

300 Organizational Leadership and Management

	<u>Page</u>
301	Administrative Authority 4
302	Policies and Procedures 4
303	Specifications of Persons Eligible for Services 4
304	Performance Excellence Core Strategies, Values and Concepts.5
	Visionary Leadership.....5
	Client/Consumer-Centered Programs and Services.....6
	Organizational and Personal Learning.....7
	Valuing Management, Staff, and Partners.....7
	Responsiveness.....8
	Focus on the Future.....9
	Managing for Innovation.....9
	Management by Fact.....10
	Social Responsibility..... 10
	Focus on Results and Creating Value.....11
	Systems Perspective..... 11
305	Performance Excellence Systems.....12
306	Leadership.....12
	Organizational Leadership.....13
	Social Responsibility.....13
	Corporate Compliance Program.....14
	Purpose.....14
	Policy.....14
	Procedure.....15
	Risk Management.....18
	Policy..... 18
	Procedures.....19
307	Strategic Planning.....24
	Strategy Development.....25

*Mid-Del Youth and Family Center, Inc.
Policies and Procedures*

	Strategy Deployment.....	26
	Performance	Excellence
Planning.....		27
	The Annual Operational Action Plan.....	27
	Periodic Reports.....	27
	Annual Performance Excellence Review.....	27
308	Client/Consumer, Stakeholder, and Community Focus.....	28
	Client/Consumer, Stakeholder, and Community Knowledge.....	28
	Client/Consumer and Stakeholder Relationships and Satisfaction...	29
	Public Relations and Marketing.....	29
	Strategic Alliances/Collaborative Partnerships.....	30
309	Measurement, Analysis, and Knowledge Management.....	33
	Measurement and Analysis of Organizational Performance.....	33
	Process Evaluation.....	33
	Outcomes Evaluation.....	34
	Information and Knowledge Management.....	35
310	Management and Staff Focus.....	36
	Work Systems.....	37
	Management and Staff Learning and Motivation.....	37
	Management and Staff Well-being and Satisfaction.....	38
311	Process Management.....	39
	Client/Consumer-Centered Processes.....	39
	Support Processes.....	40
312	Organizational Performance Results.....	41
	Client/Consumer Outcome and Performance Results.....	41
	Client and Stakeholder-Focused Results.....	41
	Budgetary, Financial, and Community Results.....	42
	Management and Staff Results.....	42
	Organizational Effectiveness and Efficiency Results.....	43
	Governance and Social Responsibility Results.....	44
313	Organization Teams and Committees.....	44
	Board of Directors	44

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

	Strategic Leadership/Management Team.....	45
	I.D.E.A (Innovation Drives Entrepreneurial Actions).....	46
	E.Q.I.P (Effective Quality Improvement Planning).....	47
	C.A.R.E (Communication, Acceptance, Relationships, Empowerment).....	48
	Clinical Team.....	49
	Emergency Shelter Team.....	50
	Prevention and Education Services Team.....	51
314	Grant Writing Policy and Procedures	52
	Policy Statement.....	52
	Procedures.....	52
315	Appendix A - Organizational Chart.....	54
316	Appendix B - Performance Excellence System Framework.....	55
317	Appendix C - Glossary of Key Terms and Definitions	56

300 Organizational Leadership and Management

301 Administrative Authority (Approved 03/19/04)

The Board of Directors appoints the Executive Director, who, as the Chief Executive Officer, is delegated the responsibility and authority to administer the agency.

The agency organizational chart that illustrates the operational components of the agency and their relationship to one another is included at the end of this section within Appendix A.

302 Policies and Procedures (Approved 03/19/04)

It is the policy of the agency to maintain, review and update all policy and procedures annually. Present major areas of policy include: Introduction; Board of Directors/Governance; Organizational Leadership and Management; Financial Planning and Management; Human Resources Management; General Program Standards; Emergency Youth Shelter, Integrated Alcohol and other drug/Mental Health Services: Outpatient Behavioral Health Services, Prevention and Education Services. Proposed changes shall be made in writing and submitted to the Board of Directors for review and appropriate action(s).

303 Specifications of Persons Eligible for Services (Approved 03/19/04)

It is the policy of Mid-Del Youth and Family Center, Inc. to maintain written criteria identifying the type of customers for each component of service.

Additionally, it is the policy of Mid-Del Youth and Family Services, Inc. to provide services solely on need for service without regard to economic status, ability to pay, race, color, national origin, religion, disability, sex, age, or place and duration of residence.

For those customers to whom we are unable to provide services, it is the policy of the agency to refer them to the most appropriate service resource.

304 Performance Excellence Core Values and Concepts (Approved 03/19/04)

It is the policy of Mid-Del Youth and Family Center to employ Total Quality Management as a core strategy to achieve organization performance excellence throughout all operational levels. Mid-Del's strategic focus is bringing programs and services that are client-driven, cost-effective, responsive, and continually improving. In order to deploy Total Quality Management throughout operations, the organization will develop, strengthen, and maintain a systems perspective for managing the organization and its key processes to achieve performance excellence results. The Baldrige National Quality Program Criteria and core values and concepts will serve as a foundation and Benchmark for integrating key Total Quality Management principles and processes within a results-oriented framework, that creates a basis for action and meaningful feedback. These core values and concepts have been proven to be embedded beliefs and behaviors utilized by high-performing organizations.

These core values and concepts include the following: Visionary Leadership; Client/Consumer-Centered Programs and Services; Organizational and Personal Learning; Valuing Management, Staff, and Partners; Responsiveness; Focus on the Future; Managing for Innovation; Management by Fact; Social Responsibility; Focus on Results and Creating Value; and Systems Perspective.

Visionary Leadership

Mid-Del senior leaders are responsible in setting directions and create a client/consumer-focused, learning-oriented climate; clear and visible values; and high expectations. All directions, values, and expectations should balance the needs of all relevant stakeholders. Mid-Del Leaders are responsible for creating strategies, systems, and methods for achieving excellence, stimulating innovation, and building the

knowledge and capabilities of the organization. Mid-Del values and strategies should assist in guiding all activities and decisions that impact the organization and the clients it serves. Mid-Del Leaders should strive to inspire, motivate, and encourage all managers and staff to contribute, to develop and learn, to be innovative, and to be creative. The Mid-Del Leaders are responsible to the organizations governance body for their actions and performance results. The Board of Directors are ultimately responsible to all relevant stakeholders for the ethics, vision, actions, and performance of the Mid-Del organization and its senior leaders.

Mid-Del senior leaders are to serve as role models and through ethical behavior and their personal involvement in planning, communications, coaching, developing future leaders, reviewing organization performance, and management and staff rewards and recognition. In addition, Mid-Del senior leaders should take an active role in community development and collaborations between business leaders and community service organizations

Client/Consumer-Centered Programs and Services

In order for Mid-del Youth and Family Center to realize its full potential in impacting the community, it must be vigilant in its focus on delivering client/consumer-focused programs and services. Remaining client/consumer-centered requires that the organization maintain a strategic concept that demands constant sensitivity to the changing and emerging client, stakeholder, and community key indicators that foster positive social impact and client satisfaction. Delivering client/consumer centered programs and services are of the highest priority for the Mid-Del organization. The Mid-Del organization can only be successful if the clients expectations are satisfied based on their perception of their problems and needs. This is one of Mid-Del's strategic focus areas.

Organizational and Personal Learning

In order for the Mid-Del Youth and Family Center organization to achieve the highest levels of performance excellence, a well-executed approach to organizational and personal learning must include organization development that encompasses both continuous improvement of existing approaches and adaptation to change; thus leading to new goals and/or approaches. Organizational development must be focused on learning that is (1) a regular part of daily work; (2) is practiced at personal, work team, program department, and organizational levels; (3) results in solving problems at their source (“root cause”); (4) is focused on building and sharing knowledge throughout Mid-Del operations; and (5) is driven by opportunities to effect significant, meaningful change. Sources for learning can be derived from suggested ideas from management and staff, research findings, stakeholder and client input, best practice sharing, and benchmarking.

Management and staff success will focus on opportunities for personal learning and the development of new competencies and skills. It is recognized by the Mid-Del organization that effective organizational learning can result in (1) more satisfied and versatile management and staff who stay with the organization, (2) organizational cross-functional learning, (3) building the knowledge assets of the organization, and (4) an improved working environment for innovation. Organizational development and learning not only increases the increased effectiveness of services, but also assist in building an organization that is more adaptive, flexible, innovative, and increase responsiveness to the needs of clients, stakeholders, community, as well as providing a means for management and staff satisfaction and motivation to be successful.

Valuing Management, Staff, and Partners

Mid-Del Youth and Family Center’s success depends on the diverse knowledge, skills, creativity, and motivation of all of it managers, staff, partners, and community stakeholders. Valuing managers and staff means that Mid-Del is committed to employee satisfaction, development, and well-being. In order for Mid-Del to accomplish this goal, it is important to create flexible, high-performance work

practices specifically fitted to managers and staff with diverse workplace and home life needs.

Major challenges that the organization must be committed to addressing in the area of valuing employees, includes (1) leaders demonstration of commitment to the success of managers and staff, (2) providing recognition that goes beyond regular compensation, (3) ensuring opportunities for development and progression with the organization, (4) sharing Mid-Del's knowledge so managers and staff can better serve clients and stakeholders and contribute to achieving strategic objectives, and (5) creating an environment that encourages creativity and innovation.

Responsiveness

Responsiveness is a critically important measure of Mid-Del's effectiveness and efficiency. It requires Mid-Del to have a capacity for faster and more flexibility in responding to the needs of clients and community stakeholders. Measurements that focus on client "waiting for service time" are important to determining the efficiency of program and service delivery. In addition, empowered managers and staff are vital assets to bringing responsiveness to the challenges that exist for behavioral health and human service organizations.

Measurements that reflect time performance are important factors among all operational areas that ultimately support direct services. It is recognized by the Mid-Del organization that time improvements can often drive simultaneous improvements in overall organization operations, to include both quality and cost-effectiveness.

Focus on the Future

In order for the Mid-Del organization to successfully deal with challenges within the behavioral health and human services

environment, a focus on the future requires the organization to maintain an understanding of both the short- and longer-term factors that can affect the organization and the community. On-going pursuits of organizational performance excellence requires that Mid-Del maintain an orientation and willingness to make long-term commitments to key stakeholders, communities served, managers, and staff. Mid-Del will seek to incorporate planning that anticipates many factors, such as changes in behavioral health and human service delivery, research on theoretical approaches, resource availability, client/stakeholder expectations and needs assessments, partnering and collaboration opportunities, manager and staff development, evolving technology changes, demographics, community/societal expectations, and strategic changes by comparable organizations.

An orientation toward the future for Mid-Del Youth and Family Center requires an investment in creating and sustaining a mission-orientated assessment system focused on positive social impact within the community. This involves tracking and measuring key community indicators that reflect youth and family well-being measures. Additionally, a focus on the future involves a long-term commitment to organizational capacity building and creating opportunities for social innovation and anticipating community needs and public responsibilities.

Managing for Innovation

Mid-Del Youth and Family Center understands that innovation means making meaningful change to improve an organization's programs, services, and processes and to create new value for the organizations stakeholders. Mid-Del's vision reinforces the belief that innovation can lead an organization to achieve new solutions to both old and new problems alike; is critical to stimulating progress in mission impact. It is the goal of Mid-Del to incorporate and maintain a culture that innovation thrives and is integrated with, and improves the processes of daily operations.

Management by Fact

*Mid-Del Youth and Family Center, Inc.
Policies and Procedures*

The Mid-Del organization depends on the measurement and analysis of performance throughout operations. Measurements are derived from Mid-Del's needs and strategy, and seek to provide critical data and information around key processes and organization results. Performance measures focus on client-outcomes that integrate a fact-based system. This system should examine input data, environmental data, manager and staff data, comparative benchmark data, cost data, operational performance measurement. Areas examined are reflected in both section 600 and 800; should be continually improved to ensure adequate data is available for analysis and decision-making regarding quality improvement.

Analysis is utilized to extract larger meaning from data and information to support evaluation findings, decision-making, and quality improvement. Analysis is utilized to determine trends, projections, and cause and effect relationships. Analysis can be utilized in planning, reviewing organizational performance, improving operations, change management initiatives, and comparing performance with comparable organizations or "best practice" benchmarks.

Six Sigma methodology DMAIC (Define, Measure, Analyze, Improve, and Control) and design for Six Sigma are primary tools the organization utilizes to accomplish management by fact.

