly to improve quality by setting priorities, modeling core values, promoting a learning atmosphere, acting on recommendations, advocating for supportive policies, and allocating resources for improvement.

Planning and managing QI has become a priority for our senior management team. Senior management helps set the direction of the organization and guide quality-improvement planning and efforts.

Senior management’s physical presence, visibility and concern for quality improvement directly impacts CAHS, Inc.’s commitment to quality improvement.

The responsibilities of the Quality Improvement Committee include:

- Developing and approving the Quality Improvement Plan
- As part of the Plan, establishing measurable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of Community Action for Human Services, Inc.
- Developing indicators of quality on a priority basis.
- Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- Establishing and supporting specific quality improvement initiatives.
- Reporting to the Board of Directors on quality improvement activities of Community Action for Human Services, Inc.
- Formally adopting a specific approach to Continuous Quality Improvement.
- The Board of Directors also provide leadership for the Quality of Improvement process as follows:
 - Supporting and guiding implementation of quality improvement activities at Community Action for Human Services, Inc.
 - Reviewing, evaluating and approving the Quality Improvement Plan annually.
- Leadership will support Community Action for Human Services, Inc.’s Quality Improvement Plan as follows:
 - Participation in Quarterly Quality Improvement Committee Meetings
 - Provide Feedback on Quarterly Reports
 - Education & Knowledge of Quality, Health, Safety & Person-Centered Planning

The Leadership supports QI activities through the planned coordination and communication of the results of measurement activities related to QI initiatives and overall efforts to continually improve the quality of care provided. This sharing of QI data and information is an important leadership function. Leaders, through a planned and shared communication approach, ensure the Board of Directors, staff recipients and family members have knowledge of and input into ongoing QI initiatives as a means of continually improving performance.

This planned communication may take place through the following methods:

- Story Boards and/or posters displayed in common areas.
- Recipients participating in QI Committee reporting back to recipient groups.
- Sharing of Community Action for
- Community Action for Human Services, Inc. will use a variety of methods and/or mechanisms to communicate to the recipients, staff, and leadership by:
- Sharing the CAHS, Inc. – Quality Improvement Plan – Annual QI Plan Evaluation
- Newsletters, Handouts or Email Blasts OPWDD Division
- Flyers or Memo’s in common areas
- Staff Meetings

Fiscal Oversight

CAHS, Inc.’s Boards of Directors and Leadership have responsibilities for overseeing the fiscal health of the organization.

Key areas for board members and agency administration to consider are:

- Trends in income and expenses
- The agency financial performance
- The agency’s cash flow
- Indications of misconduct, fraud, waste, or illegal/inappropriate activities
- CAHS, Inc.’s annual budget

Training

Quality Improvement Committee members, Board Members and Management will receive training on the Quality Improvement program and their related responsibilities initially and as needed thereafter.

Section 3 – Identified Areas of Improvement

Community Action for Human Services, Inc. will bring their management and staff together to review quantitative data and adverse occurrences to identify problems. The QI Committee will carefully prioritize identified problems and set goals for their resolution. The agency’s focus is to achieve measurable improvement in the highest priority areas. Community Action for Human Services, Inc. will provide education and training to managers, the administrative team, and staff. This training will be conducted onboarding, annually and/or as needed

.The agency will continue to develop or adopt necessary tools, such as practice guidelines, individual surveys, and quality indicators.

The agency is moving forward with future planning and implementation to ensure that some areas of improvement have been identified and will be addressed in the Quality Improvement plan:

Stakeholder Satisfaction

Stakeholder participation is key to measuring whether service delivery meets the standard. CAHS, Inc. in times past have held community meetings and conducted surveys to include the stakeholders' prospective in the agency goal planning process.

As a result of the 2020 COVID-19 Pandemic, stakeholder involvement took a dive.

Closure of program services halted movement during 2020 and 2021 which resulted in less responses to the survey process and a severe decline in community stakeholder meetings. During 2022 the survey process was initiated to gather data regarding stakeholder satisfaction. Community stakeholder meetings were held back as the numbers of community based COVID-19 cases increased.

