



Hawthorne Foundation Inc.
2024 - 2025 Quality Improvement Report
and Plan for OPWDD Programs

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Introduction

Since 1984, Hawthorne Foundation Inc. has served children and adults with autism and developmental disabilities. Today Hawthorne Foundation Inc. provides educational day programs (early intervention, preschool, school age Westchester, and school age Manhattan) to assist students ages eighteen months to twenty-one. HFI is an OPWDD provider of adult programs (residential community-based group homes and day habilitation) focused on educational, vocational, and meaningful life post-school for adults twenty-one years and older. Hawthorne Foundation Inc. also offers fiscal intermediary services to support self-direction, community work-based learning experiences, and independent living opportunities that support our families. As we continue to grow and expand our high quality educational, vocational, and habilitative person-centered services, one thing has not changed—our commitment and dedication to individuals with autism and intellectual disabilities. It is truly our people - board members, staff, volunteers, families, individuals with disabilities and community partners - who make HFI a place of growth and hope for the future by supporting our philosophy of individual worth and human dignity.

The mission of HFI is:

A behavior analysis approach to quality lifelong educational, habilitative, vocational and recreational programs for individuals with autism and other intellectual disabilities.

Using evidenced-based educational practices to promote independence, integration, individualization and productivity.

Overview and Sources of Information

HFI is committed to providing the highest quality services, and quality improvement initiatives are imbedded in every department within the Agency. This includes continual analysis of agencywide systems and practices, and evaluation of the effectiveness of these practices. The Executive Leadership, QA, QI and Training departments, along with program-level management, provide ongoing support and training to program staff and ensure compliance with state and federal regulations. The Chief Quality Improvement and Program Development Officer, Chief Quality Assurance and Corporate Compliance Officer, Executive Director, Human Resource Coordinator and Training Coordinator attend agency, OPWDD and provider association meetings regularly, and provide guidance on delivering high quality services, implementing OPWDD guidance, and provide feedback on incidents, internal and external reviews, and risk assessments.

The goal of both the Agency Trends Committee and Corporate Compliance Committee, made up of administration and program staff, is to identify trends and risk assessments, and use this information, along with other data, to improve the person-centered practices of the organization and supports program participants in living their best life in an environment that promotes their health, safety and rights, and is free from abuse and neglect and exploitation. The information collected informs program goals and initiatives in the areas of training, facilities management, staffing, technology, program development, among other areas, with the overarching goal to provide the highest quality services possible.

In addition, the Agency Incident Review Committee provides the Executive Director with data related to incidents, both internal and reportable, and this data, along with DQI ECFs, Statements of Deficiencies and Corrective Action Plans, are then analyzed to determine whether the concerns are program or site-specific or systemic in order to develop quality improvement plans for the OPWDD programs and at the administration level. The Quality Assurance department conducts unannounced internal audits of all IRA



and day habilitation programs at least twice annually, using an audit tool aligned with the OPWDD Agency Protocol Manual. Results of these internal audits are shared with each site and corrective action plans are created and implemented with the goal of ensuring full compliance with OPWDD regulations. QA staff meet with program coordinators and Training staff to ensure policies and procedures reflect current regulations/guidance and that staff are trained on these updates. Again, the goal is always to ensure that services provided are person-centered and reflect the desired outcomes of the program participants.

HFI's training department continually evaluates its practices and develops training initiatives as regulations change and need areas are identified. A major focus of the department over the past year or two has been to identify areas where staff may have missed in-person trainings during the COVID pandemic and to provide follow up training. In addition, the training department has focused on ensuring all staff are fully trained on the OPWDD Home and Community Based Settings regulations, especially person-centered planning and individual rights.

In recognition of the need to increase staff training post-pandemic, HFI implemented a 10-day New Hire Orientation. Trainings during this NHO include, but are not limited to:

- Introduction to Agency mission, values and expectations for staff
- HR Policies and Procedures
- Sexual Harassment
- Corporate Compliance
- Incident Management and Reporting
- Human Growth and Development
- Professionalism in the Workplace
- Introduction to I/DD and Applied Behavior Analysis
- I/DD and ABA with Reinforcement
- Educating People with I/DD
- Understanding and Managing Behavior
- Health Issue Awareness including Choking Prevention
- First Aid/CPR and Epi Pen
- DEI and Cultural Competence
- Data Collection
- Levels of Supervision and Behavior Support Plans
- PRAISE
- Van Safety
- Staff Action Plans
- SCIP-R



Embedded in every training is the philosophy of person-centered planning and the HCBS Settings requirements. Moreover, all IRA staff receive additional training at their IRA on personal allowance/benefits and IRA and day habilitation staff also receive training at their program site on each program participant's health/medical special alerts, medication administration and feeding protocols, BSPs, LOS, Life Plan/SAP goals, and person centered planning.