Social Responsibility

Mid-Del Youth and Family Center leaders should stress responsibilities to the public, ethical behavior, and the need to practice citizenship and community development. Leaders serve as role models for the Mid-Del organization and demonstrate consistency and focus on ethics, protection of client-well-being, health and safety, and a professional and appropriate working environment.

Mid-Del Youth and Family Center is committed to meeting and exceeding all local, state, and federal laws and regulatory requirements. Highly ethical behavior throughout all organization operations is critical to Mid-Del's public stewardship of its resources;

is monitored by the organizations governance body through corporate compliance monitoring.

Mid-Del Youth and Family Center is committed to partnering to develop healthy communities that benefit all stakeholders. Mid-Del maintains an active commitment to advocacy, social organization and development within the respective communities served, association partnerships, and interagency collaborations.

Focus on Results and Creating Value

Mid-Del Youth and Family Center, Inc., focuses its performance measurement needs on key results. These key results focus on creating a balance between the value developed for clients/consumers, stakeholders, employees, and the general public. By creating value, the Mid-Del organization is committed to improving the quality of services that are available to youth, families, and communities served.

Key indicators the organization utilizes to monitor value include, but is not limited to reviewing actual performance, communicating results, and providing a clear basis for improving the results of the programs and services.

Systems Perspective

Mid-Del Youth and Family Center, Inc., acknowledges that system operations are integral to effective measurement, analysis, and knowledge management, which is critical to the organizations effective management by fact, knowledge driven system for improving quality performance. Measurement, analysis, and knowledge management serve as Mid-Del's foundation for quality performance management.

The performance excellence system comprises of the Leadership triad (Leadership, Strategic Planning, and Client/Consumer, Stakeholder, and Community Focus). These systems working together allow for leadership to focus on strategy and on persons served and stakeholders. It is the responsibility of the Executive Director to seek future opportunities for the organization. In addition, the results triad

comprises of (Process Management, Organization Performance Results, and Management and Staff Focus). These two triad systems form Mid-Del's performance excellence system that is a composite of all seven categories and allow leadership and management to monitor, respond to, and manage performance based on the organizations results. The systems perspective also includes the organization key outcome performance measures and the knowledge to build key strategies, which in turn seek to improve overall quality and satisfy clients/consumers.

305 Performance Excellence Systems (Approved 03/19/04)

It is the goal of Mid-Del Youth and Family Center, Inc., to maintain the highest degrees of performance excellence in carrying out its organizational mission. In order to accomplish this goal, the organizational leadership will maintain seven performance excellence systems that will seek to maximize the organization contribution to the youth, families, and communities it exist to serve. These systems include: Leadership; Strategic Planning; Client/Consumer, Stakeholder, and Market Focus; Measurement, Analysis, and Knowledge Management; Management and Staff Focus; Process Management; and Organizational Performance Results.

306 Leadership

It is the goal of Mid-Del leadership to examine and improve how the organizations Executive Director and management team members address organizational values, directions, and performance expectations, as well as a focus on client/consumer, stakeholder, management, staff empowerment, innovation, and organizational learning. In addition, leadership is to examine and continually improve its role in community development and social planning that seeks to build brighter futures for youth, families, and communities served.

Organizational Leadership

The Board of Directors, Executive Director, and key management staff are responsible in guiding the organizations performance

*Mid-Del Youth and Family Center, Inc.
Policies and Procedures*

excellence. To accomplish this means, the Executive Director is directly responsible for ensuring the organization maximizes its social impact through all employee contributions. In addition, leadership manages accountability for the organization's actions; fiscal responsibility; independent internal and external audits; protection of persons served and relevant stakeholders.

The Executive Director is responsible for the development and implementation of Total Quality Management initiatives and practices throughout all organization operations. In addition, he or she will ensure appropriate projects are selected for design for Six Sigma; act as a champion, trainer, and facilitator in promoting quality management as an integral cultural value held by all employees. The use of surveys and feedback regarding administrative support services will be utilized to gather valuable information on Executive leadership effectiveness (See section 200, Board of Directors and Governance for Executive Evaluation and succession planning).

Social Responsibility

It is the goal of Mid-Del Youth and Family Center, Inc., to ensure adequate measures in policy and procedures and operational activities clearly address the organization's responsibilities to the public; ensures ethical behavior and the practicing of good citizenship is an integral part of the Mid-Del culture. Key results may include, but are not limited to regulatory, legal, and accreditation compliance, peer reviews, evidence of policies, public disclosure of information, staff training, and monitoring systems (Corporate Compliance), conflict of interest, appropriate use of technology; appropriate and efficient use of funds, equal access to services. It is the Executive Director and key management team members' responsibility to familiarize themselves with all policy and procedures and potential problems/issues that may compromise the organization's ability to carry out its mission. (See Corporate Compliance)

Corporate Compliance Program (Approved 10/03)

Purpose

To establish and publish the official policy of Mid-Del Youth and Family Center, Inc. regarding the organization's corporate compliance program and plan.

Policy

Mid-Del Youth and Family Center, Inc is dedicated to the delivery of behavioral health care in an environment characterized by strict conformance with the highest standards of accountability for administrative, business, clinical, financial and marketing management. Mid-Del Youth and Family Center, Inc. leadership is aware of and fully committed to the need to prevent and detect fraud, waste, abuse, fiscal mismanagement and misappropriation of funds and, therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, the organization is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes:

- A. Prevention of wrong doing – whether intentional or unintentional,
- B. Immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and the reporting party's identity will not be disclosed except where there is consent or it is determined that disclosure will be unavoidable during the course of an investigation.
- C. Timely correction of any situation, which puts the organization, its leadership or staff, funding sources or consumers at risk.

Procedure

By formal resolution, the Board of Directors has delegated overall responsibility for the Corporate Compliance Program to the Board

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

President. The Board President will formally designate a Corporate Compliance Officer, monitoring the organization's corporate compliance program and provide periodic and regular reports to the Board of Directors on matters pertaining to the program.

The Corporate Compliance Officer (CCO) shall:

- A. Chair the organization's corporate compliance team and serve as the organization's primary point of contact for all corporate compliance issues, including scheduling team meetings, reports on team activities and making recommendations to the Board of Directors as required;
- B. Develop, implement and monitor – on a regular and consistent basis – the auditing, investigative and reporting processes, procedures and systems;
- C. Prepare, submit and present periodic reports to the Board of Directors as may be required to provide clear communication to the organization's leadership for corporate compliance oversight; and
- D. Coordinate development of the organization's formal corporate compliance plan.

At least once per year, the CCO will initiate a Compensation Review Committee meeting of the assigned members of the Board of Directors. This compensation review process will review the compensation packages of all key staff members and more specifically, those staff members who have the potential to exercise "substantial control" over the organization's policies, procedures and operations. The Chair, in consultation with the Board of Directors, will determine the appropriate corrective action, if required, and will maintain results of the compensation review process.

The CCO shall submit an annual report to the Board of Directors. Annual reports will include at a minimum:

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

- A. A summary of all allegations, investigations and/or compliance processed in the preceding 12 months in conjunction with the corporation compliance program,
- B. A complete description of all corrective action(s) taken, and
- C. Any recommendations for changes to the organization's policies and/or procedures related to Corporate Compliance.

In the performance of his/her duties, the CCO shall have direct and unimpeded access to the Board of Directors and the organization's accounting firm and/or legal counsel for matters pertaining to corporate compliance.

As part of corporate compliance plan development, the CCO shall schedule, coordinate and monitor regular and periodic reviews of risk areas by competent persons external to the organization. Such reviews will be conducted as a way to ensure ongoing conformance with billing, accounting and collection regulations imposed by the federal government and other "third party" funding sources. More critically, these reviews will augment the organization's annual audit of its accounting system and provide an additional, internal measure to ensure conformance with billing and coding policies and practice that will withstand the scrutiny of any regulatory audit or examination.

- D. Definitions. To aid in the detection of fraud, program abuse, or criminal conduct, the following definitions are provided. These definitions are nether fully inclusive nor restrictive of all activities that may be included under each activity:
 - i. Fraud, Misfeasance, Nonfeasance or Malfeasance. Any alleged deliberate action, which appears to be in violation of applicable Federal, State, or local statues and regulations. This category includes, but is not limited to, indications of bribery, forgery, extortion, embezzlement, theft of consumer resources, kickbacks from consumers or contractors, intentional payments to a contractor without the expectation of receiving services, payments to ghost employees, misuse of appropriated funds,

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

and misrepresentation of information in official reports, including failure to report accurate financial and/or program outcomes when applying for local, State, or Federal Funding.

- ii. Misapplication of Funds. Any alleged use of funds, assets, or property for purposes/activities not authorized or provided for by legislation or regulations, grants, or contracts. This category includes, but is not limited to, nepotism, political patronage, use of consumers for political activity, ineligible consumers, conflicts of interest, failure to report income from funding sources, violation of contract/grant procedures, the use of local, State, or Federal funds for other than specified purposes, and failure to report compromise of Federal reporting for Internal Revenue purposes.
- iii. Gross Mismanagement. Actions or situations arising out of management ineptitude or oversight, leading to major violations of the legislative or contract/grant provisions. Such actions or situations have the potential to hamper severely the accomplishment of program goals, wastes government resources, and jeopardize future support for a particular project. This category includes, but is not limited to, unauditible records, unsupported costs, highly inaccurate fiscal reports or program reports, payroll discrepancies, payroll deductions not paid to the IRS, and lack of adequate internal control procedures.
- iv. Employee/Consumer Misconduct. These actions include, but are not limited to, conflict of interest or the appearance of conflict of interest involving outside employment; business and professional activities; the receipt or giving of gifts, fees, entertainment, and favors; misuse of Federal property; misuse of official information; and such other activities as might adversely affect the confidence of the public in the integrity of the government as well as serious violations of Federal and State laws.

E. Reporting Form. Mid-Del Youth and Family Center, Inc. will

utilize an official form for reporting instances of fraud, misapplication of funds, gross mismanagement, and any other incidents of known or suspected criminal or other activities. The waste, fraud, and abuse incident form will also be used to provide supplemental information for an investigation/s and final reports.

Risk Management

Policy:

- A. It is the policy of Mid-Del Youth and Family Center, Inc. to assign responsibility for operational implementation of risk management, and to assess for potential and actual risks to persons served, to the public, to staff members, and to the overall working and service delivery environment and facilities. Assessments will result in preventive measures and interventions that will serve to reduce risk and loss within the organization.

- B. Mid-Del Youth and Family Center, Inc. is committed to long-range planning to ensure service continuity and, therefore, to a formal and periodic risk management process as a method to identify loss exposures, analyze and evaluate loss exposures, identify a strategy to be taken to counter any potential loss, implement the most effective strategy, provide ongoing management/governance oversight of the efficacy of decisions made regarding risk management/loss prevention activities, and implement any necessary changes as may be indicated by a changing service and/or business environment.

Procedures:

- 1) The Corporate Compliance Officer will coordinate activities designed to result in reduction of risk and loss and continuously improve the quality of care.

- 2) The Corporate Compliance Officer is charged to identify and assess risk, develop a plan with interventions, actions, and systems to control risk, conduct periodic evaluations to assess results of actions and reformulation of planning, and ensure that

financial support is available to meet the goals of the risk management plan.

- 3) The Corporate Compliance Officer will assess the organization's exposure to loss in the following causation areas:
 - a. People: This area is defined as acts or behaviors that may expose the organization to loss and liability. Appropriate areas for assessment would include, but not be limited to, incident reports, code of conduct standards and violations, safety standards, reports, consumer rights and grievance complaints, and purchasing/fiscal practices. For additional information, refer to the Corporate Compliance Policy.
 - b. Organization: This area is defined as the policies, procedures, and legal guidelines that the organization is legally responsible to follow. Appropriate areas for assessment would include, but not be limited to, a review of the organization's policies and procedures compared to actual practices, a review of federal and state safety, fiscal, third party, and clinical guidelines compared to actual practices, and a review of current industry standards of care compared to actual practices.
 - c. Hardware: This area is defined as the conditions that exist within the organization. Appropriate areas for assessment would include, but not be limited to, the physical structures in which services are provided, equipment used throughout the organization, health and safety reports, incident reports, maintenance reports, and the organization's tools for maintaining and transmitting information.
 - d. Insurance: This area is defined as the overall insurance program that the organization has in place to protect all assets and protects persons served, staff members, the designated authority members, and others associated

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

with the organization, against reasonable claims due to adverse events for which the organization is liable. Appropriate areas for assessment would include, but not be limited to, appropriate insurance coverage for buildings, equipment and inventory, workers' compensation, bonding of personnel, and vehicles. In addition, assessment also includes the areas of professional liability, products and services, and designated authorities' errors and omissions.