As a result of the survey process, the CHOICES Day Habilitation program successfully reopened. A number of families showed interest in having their loved ones return to the program.

Although some concerns were addressed and the day habilitation program was reopened, stakeholder response remains at an all-time low. These lows are a result of communication concerns as well as finding the best method of communication that will suit the post COVID-19 environment and encourage stakeholder participation.

Staff Development and Retention

CAHS, Inc., along with other health service agencies, is currently experiencing a staffing crisis. The staffing crisis is the direct result of the 2020 COVID-19 Pandemic. Staffing concerns that contributed to the staffing crisis are majorly based around health and safety concerns and rate of pay.

During 2020 and 2021, a large number of employees left the Human Services and Health Services industries due to health and safety reasons resulting from the COVID-19 Pandemic. Additionally, a number of employees either opted out of mandatory vaccination or were terminated for opting out of mandatory vaccination. Person that was out of work during 2020-2021 received pandemic unemployment and SNAP benefits that were extended for approximately 1.5 years. The amounts of federal assistance received indirectly encouraged unemployed persons to remain unemployed as the benefits received were far above market rate salaries.

Over the past few years, it has been difficult to develop and maintain fully staffed programs with agency hired staff with persons refusing to return to the workforce. During 2022 CAHS, Inc. had to utilize temp staffing agencies to substitute direct care employees and meet program needs.

Monies directed toward education and training of temp employees became another major concern. OPWDD required that temp employees who worked with persons receive training and certification. However, the nature of temp employee services made it difficult to retain temp employees who received certification and training as temp staff rotated out of the agency as quickly as they were trained.

As an attempt to alleviate the staffing crisis, OPWDD distributed monies in the form of employee retention bonuses during years 2021 and 2022. However, this initiative did not immediately increase the pool of direct care professional employees. The initiative contributed to more employee turnover and the need for more development. Additionally, the market for new employees during year 2022 demanded more flexibilities and benefits, including remote work options and higher rates of pay.

CAHS, Inc. also continued to promote and recruit to secure staffing. However, with the competitive rates of other industries it was deemed difficult to compete with the current agency rates.

Policy Committee & Policy Review

During years 2021 and 2022, CAHS, Inc.'s policy review team has completed many policy updates to bring agencywide policy standards into compliance with OPWDD's Agency Provider Protocol Manual.

CAHS, Inc.'s policy continues to require review and revision in some areas. Therefore, in 2022, as an effort to update the formalized process for policy review, the Policy Review Team was restructured to form a Policy Review Committee.

In addition to internal policy updates, The Policy Review Committee has assessed CAHS, Inc.'s previous policy review methods and is currently revisiting a more efficient process to review and revise agency policy.

Individual Rights & Protections

The 2020 COVID-19 Pandemic posed changes to community movement and added restrictions to the service delivery environment. Since that time, it has been imperative for CAHS, Inc. to ensure the preservation of the rights and protections of persons served.

CAHS, Inc. has worked to ensure that persons served remained safe and protected during the surge of the pandemic crisis. However, because of the worldwide shut down, persons served experienced a decrease in freedom of movement and visits from friends and/or family members.

A mass education to persons served allowed for better understanding of the world environment and how safety first was a key answer to Pandemic concerns.

However, as movement and activity increased in 2022, CAHS, Inc. worked to ensure that the health and safety of persons served remain protected as they are exposed to more members of the community and as in person family/friend involvement increased.

Currently there is still a need for mass education on these topics amongst both staff providing service as well as people receiving service.

CAHS, Inc. continuously works to find innovative ways to ensure that all parties are educated in ways that will ensure that rights protections and health and safety are maintained in the post COVID-19 pandemic environment.

CAHS, Inc. is currently working to review, revise and implement a system of checks and balances for investigation follow-up and IRMA oversight.