HFI's Human Resources Department gathers data on staff recruitment and retention initiatives, performance evaluation practices and disciplinary action, and carries out exit interviews with departing staff. Additionally, the HR department developed the following initiatives to enhance the quality of the workforce and help retain staff:

- Encouraging all qualified staff to enroll in the College of Direct Support and Registered Behavior Technician trainings, both of which provide an increase in compensation, thereby creating an incentive for DSPs to move up within the organization, gain more knowledge and experience and reduce staff turnover.
- Promoting Agency partnerships with area colleges and universities where staff may receive tuition discounts to start or complete their degree
- Promoting the Agency sign on bonus in recruitment advertising and the referral bonus for all staff
- Promoting the Agency tuition reimbursement program for qualified staff
- Implementing an Employee Relations Coordinator to meet with staff not only to resolve conflicts but also to give employees a voice and provide a safe space where they can share their concerns, ideas and challenges
- Initiation of diversity, equity, inclusion and belonging initiatives

HFI has always used the feedback received from staff, families, and the people we support as a way to identify areas for improvement and improve the quality of the services provided. The Agency uses an online format to collect this data in a yearly satisfaction survey for all programs and provides the survey in Spanish. This has allowed for a more efficient means of data collection and analysis and allowed respondents to remain anonymous if they choose. Over the past few years however, the number of responses to the survey has remained low and therefore, the Agency will explore additional methods to collect this feedback in order to improve the overall response rate to the survey process, and therefore the reliability of the data collected. Additionally, the Agency is reviewing survey questions to ensure data collected reflects satisfaction with all areas of HCBS Settings regulations.

Identified Areas for Improvement

Over the last year some areas of improvement have been identified and will be addressed moving forward in the 2024 Quality Improvement Plan:

- Increased staff recruitment and retention
- Consistent implementation of behavior support plans and staff training on plans
- Expanding opportunities for community integration
- Improved coordination of medical care for IRA residents
- Increase participation in satisfaction survey and enhanced survey questions to better capture satisfaction with person-centered programming
- Timely submission by programs of corrective action plans after QA/DQI audits and ongoing



implementation of CAPs

- More complete usage of Therap for medical documentation/behavior data collection
- Agency-wide review of all policies and procedures and updates to policies as necessary

Goals and Objectives

Hawthorne Foundation Inc. is committed to providing person-centered, high quality services to individuals with autism and other developmental disabilities and their families. This is achieved through ongoing evaluation, analysis and refinement of the Agency's program delivery and compliance standards, internal and external audit outcomes, training plans, staff recruitment and retention practices, and feedback from stakeholders.

The Quality Improvement Goals and Objectives chart below outlines the specific goals for 2024 and 2025.



Timeline	Goal	Metrics
2024 -2025	Increased staff recruitment and retention: <ul style="list-style-type: none"> • Implementation of ADP recruitment and onboarding modules • Expanding advertising to include social media • Executing contracts with additional staffing agencies for emergency staffing needs • Initiating an HR-led staff satisfaction survey • Expanding DEIB initiatives across Agency • Initiating staff mentorship program 	<ul style="list-style-type: none"> • Number of resumes received and staff onboarded • Analysis of HR staff hours saved through ADP automation • Number of staff satisfaction surveys received and analysis of responses • Increased retention of staff and satisfaction with position
2024-2025	Consistent implementation of BSPs and staff training on plans: <ul style="list-style-type: none"> • All new staff trained on BSP regulations during NHO • Current staff trained on BSP regulations during staff development trainings • All staff trained on person-specific BSPs • All staff trained on behavior data collection on Therap • Ongoing review of implementation compliance by Program Coordinators, BIS and QA team 	<ul style="list-style-type: none"> • Number of staff trained/total staff • Analysis of data collection on Therap • Analysis of reviews by supervisory staff • Monthly meetings to review individual BSPs
2024-2025	Expanding opportunities for community integration: <ul style="list-style-type: none"> • All DH program participants out in community at least 2x weekly • All IRA residents have monthly/weekly community integration plans in place and implemented based on individual choice • Ongoing review of implementation by managers, Program Coordinators, QA team 	<ul style="list-style-type: none"> • # of community outings and % increase over previous year • Review of person-centered planning for community integration • Monthly meetings to review implementation
2024-2025	Improved Coordination of Medical Care for IRA Residents: <ul style="list-style-type: none"> • Hiring/training additional RNs for IRAs • Ensuring all medical appointments, doctor's orders, MARs, PONS, nursing notes, discharge summaries are on Therap • Move from current pharmacy to long term care pharmacy families with OPWDD requirements and I/DD population • Ensure all medical appointments are scheduled and completed 	<ul style="list-style-type: none"> • Increase in medical documentation on Therap • Analysis of cost savings/quality of service at new pharmacy • Decrease in # of medical appointments missed or delayed • Increase in positive health outcomes for individuals
2024-2025	Timely completion of corrective action plans after QA/DQI audits and ongoing implementation of CAP: <ul style="list-style-type: none"> • Provide clear deadline for submitting CAP and steps for when assistance is needed • Retrain coordinators on OPWDD incident management timelines and CAP requirements, using a model CAP for reference • Ongoing review of implementation of CAPs by Coordinators and QA team 	<ul style="list-style-type: none"> • Decrease in # of late or incomplete CAPs • Decrease in # of repeat SODs for areas where CAPs were implemented • Decrease in # of disciplinary actions related to CAP noncompliance • Decrease in # of incidents