- 4) The Corporate Compliance Officer will conduct a formal Risk Management Assessment (RMA) and report the findings of that assessment to the organization's designated authority. The Risk Management Assessment Questionnaire Form will be utilized to guide the assessment process.
- 5) The Corporate Compliance Officer will facilitate and encourage staff member involvement in assessing risk and loss through the distribution of a risk assessment questionnaire that provides basic education regarding risk management and directs the staff member to provide opinion and feedback regarding their perception of risk within their work environment. The Corporate Compliance Officer will facilitate the staff member assessment process through department and/or program educational presentations.
- 6) The Corporate Compliance Officer will review the organization's historical losses, or potential for loss in all areas assessed, and will utilize this information to establish a standing Risk Management Plan. The plan will be directed towards investigation, continued assessment, and/or coping with a specific issue, solving a particular problem, or reaching a clearly identified objective. Each goal will contain specific objectives, time lines, persons responsible, review dates, and target dates for completion.
- 7) When developing, managing, monitoring, and reevaluating the Risk Management Plan, the Corporate Compliance Officer will

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

address issues through a continuous review of the following:

- a. Can the problem, or potential problem be eliminated?
 - b. If a problem cannot be eliminated, can action be taken to maintain an acceptable level of risk?
 - c. If a loss occurs, can the severity of the loss be reduced?
 - d. What are the various causes that can lead to the problem?
 - e. What are the possible event frequencies and consequences related to the various causes?
 - f. What alternatives can be established to deal with potential problems?
 - g. Would a combination of technical and organizational measures increase the level of prevention?
 - h. What are the results of selected control measures?
 - i. Periodic evaluation of control measures.
 - j. Corrections of control measures if they are not carried out properly.
 - k. Evaluation of risk financing options.
 - l. Evaluation of overall goal results.
 - m. Ongoing reformulation of the plan.
- 8) The Corporate Compliance Officer will provide an annual summary of its activities, and results of planning and interventions to the Strategic Management Team and the Executive Director to provide information for management

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

decision making and planning, and inclusion in the organization's reports to persons served, staff members, third parties, referral sources, regulatory agencies, and other stakeholders.

A. The committee/manager will function as follows:

- 1) Composition: The Risk Management Committee (under Strategic Management Team) will be composed of the following employees/representatives:
 - a. Fiscal.
 - b. Executive.
 - c. Human Resources.
 - d. Health and Safety.
 - e. Quality Management.
 - f. Information Management.
 - g. Clinical Personnel representing all Program/Service Areas.
 - h. Other representatives, as selected by management and the committee.

- 2) The Chairperson of the Risk Management Committee shall be the Director of Programs and Services, and will provide leadership at monthly meetings. Minutes, reports, and correspondence will be maintained and the chairperson will report activities monthly to the Strategic Management Team and the Executive Director.

Risk management policy and procedures can be implemented by committee and is determined by the level of human resources needed to operate the program effectively. The Mid-Del organization may utilize the current organization's insurance company to assess risk, analyze risk, and provide a report to use in developing policy, procedures, and ongoing planning in risk management.

The annual risk management assessment will, at a minimum, address and answer the following questions:

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

1. Does the organization anticipate significant changes in primary funding streams in the next 18 months? If yes, describe the changes and the estimated impact on service delivery.
2. Does the organization anticipate significant changes in the types of persons the organization currently serves? (For example, is it anticipated that the organization will need to serve more persons who do not have insurance benefits? Will the organization be expected to serve more persons who do not speak English as their primary language? Is it anticipated that the organization will serve more persons with special needs?) If yes, describe the impact of the anticipated needs in terms of fiscal and human resources, and the anticipated changes and impact on service delivery.
3. Does it appear the organization's inventory and accountability system for office equipment, computers and other "high value" items is sufficient to protect against loss, theft, or inappropriate use? If no, identify a course of corrective action.
4. Does the organization's physical plant provide reasonable security for persons served and staff members? If no, identify improvements and/or changes needed to rectify the problem.
5. Does the organization's health and safety program appear effective in identifying possible risks and hazards? If no, what plans does the organization have to address that situation?
6. Does the organization have an adequate oversight system in place to minimize the risk of billing and coding errors? If no, what plans does the organization have to address that situation?
7. Does the organization's corporate compliance program appear to be effective in preventing fraud, waste and abuse of funds from public sector sources? If no, what changes need to be made?
8. Does it appear the organization will face increased business competition in the next 18 months? If yes, provide an estimate as to

how that competition could affect the organization's funding sources and consumer base.

9. Does it appear the organization has sufficient insurance coverage to protect the organization's assets in the event of an emergency situation?
10. Describe the organizations' most significant challenge in the next 18 months and include an assessment of how that challenge will impact the organization, and how the organization will meet the challenge.

307 Strategic Planning (Approved 03/19/04)

The purpose of Mid-Del's Strategic Planning system is to examine how the organization develops strategic objectives and action plans. It also serves to examine how the chosen strategic objectives and actions plans are deployed and how progress is monitored.

Strategy Development

It is the policy of Mid-Del Youth and Family Center, Inc. to ensure strategic planning processes are guided by the organizations mission. The Executive Director, in conjunction with Board leadership will review the mission statement on an annual basis and ensure that all Board members and staff have a thorough understanding of the organization's mission.

It is the policy of the organization to ensure all strategic documents are developed and based on sound planning principles that are client-driven, responsive, cost-effective, and continually improving. The Executive Director and the Board of Directors will determine the organizations readiness for planning and define strategic, tactical, and operational planning and identify the critical value to sustaining ongoing mission responsiveness and communicate this to the entire staff within the organization. All necessary basic steps and the identified processes will include a minimum of reviewing and articulating the mission; assessing the organization and its

environment, developing strategies, tactics, goals and objectives, and developing operation, program, fundraising, and marketing plans.

It is the policy of the organization to ensure all planning initiatives maximize the stewardship of human, financial, and material resources. The Executive Director and Board leadership will determine how much time and financial resources will be applied to the planning process. Organizational leadership will define and determine the roles and expectations for all planning participants. A strategic planning leadership team will be delegated the task of carrying out all identified critical strategic planning processes. The Executive Director and Board leadership will identify any need for and roles of any external consultants and identify ways to maximize cost and effectiveness of use of such consultants. All planning efforts will include information regarding identified customers and community needs in order to analyze any existing or potential opportunities and strengths related to the organizations current service delivery infrastructure capacity. All relevant stakeholder information will be assessed as related to prioritized opportunities to serve the communities respective needs.

It is the policy of the organization to ensure all plans will take into account strengths, weaknesses, opportunities, challenges and threats. The strategic planning leadership team will work to conduct a thorough analysis of strengths, weaknesses, opportunities, challenges and threats that involve both internal and external stakeholders; will include a cost-benefit analysis of both tangible and intangible costs, benefits (outcomes). In addition, the strategic leadership team will conduct a thorough competitive and strategic partnership (alliance) analysis.

Strategy Deployment

The Mid-Del activities that are tied to the strategic plan and the results of the analysis and assessment processes will be utilized to develop annual operational action plans in each strategic system areas. The goals of these plans are to improve the quality, effectiveness and efficiency of programs and services operations, fundraising, marketing/public relations, and management/operations. Annual

operational action plans will be developed and objectives will be identified along with an implementation schedule that will reflect each action plan priorities.

The organization will identify expected shorter and longer-term outcomes and performance measures that connect the annual operational action plans that will be utilized to reach the desired strategic performance measures and outcomes. All responsible staff responsible for carrying out the objectives of operational action plans will be actively involved in the development of such plans. In addition, all relevant stakeholders that have participated will take part in the continuous monitoring of the strategic plan and ensure all adjustments will be made as necessary.

Performance Excellence Planning

It is the policy of Mid-Del Youth and Family Center, Inc. to prepare an Annual Operational Action Plan for the agency and each program component that includes a mission and purpose statement, definition of the target population to be served, and specific written programmatic Performance Outcome Measures, which are approved by the Board of Directors and derived from the organizations strategic planning processes and documents.

The Annual Operational Action Plan shall be available to the general public upon request.

The Annual Operational Action Plan

The Annual Operational Action Plans shall be presented to the Board at the beginning of each fiscal year. All program service outcome goals must be measurable. Performance Outcome Measure achievement is to be documented by case records, management logs, or other means as needed for specific data collections

(qualitative/quantitative).

Periodic Reports

A summary of services delivered and progress towards Performance Measure Results shall be reported to the Board of Directors. These reports are to be maintained with the strategic plan for review, research and evaluation to be utilized in program decision-making based on the organizations strategic focus (client-driven, responsiveness, cost-effectiveness, and continuous quality improvement).

Annual Performance Excellence Review

The Annual Performance Excellence Evaluation is reviewed monthly at strategic management meetings and at each Board Meeting. Quarterly performance reviews will be utilized for trend analysis, progress reporting, program and/or organizational adjustments, and quality improvement initiatives. Annual performance reviews are utilized to monitor progress toward three-year planning goals and objectives, organizational adjustments, quality improvement initiatives, and information and/or data gathering and facilitation for future long-term organizational strategic planning and process design/redesign initiatives.

308 Client/Consumer, Stakeholder, and Community Focus (Approved 03/19/04)

The purpose of Mid-Del's Client/Consumer, Stakeholder, and Community Focus is to examine how the organization determines operation requirements, expectations, and preferences of clients/consumers, stakeholders, and community needs. In addition, this focus allows for Mid-Del to build relationships with persons served and relevant stakeholders in order determine key factors in collaborations and satisfaction, cross referrals, and consistency in increasing the quality of behavioral health and human services. All relevant key data to include performance outcomes, accessibility, and needs assessments will be incorporated in trend analysis and quality

improvement planning.

Client/Consumer, Stakeholder, and Community Knowledge

The Executive Director and Board leadership identify reliable sources of both qualitative and quantitative community information as well as a process for accessing it through community stakeholders and inter-organization collaboration. The organization's role in contributing to the achievement of community outcomes is understood and communicated. The Executive Director and Board leadership understand links between the community's desired outcomes, needs, interest, organization outcomes and activities. A process is identified for soliciting community and stakeholder opinions about needs and interest on an on-going basis.

It is the policy of the organization to ensure that all relevant stakeholders are included within all planning processes. The planning leadership team will communicate openly about the purpose and goals of the strategic planning process and make efforts to build trust and confidence and actively seek full participation within the planning process. The strategic planning leadership team will identify all relevant stakeholders and identify the effective group processes and other activities to be utilized for information gathering and for soliciting input from all stakeholders. This may include, but is not limited to focus groups, workshops, retreats, surveys, community needs assessments and community resource mapping.

Client/Consumer and Stakeholder Relationships and Satisfaction

The organization will utilize outcomes and performance data, as well as all other pertinent demographics, statistics on community issues; information/data reflecting best practices in order to improve the quality of programs and services. The Strategic Leadership Team will design a presentation that documents the progress that has already been done and includes visual displays of community statistics, findings from the evaluation reports, and general related information from the field.

Public Relations and Marketing

Mid-Del Youth and Family Center, Inc., insures there is a clear understanding of public relations and marketing plans; that all plans developed are appropriate and in proportions to the overall organization wide budget.

There will be efforts to ensure participation throughout the organization to identify the purpose and goals of public relations/marketing and their relationship to the organizations mission. The Executive Director, Board leadership and designated management staff will develop communication goals in conjunction with all Board and staff input on overall organization and program needs, goals, and objectives. All marketing goals will be set to achieve clear outcomes that will further enhance the organizations ability to carry out its mission within the community. The Executive Director and designated management staff will set marketing goals in relationship to the organization wide budget based on clear operational priorities.

All public relations and marketing plans will be assessed to ensure they match the organization's need to communicate leadership/managerial, fundraising, and program information to the public. All public relations and/or marketing plans will be based on the organization's communication goals as identified by specific program and/or services, fund development, administrative staff and assigned Board leadership.

The Executive Director and management staff will solicit input from all departments of the organization to ensure full staff participation with, input into and understanding of communication plans, goals, and objectives. All public relations and/or marketing plans will incorporate diverse and cost effective mechanisms for communicating information to the specified target audience.

The Executive Director and designated management staff will examine all current communication and marketing tools as part of the plan of development; identify all possible mechanisms for communicating necessary information and analyze cost effectiveness of each methodology; identify what is to be communicated

(messages) to whom (target audience), how (methods).

Mid-Del's collateral materials will demonstrate and show consistency and accuracy in portraying the organization's mission, activities and public information. Collateral materials will employ specified standards of language, statistics and information that have been identified as relevant and consistent throughout all organization materials. The materials will be clear and easy to understand by the public. The Executive Director and assigned management staff will review all current collateral materials for consistency and accuracy and develop organizational communication standards as appropriate for collateral communications.

