

**Residential Program Workgroup Charter:**

**Goals of Residential Program Workgroup:**

- Develop a set of Residential Program Policy and Procedure that includes program purpose, philosophy, practices, as well as program staff, HSD, and vendor expectations.
- Develop a complete program manual that includes skill development opportunities for clients and improves client health and independence
- Develop a training and supervision plan to assure high quality service delivery from Residential Program staff
- Develop a Quality Assurance and Quality Improvement Plan for the Residential Program

**Membership:**

- Eric Diamond
- Jackie Moglowsky
- Katie Haupt
- Scott McCardell
- Kathy McCardell
- Other Bridges staff
- Other Bridges staff
- Other Regional Partners TBD
- Client/Family member
- Client/Family member

**Proposed Workgroup Meetings:**

The Project Team will meet commit to the following meetings as scheduled:

- Monday, December 7, 2015, 2:00-3:30, WA County PAC
- Monday, December 21, 2015, 2:00-3:30, WA County PAC
- Monday, January 4, 2015, 2:00-3:30, WA County PAC
- Monday, January 18, 2015, 2:00-3:30, WA County PAC
- Monday, February 1, 2015, 2:00-3:30, WA County PAC
- Monday, February 15, 2015, 2:00-3:30, WA County PAC

**Washington County Residential Program Policy and Procedure Implementation Plan**

**Residential Program Model Implementation:**

**Phase I: Team Development, Resource Organization and Planning**

- Assemble a team. Assure representation from external vendor (its leaders and staff), WA County HSD (leaders and practice staff), and determine the extent that clients, family members, and other interested stakeholders can participate.

## Residential Program Workgroup Charter & Implementation Plan 2

- Develop a final charter and implementation plan as a part of first meeting.
- Review and assess current program policies, practices and procedures in place:
  - Review Residential Program P&P currently in place
  - Complete surveys with external vendor staff, affected HSD staff and supervisors, and clients to determine effectiveness of current system and opportunities for improvement
  - Observe work at both sites to determine strengths and opportunities
  - Speak directly 1-1 with residential staff about current program; identify its strengths and opportunities for improvement
  - Make sure staff feedback and program specific needs are identified and integrated into new direction
- Identify program-specific evidence-based practices that should be provided to clients; include these on the competency list and assessment:
  - Review *Illness, Management and Recovery (IMR) Workbook* and develop programming ideas
  - Review *Casey Life Skills Manual* and develop into programming ideas
  - Review *Taking Action: A Mental Health Recovery Self-Help Educational Program* and develop into programming ideas
  - Identify other resources and develop into programming ideas
  - Identify specific programming, tasks and other daily services that provide:
    - Individual Skill Development and Enhancement
    - Medication Management
    - Physical Health Monitoring
    - Wellness Management and Recovery
    - Other Services and Experiences

### **Phase II: Final Resource**

#### **Organization and P&P**

#### **Development**

- Finalize and Organize best practices into a residential program manual that staff will use daily in program
- Finalize and Organize residential program schedule
- Identify outputs and outcomes, and develop draft residential program dashboard (that will form the basis of the QA/QI Plan)
- Based on program requirements, finalize staff and supervisor competencies:
  - Develop draft list of staff competencies required of program-specific staff
  - Develop assessment tool to measure staff competencies
  - Develop draft list of supervisor competencies required of program supervisors
  - Develop assessment tool to measure supervisor competencies
  - Examine and reboot job descriptions to make sure they are reflective of current practice, staff and supervisor competencies, and HSD/Program mission, values and goals
  - Assure new residential program supervision model meets CCS program requirements and HSD competency-based supervision model requirements. Integrate the supervisor and staff competencies (and larger model) into job

postings, job descriptions, orientation process and documents, probationary training and support, annual performance review process, and other performance management tools/processes used by supervisors and staff

- Develop new draft of residential program P&P to guide operations
- Arrange a focus group to review and provide feedback to project team on residential program elements, practices and P&P

### **Phase III: Establishing a Training Plan and Learning Goals**

- Based on final materials, practices, P&P, supervisory plan, develop training plan for clients, HSD staff and Residential Provider staff.
- Schedule training sessions for all clients and required staff.
- Provide focused, on-the-job training; build training into the supervision plan for the residential settings

### **Phase IV: Improving Performance**

- Continually align the residential program goals to the agency(ies) mission, values, and approach
- Continue to monitor adherence to the new program through ongoing supervision contacts, training sessions, and HSD-Vendor leadership meetings
- Consistently address a deepening of worker knowledge, skills, and attitudes about legal and ethical issues; target the mandated ethics and boundaries training to these issues
- Schedule leadership meetings that use the dashboard in review of program strengths and opportunities
- Assure “action plans” are developed monthly and as needed per dashboard review
- Develop quality improvement plans for the agency, including improved supervisory and training sessions; link this work to the required CCS specific QA/QI processes
- Develop performance standard and merit pay schedule to reward and encourage high performers to stay active with clients.