	<ul style="list-style-type: none"> • Hold staff accountable for noncompliance, including disciplinary action when appropriate 	
2024-2025	<p>More complete usage of Therap for medical documentation and behavior data collection:</p> <ul style="list-style-type: none"> • Train/Retrain RNs, managers and assistants on Therap medical documentation modules • Work with Therap to create OPWDD compliant BSP module on Therap • Train all staff on behavior data collection module on Therap • Program Coordinator review of Therap on a daily/weekly basis to ensure data is being collected • Nursing Coordinator review of Therap on daily/weekly basis to ensure medical documentation is uploaded to Therap 	<ul style="list-style-type: none"> • Increase in medical and behavior data on Therap • Decrease in missing medical and/or behavioral data • Review of training records • Coordinator analysis of Therap documentation • QA review of Therap data during internal audits • Increase in positive health outcomes for individuals
2024-2025	<p>Agency-wide review of all policies and procedures and updates to policies as necessary for compliance:</p> <ul style="list-style-type: none"> • Review all policies against OPWDD Agency Protocol Manual and revise policies/procedures as needed • Review all policies against OPWDD ADMs to ensure compliance and update policies/procedures as needed • Post all policies/procedures on secure staff login page on Agency website for access by all staff • Train/Retrain all staff on revised policies • Ongoing monitoring of changes to OPWDD regulations and update policies/procedures accordingly in real time 	<ul style="list-style-type: none"> • # of policies revised, developed, reviewed and approved • Review of training records • Decrease in # of incidents involving noncompliance with OPWDD and Agency policies/procedures • Performance of internal and DQI reviews
2024-2025	<p>Increase participation in satisfaction survey and enhanced survey questions to better capture satisfaction with person-centered programming:</p> <ul style="list-style-type: none"> • Create program-specific surveys to better reflect the information desired for each program • Ensure questions asked reveal satisfaction with person-centered services/HCBS Setting • Train staff to assist individuals to complete survey when no family members • Provide multiple means of participation in survey-online, email, paper, oral responses 	<ul style="list-style-type: none"> • % increase in survey responses over previous year for all programs • # increase in survey responses from individuals served • Comparison of # of surveys sent online, email, paper, oral • Agency review of survey summary results to inform QI Plan revisions



Communication

Effective communication with all stakeholders is a critical component of the HFI Quality Improvement Plan and the Agency will share information from this plan with staff, program participants, families, care coordinators, and Board members in order to ensure that daily operations align with the goals of this plan. Additionally, the plan will be reviewed during regular Coordinator meetings and staff meetings in all programs.

The goals in this plan are aligned with the risk assessments completed by the Corporate Compliance Committee and the findings of the Trends Committee, and input from both committees, as well as from the Chief Quality Improvement and Program Development Officer, Chief Quality Assurance and Corporate Compliance Officer, Human Resources Coordinator and Executive Director, is solicited throughout the year in case the plan requires modification. As the needs of the Agency and program participants change, the plan must also change to better reflect the challenges facing each stakeholder.

The Trends Committee (with assistance from other department administrators) will analyze the data collected related to this plan and report findings/progress towards goals to the Executive Officer and Board of Trustees at least twice yearly along with any new/revised recommendations for improvement in each area delineated in the plan.

This Quality Improvement Plan was reviewed by the BOD in July 2024.