Strategic Alliances/Collaborative Partnerships

All strategic alliances, collaborations, and/or partnerships will be developed and managed effectively; opportunities directed toward such efforts will be analyzed in terms of potential benefits, challenges and drawbacks to Mid-Del and other stakeholder organizations and/or entities.

The Executive Director and other appropriate management staff will define all aspects of what is being exchanged in a collaborative partnership; this may include general managerial/program information, fiscal responsibility, physical assets (facilities, equipment), program/services (materials, supplies), and personnel needs. The type and level of commitment required of each stakeholder will be identified within scope of collaborative partnership. The Executive Director and all designated appropriate management staff will develop an agreement that clearly described the responsibilities of each stakeholder involved. The designated management staff will develop job descriptions for any staff assigned to any jointly-managed project/s. All collaborative efforts and strategies will be monitored for effectiveness by assessing programs in terms of both process and outcome measures. The Executive Director and assigned management staff will find agreement with stakeholders to a time frame for evaluation of collaborative partnerships based on agreed upon outcomes.

*Mid-Del Youth and Family Center, Inc.
Policies and Procedures*

Strategic alliances and collaborative partnerships will make efforts to communicate goals and activities to relevant stakeholder professionals and the community. Information will be presented in writing and verbally in a manner will be easily understood by the public at large. All designated leadership involved organizations will develop responses to questions that have been asked by community members regarding the goals and activities of the collaborative partnership.

All efforts within collaborative partnerships or strategic alliances will ensure resources across agencies are shared. Existing community and organization resources will be identified to bring consolidated resources to focus on an issue that is beyond any individual organization or stakeholders ability to address the issue. The designated leadership within stakeholders will identify the potential resources and develop a sound rational for the cooperative use. Leadership will identify any restrictions on individual stakeholder organization resources and the conditions under which resources would be shared.

Every effort to build consensus among all stakeholders will be made to resolve any potential conflicts that may impede Quality improvements to services. An agreed upon process will be identified and be clearly understood on how existing systems will find alternative solutions to complex problems. Assigned organizational leadership will develop clear guidelines and ensure understanding of and be able to articulate the multi-systemic operations will work. Stakeholders to assess how it may be applied to broader community social issues will utilize all knowledge that is develop joint projects. Any appropriate relevant stakeholders and advocates will be identified and contacted to pursue bringing new partners into existing projects or newly created projects. Assigned leadership will form a task committee to identify a broad range of stakeholders for targeted community issues. Any conflicts that may arise will be examined by organizational leadership to assess how it may have impeded the quality of services and seek out the root cause of such conflicts to ensure mediated solutions are explored to prevent Future conflicts. When a multi-stakeholder conflict occurs, organizational leadership

will serve as a mediator to identify common points of agreement and find agreement within any opposing positions or points of views.

In order to maintain effective relationships across organizations, there will be an accurate understanding communicated on the functions and services of relevant stakeholders and how service interaction will take place. The designated organizational leadership will develop clear terms of operating agreements that will specify the activities or services of all parties involved in joint projects. All organizations involved in joint projects will communicate their respective mission and activities to other organization/stakeholders to ensure the most effective utilization of resources and the improved working relationships among providers; with specific emphasis on improving the quality and access to programs and/or services. Any perceived misunderstanding or other potential problems will be recognized at the earliest stage and action initiatives will be made to improve the mutual understanding and solving of problems.

309 Measurement, Analysis, and Knowledge Management (Approved 03/19/04)

It is the goal of Mid-Del's Measurement, Analysis, and Knowledge Management is to determine methods to which the organization selects, gathers, analyzes, manages, and improves its data, information, and knowledge assets.

Measurement and Analysis of Organizational Performance

Mid-Del Youth and Family Center, Inc., utilizes Total Quality Management principles and practices, and Six Sigma (disciplined extension of TQM) as the primary means to ensure the organization measures, analyzes, aligns, improves, and controls for high operational performance. Utilizing TQM/Six Sigma as core strategies allows for tracking of critical operational data, monitoring overall organizational performance, strategic decision-making, innovation, agility, benchmarking, trend analysis, and competitive advantage in delivering excellent programs and services. The organization utilizes a team system to direct the key performance excellence systems and

ensure that the highest degrees of client/consumer-driven, cost-effective, responsive, and continually improving services are available to youth, families, and respective communities served.

Process Evaluation

Mid-Del maintains an ongoing system of **process evaluation** in place for measuring whether activities are being implemented as planned. A system is maintained for staff to record their activities in the normal course of their daily work. Quality improvement process evaluation will utilize the DMAIC (Define, Measure, Analyze, Improve, and Control) design framework. The appropriate management staff design and implement systems for recording activities and collecting both qualitative and quantitative data about program activities. Regular and frequent reports on organization activities are distributed inside and outside the organization. Management staff ensures appropriate reports are generated to relevant stakeholders/audience and purpose. See section 600 Program Standards.

Outcome Evaluation

Mid-Del maintains an ongoing **outcome evaluation** system in place that operates on a regular, timely, relevant, and accurate basis. Identified management staff implement and maintain a simple system for measuring outcomes and instruct staff in its use. All outcomes will have clear and convincing measures and staff will participate in collecting all needed measures regarding organization outcomes.

Data collected through the process and outcome evaluations are readily retrievable and entered into a computer database for functional area analysis and decision making; is regularly analyzed to examine time and Client trends. Organizational leadership ensures the needed hardware and software to make accurate data collection is made possible. The designated management staff secures needed training for in-house staff to be able to regularly analyze data or to out-source these analysis tasks.

Mid-Del Youth and Family Center, Inc., uses evaluation data to

effectively communicate to staff, Board and other stakeholders about its progress. These methods may include, but are not limited to newsletters, web page, computer-interactive, and summary reports. The Board, staff and funders regularly receive process and outcome evaluation reports that are clear and simple to read. The Executive Director and management staff implements a system for regularly reporting evaluation findings to staff, Board and other stakeholders. The Executive Director and management staff develops clear, understandable and relevant evaluation reports that measure agreed-upon outcomes. All data is shared with all stakeholders and the Executive Director and Board leadership develop ways to share findings with stakeholders, collaborating partners and community members. The Executive Director and Board leadership identify and work with lead stakeholders to review evaluation findings in a way that gains useful feedback to the organization. All organization outcomes are presented in the context of relevant comparison data.

The organization's most important outcomes and related activities are defined, including who delivers what to whom and by when. The Executive Director and Board leadership identify key outcomes to be measured and ensure the process is accomplished through E.Q.I.P committee team. The importance and relevance of activities to outcomes is conveyed to all relevant staff and community stakeholders. The Executive Director communicates clear expectations to staff so that they understand the outcomes for which they will be held accountable.

Information and Knowledge Management

It is the policy of Mid-Del Youth and Family Center, Inc. that a general knowledge and comprehension of the role and functional utility of technology in programs and service delivery, information sharing, professional communication, community access and data management and its impact on the organization and its ability to carry out its mission is understood.

The Organizational Leadership and Management will review the role information technology management resources will be utilized in

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

planning activities, such as strategic, program, financial, public relations, marketing, and development. The input from all relevant staff is sought in order to gain an understanding of information technology priorities required for staff to carry out their respective job responsibilities.

The Organizational Leadership and Management maintains a basic working knowledge of information technology and ensures supervisors instruct staff who use it on the basic hardware and software available for them to perform their duties. Organizational leadership and management will investigate how similar organizations are utilizing technology to enhance their overall efficiency and effectiveness. The Executive Director and designated management ensure that information issues as related to security and ethics; ensure guidelines that facilitate the appropriate use of information technology resources are in place.

Mid-Del Youth and Family Center maintains efficient and cost-effective methods of integrating technology into organization operations with the goal of improving the quality of services and overall efficiency of human resources. The Organization leadership and management will identify all potential costs and benefits when making information technology decisions, to include organization staff training. The Executive Director in conjunction with the Administrative Services Director will develop a budget and plan for ensuring resources utilized for new technology acquisition do not exceed 5% of the organization wide budget; ensure maintaining any selected technology information management systems will not exceed 2-3% of the organization wide budget in following fiscal years.

The Executive Director and/or designated management staff will identify ways to utilize the information technology to integrate various functions such as maximizing efficiency and minimize operations costs (such as utilizing integrated data management systems, i.e. donor, impact, etc). The use of organization data, information, and organizational knowledge will be continually monitored for: integrity; timeliness; reliability; security; accuracy; and confidentiality. All efforts will be made to evaluate outsourcing data

information management systems to determine the most effective and reliable data tracking. In addition, management staff will evaluate collaborative technology endeavors with other agencies within and outside of OAYS (Oklahoma Association of Youth Services).

310 Management and Staff Focus (Approved 03/19/04)

The purpose and goals of Management and Staff Focus are to examine how Mid-Del's work systems and management and staff learning and motivation enable employees to develop and utilize their full potential in alignment with the organizations overall mission, strategies, and action plans. In addition, Management and Staff Focus seek to build and maintain a work environment where employees support a climate conducive to performance excellence and to personal and organizational growth.

Work Systems

Mid-Del Youth and Family Center, Inc., ensures staff are involved in identifying, analyzing and solving problems directly related to their own work; a system is maintained for staff to identify needs for improvement in their work processes. It is the goal of the organization to promote cooperation, initiative, empowerment, and innovation throughout Mid-Del's culture. Management staff uses methods such as brainstorming and surveys to gather ideas from staff. Group problem-solving among managers and/or staff is encouraged among program/service teams; management staff leads group problem-solving using data collection and analysis, cause and effect analysis, measurable objectives, implementation tests, and evaluation of results. Management staff ensures group facilitation is done in a way that encourages full participation; document decisions made and tasks assigned concisely and accurately. The E.Q.I.P (Effective Quality Improvement Planning) committee team will serve as the primary catalyst work systems improvements, as designated by the Executive Director.

Compensation, recognition, and related reward and incentive practices will be designed to reinforce high-performance team excellence and a

clear focus on being client/consumer-driven. Compensation and recognition may include promotions, bonuses based on performance, skills acquired, and other critical factors. Recognition may include systems that are monetary and non-monetary, formal and informal, and individual and group mechanisms. In addition, recognition systems will include a means to acknowledge the contributions of volunteers who contribute to carrying out the organization mission.

Management and Staff Learning and Motivation

The Mid-Del organization's management and staff education, training, and career development are recognized as being crucial to the support and achievement of overall strategies, action plans and contributing to high performance. It is the goal of the organization to continually develop and build employee knowledge, skills, and capabilities.

Training and development needs will be prioritized according to short- and long-term strategic objectives and action plans; focus on areas that will contribute to accurate performance measurement and improvement. Organizational needs assessment surveys will be conducted to determine additional training and education needs employees feel are critical to carrying out their job performance. The organizations Mid-Del University will be utilized to carry out the development and training needs of all employees, as coordinated through the C.A.R.E committee team. The C.A.R.E committee team will be responsible for assessing satisfaction, needs, and coordination of MDU training and development activities. Area to be included, but are not limited to: employee orientation; diversity, ethical practices; leadership development; environmental safety; conflict resolution; team building; and quality management practices (see section 500, Human Resource Management, staff training and development).

It is the responsibility of the C.A.R.E committee chair and other supervisory staff to make recommendations to the Executive Director of outstanding team and individual contributions to team efforts. This is critical to ensuring adequate rewards and recognitions are being utilized to reinforce new skill development and application to daily operations.

Management and Staff Well-being and Satisfaction

It is recognized by the Mid-Del organization that maintaining a work environment that creates a climate that supports the well-being, satisfaction, and motivation of management and staff is crucial to organizational performance excellence. Mid-Del ensures that continuous improvement and monitoring of workplace health, safety, security, equal opportunity, and ergonomics are evaluated to determine action plans to improve the overall well-being of all employees.

The organization ensures adequate workplace preparedness for emergencies and other natural disasters that may impact employee well-being and the well-being of clients/consumers.

The organization strives to provide staff with competitive benefits; tailor specific operational flexibility and incentives within the needs of each functional area. Satisfaction and needs surveys are utilized to track progress in the improvement of management and staff well-being and satisfaction. These surveys are conducted quarterly and findings are utilized to make appropriate quality improvement changes and the development of action plans.

Data indicators that may be monitored to evaluate this area include: safety and absenteeism; overall management and staff turnover rate by program and benchmarked to other partner OAYS agencies; grievances filed; insurance cost; workers compensation claims; and results of surveys. Surveys will seek to gain insight into staff perception of empowerment and information sharing. Total Quality Management and Six Sigma principles and practices will be utilized for organizational problem solving.