Incident Management

As a result of the 2020 COVID-19 pandemic and the individuals' inability to participate in programming outside of their residential facilities, the number of incidents increased within the residence.

During 2021 and 2022 a decrease in timely reports of new incidents occurred although the number of incidents increased.

Additionally, the staffing crisis affected the QA Department as the dept sustained staff turnover without suitable replacement.

As a result, the following concerns were identified:

- Delays in the reporting of new incidents.
- Delays in completing thorough investigations within the required timeframes.
- Delays to entering subsequent information in IRMA as required.
- Delays to the completion of CAPS follow up.

To combat the delays the agency's incident management system was experiencing, training and education for all staff increased.

Section 4 – Goals & Objectives

The Quality Improvement Committee identifies and defines goals and specific objectives to be accomplished each year. These goals include training of Community Action for Human Services, Inc. administrative staff regarding both continuous quality improvement principles and specific quality improvement initiative(s). Progress in meeting these goals and objectives is an important part of the annual evaluation of quality improvement activities.

The following are the ongoing long-term goals for Community Action for Human Services, Inc. QI Program and the specific objectives for accomplishing these goals for the year 2023-2024.

- To implement quantitative measurement to assess key processes or outcomes;
- To bring managers and staff together to review CAHS, Inc.'s quantitative data and major adverse occurrences to identify problems.
- To carefully prioritize identified problems and set goals for their resolution.
- To achieve measurable improvement in the highest priority areas.
- To meet internal and external reporting requirements.
- To provide education and training to managers and staff.

Community Action for Human Services, Inc. is focused on enhancing the lives of individuals with developmental disabilities served and working with their families and staff to help promote inclusion, choice, preference and self-advocacy. The promotion of individuals' rights and the execution of services is our goal. The organization is looking to receive feedback from the surveys and make positive changes for the individuals and the programs. We will continue to be creative with the current workforce and try to retain our staff as well as welcome new staff to be a part of the self-rewarding experience of assisting others and enhancing their lives. The organization will continue to utilize the tools to monitor compliance and quality standards.

Quality Improvement Goals and Objectives charts below outline the specific goals for 2023 and 2024. In addition to these stated outcomes, larger and more broad-based initiatives are continually being explored and developed.

Increase Stakeholder Involvement

Timeline	Activity	Metrics
2023	<ol style="list-style-type: none"> 1. Transition surveys from hard copy to digital to encourage easy access and quicker response times. 2. Research the best format for persons served to complete surveys in an easy and timely fashion. 3. Revisit and develop an innovative means for staff persons to leave ideas and concerns. 4. Restart Self Advocacy Group amongst persons served. 	<ol style="list-style-type: none"> 1. Increase in survey responses. 2. Quicker survey turnaround times 3. Increased efficiency in data collection 4. Optimization of goal identification process.
2024	<ol style="list-style-type: none"> 1. Restart annual Parent Advocacy group. 2. Transition to electronic survey process 3. Utilization of system that generates automatic data calculation from electronic survey process to identify areas of improvement. 	

Strengthen Workforce Development

Timeline	Activity	Metrics
<p style="text-align: center;">2023</p>	<ol style="list-style-type: none"> 1. Review system for recruitment, identify and revise areas that require revision for recruitment success. 2. Review the onboarding process, Identify, and revise areas that require revision for a smoother onboarding process. 	<ol style="list-style-type: none"> 1. Increased percentages of staff persons hired.
	<ol style="list-style-type: none"> 3. Review salaries and benefits to outline ways to enhance benefits and salaries. 4. Review initial training program, identify, and revise areas that may require revision for staff development and support. 5. Review and revise where necessary health and safety practices to ensure that staff are comfortable and safe within their work environment. 6. Reduce the utilization of temp staff agencies. 	<ol style="list-style-type: none"> 2. Increased percentages in staff persons retained
<p style="text-align: center;">2023</p>	<ol style="list-style-type: none"> 1. Finalize changes to the System for recruitment. 2. Finalize changes to the onboarding process. 3. Reduce/Eliminate the utilization of temp staff agencies. 	