311 Process Management (Approved 03/19/04)

The goals and purposes of Mid-Del's process management system are to examine key aspects of the organizations process management, including key client/consumer centered process for behavioral health

and human services; the value such programs and services bring to clients/consumers and the community.

Client/Consumer-Centered Processes

It shall be the policy of the Board of Directors of Mid-Del Youth and Family Center, Inc., to ensure the organization's outcomes are linked to the clients/consumers and community's desired outcomes, needs, and interest. Current information will be maintained on community demographics, statistics on relevant issues, and best practices for programs. All identified outcomes and quality improvement initiatives will strategically and operationally focus on being client-driven, responsive, cost-effective, and continually improving (as identified through procedural and process design/redesign).

Mid-Del Youth and Family Center, Inc., ensures there is a system in place for monitoring Quality of services and/or programs which covers achievement of objectives, completeness, comprehensiveness, accessibility, affordability, number of Clients receiving services, and coordination of services with other agencies. Services and programs are regularly reviewed with those performing the work and those benefiting from the work, in order to identify needs for improvement and recognize success. The Executive Director and management staff understands and apply principles of **Quality management practices (i.e.TQM/Six Sigma)**.

Support Processes

Mid-Del Youth and Family Center, Inc seeks to continually improve key support processes that are most critical to supporting the organizations client/consumer-driven focus and the delivery of behavioral health and human services. These support services may include, but are not limited to: processes for finance and accounting; facilities management; legal, human resource, and marketing services/public relations; information services; central receiving and purchasing; management of supplies and/or partners; and secretarial and other administrative services.

Mid-Del utilizes the principles and practices of Total Quality Management and Six Sigma to monitor and improve cycle time, productivity issues, cost control, and other effectiveness and efficiency issues critical to support processes. Out of this process, Mid-Del will seek to ensure consistency in quality support services that maintains the integrity of the organizational needs and improvement directions.

These results seek to continually improve the key support processes that lead to performance results and mission impact.

312 Organizational Performance Results (Approved 03/19/04)

Mid-Del Youth and Family Center, Inc seeks to continually examine the organizations performance and improvement in the following key areas: Client/Consumer Outcome and Performance Results; Client/Consumer and Stakeholder-Focused Results; Budgetary, Financial, and Community Impact Results; Management and Staff Focus; Operational Performance; and Governance and Social Responsibility. Also examined throughout these areas are appropriate internal and external benchmarks standards.

Client/Consumer Outcome and Performance Results

Mid-Del Youth and Family Center, Inc seeks to identify and report key client/consumer outcome results by program and service area. This data is utilized to monitor and evaluate key indicators of client-driven services and the continual improvement of the quality of Mid-Del's services. Cross organization benchmark comparisons are utilized to examine Mid-Del's effectiveness and efficiency levels as reference to OAYS partner agencies. Outcome results seek to reveal information that will bring increased insight into client/consumer preferences, overall mission and primary improvement objectives, and performance indicators for clients/consumers with comparable problems and needs. All this data is focused on improving the overall

quality and impact of services with youth, families, and communities.

Client and Stakeholder-Focused Results

Mid-Del Youth and Family Center, Inc seeks to identify and report key client/consumer and stakeholder-focused results. This data is utilized to examine the current levels and trends in key indicators of clients/consumers and stakeholder satisfaction and dissatisfaction with services; reference comparative OAYS organization data to serve as benchmarks. In addition, these key results include satisfaction surveys, community needs surveys that generate data that seeks to demonstrate value for services provided, positive referral relationships, accessibility of services, and positive key stakeholder partner relationships.

Budgetary, Financial, and Community Results

Mid-Del Youth and Family Center, Inc seeks to identify and report key budgetary, financial, and community impact results. This data is utilized to examine current levels and trends in key indicators of budgetary and financial performance, to include cost-effectiveness. In addition, Mid-Del seeks to track key trends in community well-being indicators, such as students eligible for free and reduced lunches, rates of child abuse and neglect, juvenile delinquency, violent crimes, domestic/intimate partner violence, etc. This tracking and analysis is critical to the organizations ensuring resources are being allocated properly to maximize the stewardship of resources in impacting community well-being. These results serve as primary tools to adjust program service budgets, developing annual budgets, making budget adjustments, and making overall program and/or division changes in service delivery.

Management and Staff Results

Mid-Del Youth and Family Center, Inc seeks to identify and report key management and staff-related results surrounding work system performance and management and staff learning, development, well-being, and satisfaction. These results address issues such as diversity,

team building, and functional team comparative data. In addition, these results identify current trends in key indicators of the overall work system performance effectiveness; key trends and issues of overall staff well-being, satisfaction, and dissatisfaction. These results serve as a primary tool to make quality improvement initiatives surrounding management and staff results.

Key indicators are utilized to be responsive to the organization and human resource action plans. Indicators may include, but are not limited to: collaboration and teamwork; knowledge and skill sharing across work functions, divisions, locations; management and staff retention; flexibility; and simplification of job and job classification, job rotations. Additional indicators may include innovation and quality improvement suggestion rates, courses (MDU) or training programs completed, learning, on-the-job performance improvements, and cross-training rates.

Organizational Effectiveness and Efficiency Results

Mid-Del Youth and Family Center, Inc seeks to identify and report key organizational performance results that contribute to opportunities for the organization to enhance its mission impact with youth, families, and communities. The achievement of organizational effectiveness is not only measured through client/consumer outcomes, but also examines key community indicators that reflect factors that significantly impact youth, family, and community well-being and quality of life.

Mid-Del examines trends of indicators of overall operational performance of key processes related to services being client/consumer-driven, cost-effective, and responsive and continually improving. Mid-Del continually seeks opportunities to improve program and operational quality that impacts the organizations overall efficiency and effectiveness.

Mid-Del is committed to examining trends and indicators of key operational performance that supports the staff at the administrative and direct service level. Issues that are examined include

productivity, cycle time, adequate support services, and other measures as designated. Additionally, key results and measures related to the accomplishment and progress in organizational strategy and operational action plans are examined to ensure maximum efficiency and effectiveness. These results serve as a primary catalyst for increasing the overall quality and mission impact with youth, families, and communities.

Governance and Social Responsibility Results

Mid-Del Youth and Family Center, Inc. seeks to identify and report key governance and social responsibility results. These results include evidence of fiscal responsibility (both internal and external), ethical behavior (Corporate Compliance Reports), legal compliance (full compliance with local, state, and federal laws effecting the organization), and organizational citizenship (community development and social planning involvement and advocacy).

Key results in these areas are examined to determine trends in indicators of fiscal responsibility, ethical behavior, governance, regulatory and legal compliance, grievance reporting, and organizational citizenship activities in support of communities served.

313 Organization Teams and Committees (Approved 03/19/04)

Board of Directors

The Board of Directors is charged with the overall responsibility of leadership and direction of the organization. This involves an active partnership and collaboration with the Executive Director and key management staff. The Board of Directors maintains a focus on all key focus values and concepts and ensures that performance excellence systems are being continually developed and improved to ensure client/consumer-driven, cost-effective, responsive, and continually improving services are available for the youth, families, and communities served by the Mid-Del organization. The Board of Directors meets the second Tuesday of the month at 12:15pm (see section 200, Board of Directors/Governance).

Strategic Leadership/Management Team

It is the Strategic Leadership/Management Team to develop, implement, and ensure the consistency of quality operations throughout all functional organizational areas. The majority of time within the team should focus on performance reviews and recommendations for quality improvement initiatives, as reportedly from key program teams and committee teams. The team is responsible in ensuring the Board of Directors receives accurate, timely, and consistent performance reporting

Key Core Focus, Values, and Concepts:

Visionary Leadership; Client/Consumer centered programs and services; Social Responsibility; Systems Perspective

Key Performance Excellence Systems:

Leadership; Organizational Performance Results; Strategic Planning.

Key Team Membership & Meetings:

Include senior management team members and any other staff members deemed necessary for strategic leadership. Members include Executive Director, Director of Programs and Services, Emergency Shelter Director, Administration Services Director, Development Director, CARS Director, and Clinical Director. Meetings will meet at a minimum of quarterly and review working committee team reports for decision making regarding QA and QI initiatives throughout all organization operations. Meeting times will be adjusted according to organizational needs.

Key Outcomes & Performance Measures: Strategy development,

deployment, monitoring, reporting organizational performance results, and make improvement and/or control recommendations.

Key Tools: Total Quality Management Principles and Processes, to include Six Sigma methodology and design.

Benchmarking (external/internal):

Appropriate CARF standards; McKinsey Capacity Index Grid (Aspirations; Strategy; Human Resources: CEO/Executive Director, Management Team & Staff; Systems and infrastructure). Baldrige Quality Criteria Standards. OAYS outcome benchmarks; association best practices. Internal benchmarking includes annual operational action plan program/division goals and three year projections of both financial and service impact.

I.D.E.A (Innovation Drives Entrepreneurial Actions)

It is the responsibility of the I.D.E.A committee team to ensure innovation, creativity, development, and alternative resource mapping and planning are accomplished according to the organizations strategic objectives and action plans.

Key Core Strategies, Values, and Concepts:

Focus on the Future; Managing for Innovation.

Key Performance Excellence Systems:

Leadership; Strategic Planning

Key Team Membership & Meetings:

It is the responsibility of the Executive Director or his/her designee to select team members whose natural strengths and abilities lend themselves to innovation and entrepreneurship. These I.D.E.A team members will serve as team leaders within their respective program/service areas and serve as a champion with other team member in developing social innovation and creative problem solving and quality improvement suggestions. New program and service development cross functional teams can be formed to develop both

internal and external community development initiatives and new services. Meetings times determined by need; chair leadership is rotating.

Key Outcomes & Performance Measures:

Indicators include new project initiative, work system improvements, empowerment based program improvement initiatives, and economic and social impact results related to new projects or developments

Key Tools:

TQM principles and processes geared toward brainstorming, improvement suggestions, and employee participation practices.

Benchmarking (external/internal):

Mckinesy Capacity Index Grid (Planning; Fund raising and revenue generation; Infrastructure). Researched best practice standards, internal cross function benchmarking.

E.Q.I.P (Effective Quality Improvement Planning)

It is the responsibility of the E.Q.I.P committee team to ensure quality management initiatives are consistently being employed throughout all organization operations. This teams serves as critical component to measurement, analysis, and knowledge management.

Key Core Strategies, Values, and Concepts:

Agility; Management by Fact; Focus on Results and Creating Value.

Key Performance Excellence Systems:

Process Management; Organizational Performance Results; Measurement, Analysis, and Knowledge Management

Key Team Membership & Meetings:

Membership includes the Executive Director, Director of Programs and Services (chair), Clinical Director, Administration Services

Director, Prevention and Education Services Coordinator. Meetings will occur at minimum monthly.

Key Outcomes & Performance Measures:

Submitting of data (QA/QI) activities reports to the Strategic Management Team and Board quarterly.

Key Tools:

TQM principles and practices, with strong emphasis on Six Sigma methodology/Design.

Benchmarking (external/internal):

McKinsey Capacity Index Grid (Performance management); Baldrige Quality Criteria; CARF standards; OAYS peer agencies; internal program operations; and researched best practice standards.

C.A.R.E (Communication, Acceptance, Relationships, Empowerment)

It is the responsibility of the C.A.R.E team to ensure consistent commitment to communication is established between internal operations, clients/consumers/persons served, stakeholders, partners, funding sources, and other relevant parties. This is accomplished through satisfaction surveys, focus groups, problem solving groups, information publications (newsletters), brochures, etc. It is also the C.A.R.E teams responsibility to ensure that issues affecting diversity are consistently demonstrating acceptance of difference among employees, persons served, stakeholders, community leaders, faith community, and other relevant parties. This is accomplished through attitudinal studies, surveys, training and development, team building exercises. This team role seeks to develop, strengthen, and develop relationships both internally with staff, but also with all relevant external stakeholders. The final responsibility of the C.A.R.E team is to ensure adequate training and learning development is being administered, but also implement through actions with daily operations. Feedback mechanisms, such as employee involvement/participation activities are encouraged to facilitate this process.

Key Core Strategies, Values, and Concepts: Organizational and Personal Learning; Valuing Management, Staff, and Partners.

Key Performance Excellence Systems: Management and Staff Focus; Client/Consumer, Stakeholder, and Community Focus.

Key Team Membership & Meetings:

Membership is designated by the Executive Director, strong cross functional team interaction is highly encouraged; meetings will meet as frequently as required to accomplish team goals and outcomes.

Key Outcomes & Performance Measures:

Survey, training, feedback, E/I results.

Key Tools:

TQM Employee involvement/participation practices, surveys, needs assessments.

Benchmarking (external/internal):

CARF Standards; OAYS peers; McKinsey Capacity Index Grid (External Relationship Building and Management; Human Resources; Staff & Volunteers; Human Resources Management; Organizational Structure; and Culture), and researched best practices.

Clinical Team

It is the responsibility of the Clinical team to ensure persons served receive the highest quality of services that focus on collaboration, strengths, and added value. This team utilizes several mean to accomplish their goals, case consultations, training and development, case audits, etc.

Key Core Strategies, Values, and Concepts:

Focus on Results and Creating Value; Social Responsibility; Organizational and Personal Learning; Client/Consumer Centered Programs/Services.

Key Performance Excellence Systems:

Client/Consumer Focus; Process management

Key Team Membership & Meetings:

Clinical Team is comprised of direct service staff and meets weekly

Key Outcomes & Performance Measures:

Clinical Team Outcome Reports

Key Tools:

Direct services, outcomes, surveys, case consultations, and training.

Benchmarking (external/internal):

CARF standards; OAYS peer standards; researched best practices.

Emergency Shelter Team

It is the goal of the Emergency Shelter team to ensure full regulatory compliance with the Department of Human Services, Office of Juvenile Affairs, and cross/community referral for supportive services for children and youth residing at the shelter.

Key Core Strategies, Values, and Concepts:

Focus on Results and Creating Value; Social Responsibility; Organizational and Personal Learning; Client/Consumer Centered Programs/Services.

Key Performance Excellence Systems:

Client/Consumer, Stakeholder, and Community Focus

Key Team Membership & Meetings:

Membership includes all shelter staff and is chaired by the Emergency Shelter Director, or his/her designee. Meetings are held a minimum of monthly.

Key Outcomes & Performance Measures:

Outcome results (OAYS), monthly reports.

Key Tools:

Policy and Procedures section 700

Benchmarking (external/internal):

OAYS peer agencies; researched best practices.

Prevention and Education Services Team

It is the responsibility of the Prevention and Education Services Team Coordinator to ensure persons served receive the highest quality of services that focus on collaboration, strengths, and added value. This team utilizes several mean to accomplish their goals, case consultations, training and development, case audits, etc.

Key Core Strategies, Values, and Concepts:

Focus on Results and Creating Value; Social Responsibility; Organizational and Personal Learning; Client/Consumer Centered Programs/Services.

Key Performance Excellence Systems:

Client/Consumer Focus; Process management

Key Team Membership & Meetings:

Clinical Team is comprised of direct service staff and meets weekly.

Key Outcomes & Performance Measures:

Clinical Team Outcome Reports

Key Tools:

Direct services, outcomes, surveys, case consultations, and training.

Benchmarking (external/internal):

CARF standards; OAYS peer standards; researched best practices.

Note: If chair is not noted, it is rotated among team members.

314 Grant Writing Policy and Procedures (Approved 03/19/04)

Policy Statement

All grant requests must be consistent with the mission of the organization. Mid-Del Youth and Family Center, Inc. is committed to the highest standards of donor stewardship and accountability. This includes appropriate acknowledgement and recognition for funds received. All grant submissions by individual Program Directors and Coordinators require approval by their immediate supervisor and the Executive Director prior to submittal to any prospective funding source in accordance with this section.

Procedures

The initial step in the process is to discuss the proposed grant request with the immediate supervisor. The immediate supervisor is to determine if the proposal is consistent with the mission of MID-DEL, will not jeopardize any existing funding and is program appropriate. If these criteria are met, the proposal is submitted to the Executive Director for approval.

With the approval to proceed given by the immediate supervisor, the Program Director or Coordinator will prepare a grant outline to submit to the Executive Director with the following:

- A. Copy of grant guidelines
- B. Timeline for preparation including any costs
- C. Amount of funds to be requested
- D. Explanation of how the funds will be used by the organization
- E. Supporting documentation required

The Executive Director will review the proposal and will determine if the proposal will place any existing or potential funding at risk in

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

order to avoid simultaneous grant submissions and/or conflict with other organization funding. The Program Director or Coordinator will be advised of the decision as soon as possible.

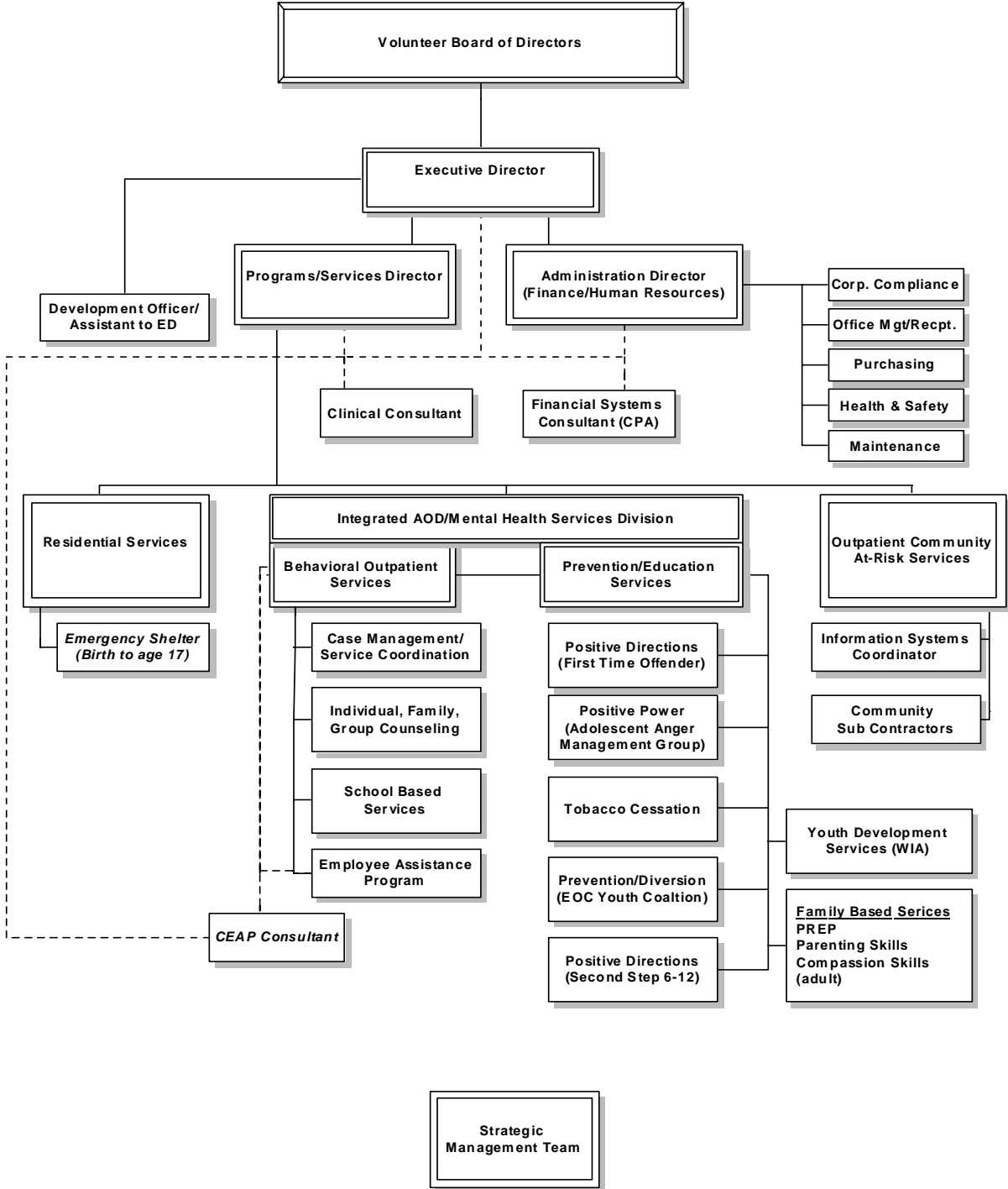
Once the draft proposal is prepared, it is to be submitted to the Executive Director, Administration Services Director, and/or program supervisor for review prior to submittal to the grantor. Upon receiving input, the Program Director or Coordinator will complete the final draft. Upon completion, the final draft must be submitted to the Executive Director for final approval and signature.

A complete copy of the proposal and all the attachments is to be filed with the Administration Services Director immediately at the time the proposal is transmitted to the potential funding source.

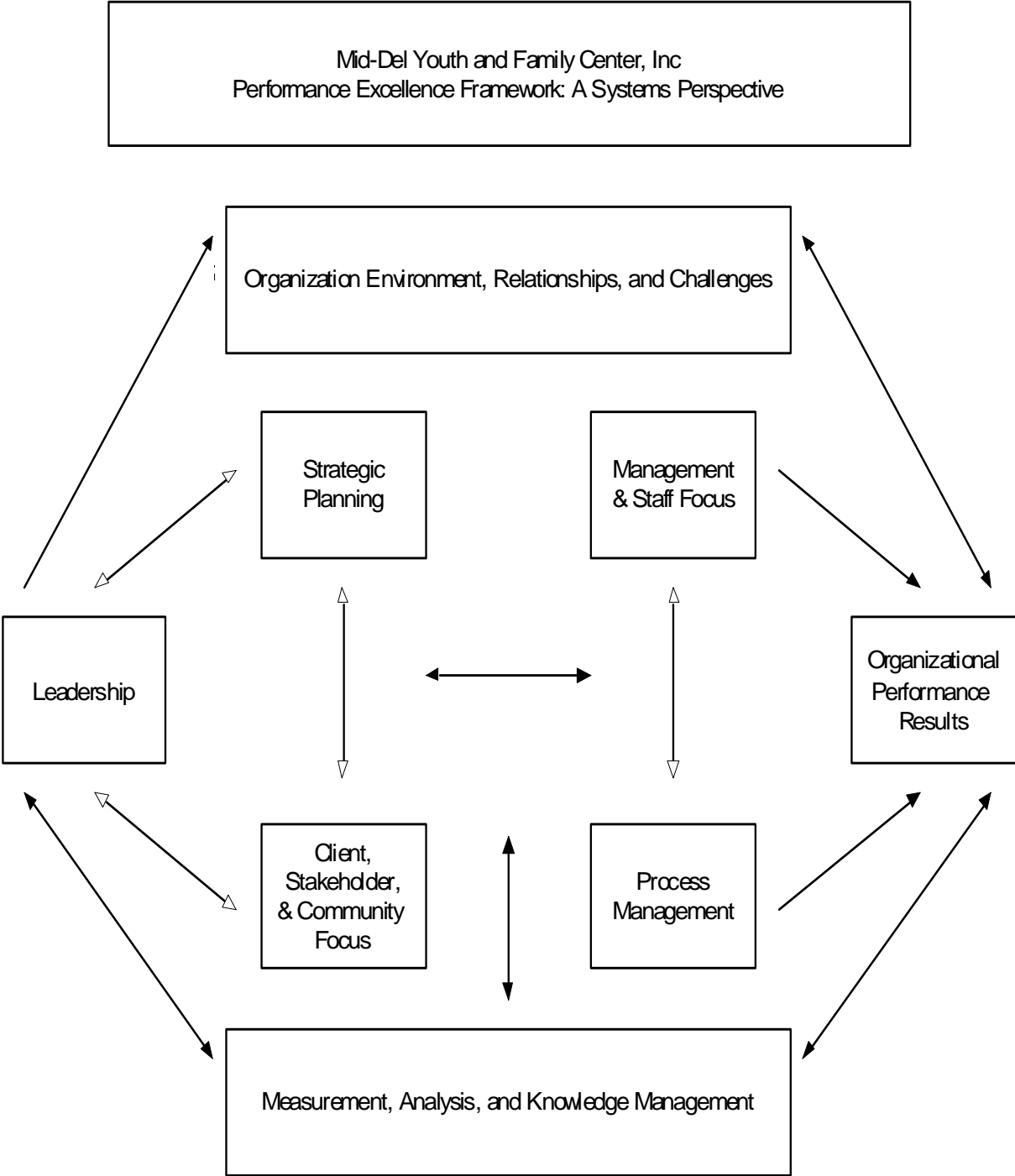
If received, all grant funds are to be deposited into the organization's account and properly accounted for following the organization's fiscal accounting policies and procedures. At no time will staff be permitted to receive cash donations.

Appendix A

**Mid-Del Youth & Family Center, Inc.
Organizational Chart**



Appendix B



Appendix C

KEY TERMS

This Glossary of Key Terms defines and briefly describes terms used throughout the Mid-Del organization to ensure quality performance management. These key terms are provided for Mid-Del employees as a tool to increase their knowledge, skills, and available tools to increase the overall quality and performance results of the organization.