Formal Process for Agency Policy Review/Revision

Timeline	Activity	Metrics
2023	<ol style="list-style-type: none"> 1. Review agency policy and procedures and/or agency protocol for policy review and revision process. 2. Review OPWDD Agency Protocol Manual and OPWDD Memorandums to identify needed updates. 3. update the formal process for review, revision approval, and implementation of agencywide policies. 4. Identify and assign key players and outline their responsibilities in the agency’s policy revision process. 	<ol style="list-style-type: none"> 1. Number of policies revised, developed, reviewed, and approved. 2. Performance on Agency Review survey from DQI
2024	<ol style="list-style-type: none"> 1. Test the formal process for efficiency or needed changes. 	

Individual Rights Training Program for Agency Staff and Persons Served

Timeline	Activity	Metrics
2023	<ol style="list-style-type: none"> 1. Review and revise individual rights policy and procedures. 2. Review and revise individual rights education program for persons served. 3. Review and revise individual rights training program for employees, volunteers, and contractors. 4. Implement the revised training program. 	
2024	<ol style="list-style-type: none"> 1. Test the training program for effectiveness. 	

Strengthen Incident Management System

Timeline	Activity	Metrics
2023	<ol style="list-style-type: none"> 1. Review Incident Management policy and procedures for revision. 2. Identify and train additional internal investigators. 3. Identify an additional staff person(s) that will provide oversight of the incident reporting and management application. 4. Review, revise and implement a system of checks and balances for investigation follow-up. 	<ol style="list-style-type: none"> 1. Timely IRMA updates 2. Timely and thorough investigations
2024	<ol style="list-style-type: none"> 1. Review IRMA system reports to identify trends in reporting requirements. 	
	<ol style="list-style-type: none"> 1. Test the formal process for efficiency or needed changes. 	

Section 5 – Performance and Measurement

The Quality Improvement processes are designed to be consistent with the agency’s mission, vision, values, plans, and focus of the stakeholders needs. The Quality Improvement plan monitors key indicators in identified areas. The quality indicators will be identified by the agency by developing and collaborating with stakeholders. The indicators will reflect the demographic, unique cultural and regulatory requirements in this area.

Data Collection

Data will be collected from the HCBS Waiver programs such as the Day Habilitation program and the Individualized Residential Services programs. The agency will obtain data from applications utilized by the agency such as OPWDD’s Incident Reporting Management Application (IRMA) and Paylocity – CAHS, Inc.’s HR /payroll/timekeeping application. Through Paylocity, staffing patterns are tracked over a period of time. Additionally, data will be retrieved from the review of internal and external program audits, observations, committee meeting reports, budget reports, incident reporting committee minutes and physical plant safety documentation.

Satisfaction survey data is gathered from Individual surveys, Staff Satisfaction surveys are also a part of data collection. It is gathered to obtain staff feedback and input, and the Family/Correspondent/Advocate Satisfaction Survey provides feedback to the organization of positive feedback and areas of improvement.

Measurement

Methods for measuring and assessing service processes and outcomes will be formalized in FY 23-24 through self-assessment activities conducted under OPWDD services. The information reviewed is regarding improvement in Day Habilitation program services for individuals, the individuals who receive residential services through Individualized Residential Alternative (IRA's), the Individual and staff interviews and surveys conducted serve as measures for evaluating the processes and reaching person centered planning.

Once the performance has been measured, assessed, and analyzed, the information gathered by the above performance indicator(s) is used to identify a continuous quality improvement initiative to be undertaken. The decision to undertake the initiative is based upon CAHS, Inc.'s priorities.

The purpose of this initiative is to improve the performance of existing services or to design new ones. CAHS, Inc. utilizes the model called Plan-Do-Check-Act (PDCA).

Plan_ - The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and to determine anticipated outcomes. Ideas for improving processes are identified. This step requires the most time and effort. Affected staff or people served are identified, data compiled, and solutions proposed.