Action Plans

The term “action plans” refers to specific actions that respond to short- and longer-term strategic objectives. Action plans include details of resource commitments and time horizons for accomplishment. Action plan development represents the critical stage in planning when strategic objectives and goals are made specific so that effective, organization-wide understanding and deployment are possible. Deployment of action plans includes creating aligned measures for all departments and work teams. Action plans could entail designing efficient processes to minimize waiting time for receiving services, analysis of resource and asset use, and analysis of the most commonly encountered Diagnosis with a focus on preventive behavioral health in those identified areas. Deployment requirements might include staff training in setting priorities based upon costs and benefits. Organizational-level analysis and review likely would emphasize process efficiency, cost per client, and behavioral health care quality.

See also the definition of “strategic objectives”.

Alignment

The term “alignment” refers to consistency of plans, processes, information, resource decisions, actions, results, and analysis to support key organization-wide goals. Effective alignment requires a common understanding of purposes and goals. It also requires the use of complementary measures and information for planning, tracking, analysis, and improvement at three levels: the organizational level, the key process level, and the department and work unit level.

See also the definition of “integration”.

Analysis

The term “analysis” refers to an examination of facts and data to provide a basis for effective decisions. Analysis often involves the determination of cause-effect relationships. Overall organizational analysis guides process management toward achieving key organizational performance results and toward attaining strategic objectives. Despite their importance, individual facts and data do not usually provide an effective basis for actions or setting priorities. Effective actions depend on an understanding of relationships, derived from analysis of facts and data.

Anecdotal

The term “anecdotal” refers to process information that lacks specific methods, measures, deployment mechanisms, and evaluation/improvement/learning factors. Anecdotal information frequently uses examples and describes individual activities rather than systematic processes.

An anecdotal response to how senior leaders deploy performance expectations might describe a specific occasion when a senior leader visited all facilities. On the other hand, a systematic process might describe the communication methods used by all senior leaders to deliver performance expectations on a regular basis to all staff locations, the measures used to assess effectiveness of the methods, and the tools and techniques used to evaluate and improve the communication methods.

Baseline

“Baseline” refers to a standard for comparison; is a reference for measuring progress in improving a process, usually to differentiate between a current state and a future state.

Benchmarks

The term “benchmarks” refers to processes and results that represent best practices and performance for similar activities, inside or outside an organization’s industry.

Organizations engage in benchmarking as an approach to understand the current dimensions of world-class performance and to achieve discontinuous (nonincremental) or breakthrough improvement.

Benchmarks are one form of comparative data. Other comparative data organizations might use include information obtained from other organizations through sharing or contributing to external reference databases, information obtained from the open literature (e.g., outcomes of research studies and practice

guidelines), data gathering and Evaluation by independent organizations (e.g., CARF, OAYS, McKinsey Capacity Matrix) regarding industry data (frequently industry averages), performance of competitors, and comparisons with other organizations providing similar behavioral health care services.

Breakthrough Goal

“Breakthrough Goal” refers to a dramatic, near immediate and significant improvement. In measurement terms, meeting a breakthrough goal means an improvement of 60% to 80%.

Cause and Effect Diagram

“Cause and effect diagram” refers to a method of representing the relationship between a problem and its potential causes; assist in sorting out and establishing relationships and interaction among factors that are affecting the process. This is commonly referred to the “fishbone diagram” or “Ishikawa diagrams”.

Checksheet

“Checksheet” refers to a list of check-off items that permits data to be collected quickly and easily in a simple standardized format which lends itself to quantitative analysis; facilitates data collection by providing a standardized format for recording information. Examples of checksheet tracking may include data pertaining to accessibility, incidents, grievances, complaints, satisfaction return rates, etc.

Client/Consumer

The term “client” or “consumer” refers to the person receiving behavioral health care services, including preventive, promotional, rehabilitative, community based and all other services in the continuum of care.

Complexity

“Complexity” refers to unnecessary work; any activity that makes a work process more complicated without adding value to the resulting program, service, or work process.

Cost of Poor Quality

“Cost of Poor Quality” refers to total labor, materials, overhead costs, lost opportunity to serve mission, and all other cost associated with imperfections in the processes that deliver programs and services. These cost may include monitoring,

rework, duplicate work, underutilized programs/services, complaints, incidents, poor accessibility, etc.

Creating Value

The term “creating value” refers to behavioral health care processes that produce benefit for Mid-Del’s clients/consumers and other customers and for the overall organization. They are the processes most important to “running your organization”-those that involve the majority of your staff and generate your behavioral health care services and positive organizational performance results for our clients/consumers, other customers, and key stakeholders.

Critical To Quality (CTQ)

“Critical To Quality” refers to elements of a process that significantly affect the output of that process. Identifying these elements is vital to figuring out how to make the improvements that can dramatically reduce costs and enhance both quality and positive social impact.

Cross Functional

“Cross Functional” refers to involving the cooperation of two or more program team members or teams with the Mid-Del organization (example, Strategic Management Team and C.A.R.E Team)

Customer/Client/Consumer

The term “customer” “client” “consumer” refers to actual and potential users of the Mid-Del organization’s services. Clients/consumers are the primary customers of behavioral health care organizations. Other customers could include clients’ families, the community, insurers/third-party payers, employers, health care providers, client advocacy groups, Departments of Human Services, school systems, and juvenile systems. Client-driven service excellence is a Mid-Del Core Value and is embedded in the beliefs and behaviors of other high-performance organizations. Customer focus impacts and integrates an organization’s strategic, directions, its behavioral health care processes, and its organizational performance results.

See the definition of “stakeholders” for the relationship between customers and other who might be affected by the Mid-Del organization’s services.

Cycle Time

The term “cycle time” refers to the time required to fulfill commitments or to complete tasks. Time measurements play a major role in program/service responsiveness; is of great importance improving overall performance. “Cycle time” refers to all aspects of time performance. Cycle time improvement might include waiting list, intake and assessment responsiveness, time to introduce new behavioral health care programs and services, length of treatment time, billing time, and other key measures of time.

Decision Matrix

“Decision Matrix” refers to a chart which provides comparison of criteria for different alternatives; provides a simple tool for analyzing and comparing different alternatives to aid in the selection of criteria.

Deployment

Deployment is evaluated on the basis of the breadth and depth of application of the approach to relevant departments and work units throughout the organization.

Effective

The term “effective” refers to how well a process or a measure addresses its intended purpose. Determining effectiveness requires the evaluation of how well a need is met by the approach taken and its deployment or by the measure used.

Employee and Client Involvement Practices

“Employee and Client Involvement Practices” refers to Mid-Del’s commitment to gaining the input and involvement of employees, clients/consumers, and other relevant stakeholders in the future shaping of the organizations programs, services, and work processes. These may include, but are not limited to suggestion systems, satisfaction surveys, survey feedback, quality circles, quality of work-life committees, job redesign, focus groups, self-managing teams, and other employee and client participation groups.

Empowerment

The term “empowerment” refers to giving staff the authority and responsibility to make decisions and take appropriate actions. Empowerment results in decisions being made closest to the client/consumer or the business “front line,” where client/customer needs and work-related knowledge and understanding reside. Empowerment is aimed at enabling staff to satisfy client/consumer on first contact, to improve processes and increase productivity, and to improve the organization’s

behavioral health care and other performance results. Empowered staff requires information to make appropriate decisions; thus, Mid-Del strives to provide that information in a timely and useful way.

Ethical Behavior

The term “ethical behavior” refers to how an organization ensures that all its decisions, actions, and stakeholder interactions conform to the organization’s moral and professional principles. These principles are the foundation for the organization’s culture and values and define “right” and “wrong.” Senior leaders should act as role models for these principles of behavior. The principles apply to all individuals involved in the organization, from staff to members of the board of directors, and need to be communicated and reinforced on a regular basis.

Although there is no universal model for ethical behavior, senior leaders should ensure that the organization’s mission and vision are aligned with its ethical principles. Ethical behavior should be practiced with all stakeholders, including patients and other customers, staff, partners, suppliers, and the organization’s local community. While some organizations may view their ethical principles as boundary conditions restricting behavior, well-designed and clearly articulated ethical principles should empower people to make effective decisions with great confidence (see section 100 and 500 for complete listing of Mid-Del Code of Ethics).

Fitness-For-Use

“Fitness-For-Use” refers to Juran’s definition of quality suggesting that products (Mid-Del programs and services) need to serve the primary customers’ needs, instead of internal requirements only.

Gap Analysis

“Gap Analysis” refers to a technique used to compare a current state and a future target state.

Goals

The term “goals” refers to a future condition or performance level that one intends to attain. Goals can be both short term and longer term. Goals are ends that guide actions. Quantitative goals frequently referred to as “targets,” include a numerical point or range. Targets might be projections based on comparative and/or competitive data. The term “stretch goals” refers to desired major, discontinuous (nonincremental) or breakthrough improvements, usually in areas most critical to

the Mid-Del organization's future success.

Goals can serve many purposes, including

- clarifying strategic objectives and action plans to indicate how success will be Measured
- fostering teamwork by focusing on a common end
- encouraging “out-of-the-box” thinking to achieve a stretch goal
- providing a basis for measuring and accelerating progress

Governance

The term “governance” refers to the system of management and controls exercised in the stewardship of the Mid-Del organization. It includes the responsibilities of the organization's employees, board of directors, and administrative and behavioral health care leaders. Corporate charters, by-law, and policies document the rights and responsibilities of each of the parties and describe how the Mid-Del organization will be directed and controlled to ensure (1) accountability to all stakeholders, including employees, (2) transparency of operations, and (3) fair treatment of all stakeholders. Governance processes may include approving strategic direction, monitoring and evaluating senior leader performance, succession planning, financial auditing, establishing executive compensation and benefits, managing risk, disclosure, and community outcomes reporting. Ensuring effective governance is important to stakeholders' and the larger society's trust and to Mid-Del's organizational effectiveness.

Behavioral Health Care Services (Integrated AOD/Mental Health Services)

The term “Behavioral health care services” refers to all services delivered by the organization that involve professional clinical judgment, including those delivered through outpatient, residential and community-based services.

Histogram

“Histogram” refers to a graph which displays frequency of data in a column form. It helps to identify changes or shifts in processes as changes are made; shows how variable measurements of a process or program/service can be and is helpful in establishing standards.

High-Performance Work

The term “high-performance work” refers to work processes used to systematically pursue ever-higher levels of overall organizational and individual performance, including quality, productivity, innovation rate, and cycle time performance. High-performance work results in improved service for clients/consumers and other customers and other stakeholders.

Approaches to high-performance work vary in form, function, and incentive systems. High-performance work frequently includes cooperation between administration/management and the staff, cooperation involving teams; self-directed responsibility/staff empowerment; staff input to planning; individual and organizational skill building and learning; learning from other organizations; flexibility in job design and work assignments; a flattened organizational structure, where decision making is decentralized and decisions are made closest to the client/consumer or the business “front line’s and effective use of performance measures, including comparisons. Many high-performance work systems use monetary and nonmonetary incentives based upon factors such as organizational performance, team and/or individual contributions, and skill building. Also, high-performance work processes usually seek to align the organization’s structure, work, jobs, staff development, and incentives.

How

The term “how” refers to the processes that Mid-Del uses to accomplish its mission requirements. These may include process descriptions such as approach (methods and measures), deployment, learning, and integration factors.

Innovation

The term “innovation” refers to making meaningful change to improve services and/or processes and to create new value for stakeholders. Innovation involves the adoption of an idea, process, technology, or program that is either new or new to its proposed application.

Successful organizational innovation is a multistep process that involves development and knowledge sharing, a decision to implement, implementation, evaluation, and learning. Although innovation is often associated with behavioral health care research and technological innovation, it is applicable to all key organizational processes that would benefit from change, whether through breakthrough improvement or change in approach or outputs.

Integration

The term “integration” refers to the harmonization of plans, processes, information, resource decisions, actions, results, and analysis to support key organization-wide goals. Effective integration goes beyond alignment and is achieved when the individual components of a performance management system operate as a full interconnected unit.

Just-In Time (JIT)

“Just-In-Time” as it relates to Mid-Del services, is a method of ensuring programs and service delivery is accomplished at the precise time that services were needed by the clients or community. Examples of this could include disaster relief assistance, community crisis debriefings, etc. If the Mid-Del organization does not train, prepare, and anticipate scenarios where emergency services are needed, the organization will fail to realize its mission at a time when it is most needed.

Key (critical to quality)

The term “key” refers to the major or most important elements or factors, those that are critical to achieving Mid-Del’s intended outcomes. These may include key challenges, key client/consumer needs, key plans, key processes, and key measures-those that are most important to the organization’s success. They are the essential elements for pursuing or monitoring a desired outcome.

Knowledge Assets

The term “knowledge assets” refers to the accumulated intellectual resources of the Mid-Del organization. It is the knowledge possessed by the organization and staff in the form of information, ideas, learning, understanding, memory, insights, cognitive and technical skills, and capabilities. Staff, databases, documents, guides, policies and procedures, and software and patents are repositories of an organization’s knowledge assets. Knowledge assets are held not only by an organization but also reside within its clients/consumers and other customers, suppliers, and partners as well.

Knowledge assets are the “know how” that the organization has available to use, to invest, and to grow. Building and managing its knowledge assets are key components for the organization to create value for its stakeholders and to help sustain overall organizational performance success.

Leadership System

The term “leadership system” refers to how leadership is exercised, formally and informally, throughout the organization-the basis for and the way key decisions are made, communicated, and carried out. It includes structures and mechanisms for decision making; selection and development of leaders and managers; and reinforcement of values, directions, and performance expectations. An effective leadership system respects the capabilities and requirements of staff and other stakeholders, and it sets high expectations for performance and performance improvement. It builds loyalties and teamwork based on the organization’s values and the pursuit of shared goals. It encourages and supports initiative and appropriate risk taking, subordinates organization structure to purpose and function, and avoids chains of command that require long decision paths. An effective leadership system includes mechanisms for the leaders to conduct self-examination, receive feedback, and improve.

Learning

The term “learning” refers to new knowledge or skills acquired through evaluation, study, experience, and innovation. Mid-Del focuses on two distinct kinds of learning for employees: organizational and personal. Organizational learning is achieved through research and development; evaluation and improvement cycles; staff, client/consumer, and other customers’ ideas and input; best practice sharing; and benchmarking. Personal learning is achieved through education, training, and developmental opportunities that further individual growth. Mid-Del strives to ensure that effective learning is embedded in the way Mid-Del operates. Learning contributes to organizational performance success for the organization and its staff. The organization utilizes the Mid-Del University to facilitate organization learning.

Levels

The term “levels” refers to numerical information that places or positions the Mid-Del organization’s results and performance on a meaningful measurement scale. Performance levels permit evaluation relative to past performance, projections, goals, and appropriate comparisons.

Measures and Indicators

The term “measures and indicators” refers to numerical information that quantifies input, output, and performance dimensions of processes, programs, services, and the overall organization (outcomes). The Mid-Del programs and services place particular focus on measures of program and service outcomes, behavioral health

care, service delivery, and client/consumer' functional status. Measures and indicators might be simple (derived from one measurement) or composite.

Metric Tools

“Metric Tools” refers to statistic measures that examine variation, mean, mode, median, range, standard deviation, specification limit. Variation refers to any quantifiable difference between individual measurements, any process improvement should reduce variation; Mean refers to the average sum of a series of values divided by the number of values; Median refers to a midpoint in a series of values; Mode refers to the value that occurs most often in a series of values; Range refers to the difference between the highest value and the lowest value in a series, the spread between the maximum and the minimum; Standard Deviation refers to the average difference between any value in a series of values and the mean of all the values in that series, this is a measure of the variation in a distribution of values; and Specification Limit refers to one of two values (lower and upper) that indicates the boundaries of acceptable or tolerated values for a process.

Mission

The term “mission” refers to the overall function of the Mid-Del organization. The mission answers the question, “What is Mid-Del attempting to accomplish?” Mid-Del’s mission is “Empowering youth, families, and communities to develop, strengthen, and promote relationships in building brighter futures”.

Nominal Group Technique (NGT)

“Nominal Group Technique” refers to a structural brainstorming activity that produces a lot of ideas. It involves everyone; promotes team ownership; produces a variety of ideas and strongly encourages the value of diversity.

Pareto Chart

“Pareto Chart” refers to a chart depicting the relative contribution of sub-problems to the total problem (arranged in descending order); which is based on the “Pareto Principle,” which states that a few problems often account for most of the effect; this charts aids in identifying the “vital few” problems which should be addressed first.

Performance

The term “performance” refers to output results and their outcomes obtained from processes and services that permit evaluation and comparison relative to goals,

standards, past results, and other organizations. Performance might be expressed in nonfinancial and financial terms. Mid-Del's primary performance measures focus on bringing client-driven, responsive, cost-effective, and continually improving services to youth, families, and communities (refer to section 100 and section 300 for more information).

Performance Excellence

"Performance excellence" refers to an integrated approach to organizational performance management that results in (1) delivery of ever-improving value to clients and other stakeholders, contributing to improved quality and social impact within the community; (2) improvement of overall organizational effectiveness and capabilities as a community based youth and family service organization; and (3) organizational and personal learning.

Performance Projections

"Performance projections" refers to estimates of future performance. Projections may be inferred from past performance, may be based on competitors' performance or the performance of other organizations providing similar behavioral health programs and services, may be predicted based on changes in a dynamic marketplace, or may be goals for future performance. Projections integrate estimates of the organization's rate of improvement and change, and they may be used to indicate where breakthrough improvement or change is needed. Ultimately, performance projections serve as a key management planning tool.

Process

"Process" refers to linked activities with the purpose of producing a product or service for clients/consumers and other stakeholders. Generally, processes involve combinations of people, tools, techniques, and materials in a defined series of steps or actions. In some situations, processes might require adherence to a specific steps, with documentation of procedures and requirements, including well-defined measurement and control steps (see DMAIC).

Process Flow Analysis (Flowcharting)

"Process Flow Analysis" refers to a technique utilized to visually document steps in a process ("A picture is worth a thousand words"). This allows seeing the relationships among steps and their relative timing and occurrence; provides a method to document a new process and contrast it to the old process.

Quality

“Quality” refers to a clients/consumers or stakeholders perception of the value of a program or service; meets or exceeds their expectations of excellence.

Quality Assurance (Quality Control)

“Quality Assurance” refers to a system of activities designed to ensure programs, services, client/consumer and work processes meet pre-established requirements; assures the primary and secondary customers that Mid-Del services are guaranteed by measuring program and service conformance with process and performance specifications. Not to be confused with “Quality Improvement.”

Quality Circle

“Quality Circle” refers to a small group of Mid-Del employees getting organized to solve work-related problems; often voluntarily; usually not chaired by a program manager.

Quality Improvement (Performance Improvement)

“Quality Improvement” refers to all efforts directed to increase effectiveness and efficiency in meeting accepted primary (clients/consumers) and secondary customers (funding sources, internal and external stakeholders, etc.) expectations; is a continuous process that strives to gain an increased understanding of the needs of youth, families, and communities; to innovate programs, services, and processes; to manage and deliver accessible and relevant services; to provide services to primary customers that brings value to both primary and secondary customers. The success of quality improvement is based on the understanding of every member of the Mid-Del organization concerning the needs of their primary customers (both internal and external). Maintenance of that understanding requires continuing dialogue and needs assessments, satisfaction surveys, and other measurements of programs and services that provide information pertaining to meeting and/or exceeding customer expectations. This ongoing enhancement of work processes for the benefit of the customer and the organization are carried out through activities that may make improvements through small and gradual changes, as well as radical breakthrough innovations. Not to be confused with “Quality Assurance.”

Quality Initiative

“Quality Initiative” refers to a formal effort by the Mid-Del organization to improve the quality of its programs and services; usually involves top management

development of specific mission (goal) and a long-term strategy.

Results

“Results” refers to outputs and outcomes achieved by the Mid-Del organization in addressing the identified goals and measures. Results are evaluated on the basis of current performance; performance relative to appropriate comparisons; the rate, breadth, and importance of performance quality improvements; and the relationships of results measures to key organizational performance requirements.

Run Chart

“Run Chart” refers to a chart which displays measurements or observation points over a specified period of time (or sequence); provides a simple tool for performance monitoring and data analysis, provides a reference baseline, and promotes participation and decision making by the people involved directed with the work; helps identify trends and shifts in the process.

Six Sigma

“Six Sigma” refers to a disciplined extension of Total Quality Management; represents a statistical concept of defects – at the six sigma level, there are only 3.4 defects per million opportunities. Six Sigma to Mid-Del is a philosophy of managing that focuses on eliminating defects (reoccurring reactive problems) through practices that emphasize understanding, measuring, and improving processes.

Six Sigma Methodology

“Six Sigma Methodology” refers to statistical tools used to identify the vital few factors, the factors that matter most for improving the quality of processes and generating both social impact and economic results. It consist of five phases: (1) Define the projects, the goals, and the deliverables to customers (internal and external); (2) Measure the current performance of the process; (3) Analyze and determine the root cause(s) of the defects (problems); (4) Improve the process to eliminate the defects (problems); and (5) Control the performance of the process. It is important to note that the six sigma methodology is not rigid and is a flexible tool to assisting the improvement processes.

Six Sigma Champions and Blackbelts

“Six Sigma Champions and Blackbelts” refers to leaders and select management that promote, coach, train, mentor, guide, and select projects utilizing the Six

Sigma methodology through the E.Q.I.P team.

Six Sigma Greenbelts

“Six Sigma Greenbelts” refers to select staff within their respective work teams that serves as facilitators in the implementation of improvement with their program, service, or work process. All Greenbelts are trained in TQM and Six Sigma methodology.

Stakeholders

“Stakeholders” refers to all groups that are or might be affected by Mid-Del services; actions, and success. Examples may include family members, school systems, local law enforcement agencies, municipalities, civic and community faith based organizations, etc.

Strategic Challenges

“Strategic challenges” refers to those pressures that exert a decisive influence on an organization’s likelihood of future success. These challenges are frequently driven by Mid-Del’s future collaborative environment and/or competitive position relative to other providers of similar community based service organizations. Although, some challenges may be internal to the organization, for example, staff retention, infrastructure, etc.

Strategic Objectives

“Strategic objectives” refers to Mid-Del’s articulated aims or responses to address major change or improvement, competitiveness issues, and/or service delivery accessibility. These objectives set Mid-Del’s longer term directions and guide resource allocation and connect directly to operational action plans.

Systematic

“Systematic” refers to approaches that are repeatable and use data and information so learning is possible. In other words, approaches are systematic if they build in the opportunity for evaluation, improvement, and sharing, thereby permitting an increase in quality.

Total Quality Management (TQM)

“Total Quality Management” refers to a revolutionary management approach that focuses on the organization as a system, with an emphasis on teams, processes, statistics, continuous improvement, and delivering (Mid-Del programs and

services) that meet and exceed client/consumer (customer) expectations. Six Sigma is a disciplined extension of TQM and utilize the DMAIC methodology.

Trends

“Trends” refers to numerical information that shows the direction and rate of change for Mid-Del’s organizational results. Trends provide a time sequence of organizational performance and opportunities to respond in a proactive manner to critical to quality factors. The time period for a trend is determined by the cycle time of the process being measured. Shorter cycle times demand more frequent measurement, while longer cycle times might require longer periods before meaningful trends can be determined. Examples of trends may include data related to client/consumer and staff satisfaction and dissatisfaction results, program service outcomes, financial performance, operational performance, and other issues pertaining to quality services and responsiveness.

Value

“Value” refers to the perceived worth of a program, service, process, asset, or function relative to cost, possible alternatives, and social impact. Mid-Del uses value to consider and determine the benefits of various options relative to their cost, social value to clients/consumers. Value is useful in determining needs of different stakeholders and meeting the needs of those stakeholders based on what value is to them. Balancing for value regarding clients/consumers and other stakeholders, such as funding sources or third party payors; all employees must always exercise caution to ensure the primary customers (clients/consumers) interest are always put first.

Values

“Values” refers to the organizations guiding principles and/or behaviors that embody how Mid-Del and its employees are expected to operate. Values reflect and reinforce the desired culture of the Mid-Del organization. Values support and guide the decision making of every staff member, helping the organization to accomplish its mission and attain its vision in an appropriate manner.

Vision

“Vision” refers to the desired future state of the Mid-Del organization. The Mid-Del vision describes where the organization is headed, what it intends to be, or how it wishes to be perceived in the future.

Work Systems

Mid-Del Youth and Family Center, Inc.
Policies and Procedures

“Work systems” refers to how Mid-Del staff are organized into formal or informal teams to accomplish the organizations mission and its strategic objectives; how job responsibilities are managed; and the processes for compensation, staff performance management, recognition, communication, hiring, and succession planning. Mid-Del seeks to design work systems that align components to enable and encourage all staff to contribute effectively and to the best of their ability.