Do_ - This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.

Check_ - At this stage, data is again collected to compare the results of the new process with those of the previous one.

Act_ - This stage involves making the changes a routine part of the targeted activity. It also means "Acting" to involve others (other staff, program components or individuals) - those who will be affected by the changes, those whose cooperation is needed to implement the changes on a larger scale, and those who may benefit from what has been learned. Finally, it means documenting and reporting findings and follow-up.

Deficiencies identified through the assessment process will be prioritized for resolution. Each program is responsible for identifying and prioritizing deficiencies as they apply to their respective entity. The deficiencies will also be prioritized and become a part of our plan of improvement upon assessment as needed.

CAHS, Inc.'s system for performance measurement, analysis, trending, reporting, and improvement is based on continuous quality improvement model.

Self-Assessments

CAHS, Inc.'s organizational Self-Assessment is based on four domains, Financial Perspective, Internal Business Perspective, Individual Perspective, and Innovation and Learning Perspective and is conducted on an as-needed basis.

Purpose: To identify and to increase the agency's ability to meet the needs of persons served and to ensure effective person-centered planning. The ability to do this depends on continuously improving all the processes that contribute to providing services and producing results that satisfy individuals, their families, the community, staff, funding sources and other stakeholders.

Planning: agencywide staff participate in the organizational Self – Assessment through tools provided by OPWDD and other agency resources. The information is then assessed to determine trends, identify strengths and weaknesses and complement planning strategies. CAHS, Inc.'s self-assessment tools include but are not limited to the following:

- OPWDD Site Protocol
- HCBS Setting Compliance Worksheet
- Habilitation Notes Checklist
- Quality Assurance Review Tool – Program
- Quality Assurance Review Tool – Individual

Section 6 – Communication of QI Plan Updates and Revisions

Data from various agency systems is analyzed by the Quality Improvement Committee as a means to identify trends in the areas of health and safety, incident management, employee development, finances, and compliance with OPWDD regulation so that methods for improvement can be implemented.

Data is analyzed quarterly in differing formats to identify trends in a timely fashion. Analyzed data guides the development of plans of improvement and over time, will reduce negative trends. Additionally, this planning process lends itself to identifying best practices. Best practices are those clinical, programmatic and/or administrative processes, protocols, or practices that have resulted in the apparent and incremental improvement in clinical and program outcomes, consistently and predictably. These identified best practices will serve as benchmarks for leading CAHS, Inc. in the continual quality improvement planning process.

Reports including any identified trends are sent to supervisors, program coordinators, the Executive Director, and other pertinent staff. Corrective measures and improvements are monitored through ongoing evaluations of the systems that CAHS, Inc. has in place while maintaining those that are in compliance.

Feedback and trends are reported to the agency's Board of Directors annually or as needed.

Updates or revisions to the QIP will be communicated to all persons served and other stakeholders throughout the organization via email, newsletters, meetings, and related agency postings semiannually.

Training to affected persons will be provided as applicable upon discovery of trends that require immediate action and implementation of change.

Section 7 – Quality Improvement Plan Review and Approval

CAHS, Inc.'s Quality Improvement Plan (QIP) is a living document that will be evaluated and revised annually or as needed.

Evaluation of the QIP will be done through quarterly measurements of data to determine metrics progression. The results of the quarterly assessments will be reviewed by the Quality Improvement Committee (QIC) to determine the status of areas of improvement.

If concerns arise during quarterly assessments, the QIC will work to find immediate remediation and inform the CEO and Board of Directors for direction and guidance. Additionally, compilation of the quarterly reviews will be assessed annually to determine if the QIP requires revision. If the plan requires an update, changes to the QIP will be made to reflect the needed update.

The QIC Chairperson will adjust the QIP based on QIC's feedback and ensure that the plan aligns with the agency's mission and goals prior to forwarding the plan to the CEO for review.

The CEO will review the QIP and forward the QIP to the Board of Directors for review and approval.