



## **Quality Improvement Plan**

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## **1. Background**

Starbridge was officially formed on June 1, 2025 – the result of a merger of two long-standing agencies (The Advocacy Center and LDA Life & Learning Services) each with rich histories of partnering with children and adults with disabilities in the Rochester and Finger Lakes communities.

Starbridge's mission is to transform communities to include everyone by partnering with people who have disabilities, their families, and others who support them. Starbridge provides a unique and valuable combination of services and advocacy for individuals with disabilities and their circles of support. Starbridge is uniquely positioned to facilitate education, community living, employment, and community inclusion for individuals with disabilities. We work side by side with those we support, to form a partnership rooted in collaboration, inclusion, integrity and trust, in order to identify opportunities and seek possibilities for success. Our vision is that every person has the right to define and lead a fulfilling life. Starbridge has many years of experience assisting individuals to reach their highest level of independent living possible. Current services include community habilitation, community pre-vocational services, educational advocacy, fiscal intermediary, family advocacy, parent training and information, supported employment, and residential services.

Starbridge is committed to providing exceptionally high-quality services. Starbridge strives for excellence in management and support services for people with intellectual and developmental disabilities and their families, and takes pride in upholding common standards and expectations to promote the well-being of those we support. In partnership with internal program and support service leadership (i.e: workforce, finance), Starbridge's Corporate Compliance and Quality Improvement departments continually review guidance from various regulatory agencies including but not limited to OPWDD, OMIG, NYS Justice Center, NYSDOH, and NYSED. The goal of this collaborative partnership is to ensure that appropriate systems and processes are in place to adhere to all applicable regulations. The Quality Improvement department provides various measures of direct oversight to ensure that the individuals Starbridge supports are cared for and educated about how to remain healthy, safe, and as independent as possible. The primary focus of Starbridge staff is providing person-centered services and improving people's lives.

Starbridge's governing body must ensure there is a comprehensive plan for quality oversight and improvement. A Quality Improvement Plan is required, and annual Board review/approval of the plan must be noted in the Board's meeting minutes. The plan must include a requirement concerning the annual collection and review of data along with identifying areas for improvement. An annual analysis of the data will determine if revisions to the Plan are necessary. The Quality Improvement Plan should reflect consideration for achieving the following outcomes:

- Person Centered Planning and Service Delivery
- Assurance of Individuals' Health, Safety, Rights, and Freedom from Abuse/Neglect
- Processes to Address Compliance with OPWDD, state, and federal requirements

- Mechanism to proactively solicit input from staff, individuals, families, and other stakeholders
- Continuous Quality Improvement
- Governance and Leadership

Starbridge implements an ongoing quality improvement process that involves multiple departments and levels within the organization. In recent years, Starbridge's internal quality improvement practices have been focused on OPWDD-funded programs and services. The Corporate Compliance and Quality Improvement departments plan to expand formal internal auditing to programs funded by other external oversight agencies. Assisting each person in living the highest quality of life, free from abuse/neglect and exploitation, is considered whenever developing quality improvement initiatives, person-centered service plans, staff development plans, and program assessments. Quality initiatives are embedded in every department and involve all facets of the organization. These initiatives include continual analysis of agency-wide systems, best practices, policies, and procedures. The Vice President of Corporate Compliance and the Quality Improvement department provide ongoing support and training (as needed) to program staff and ensure compliance with state and federal regulations. Members of the Quality Improvement department (and the Vice President of Corporate Compliance, when appropriate) attend statewide and regional meetings / webinars on a regular basis. It is the expectation that Program Directors will also attend such meetings when the agenda and/or topics of discussion pertain to their program's service delivery. The goal of the Quality Improvement department is to partner with programs to provide guidance and support related to the delivery of high-quality services, to assist in the implementation of regulations, and to provide feedback relative to incident corrective action plans and external program reviews.

## **2. Mission / Vision / Values / Operating Principles / Key Results**

### **MISSION**

Transforming communities to include everyone by partnering with people with disabilities, their families and those who support them.

### **VISION**

Ensuring every person has the right to define and lead a fulfilling life.

### **VALUES**

Inclusion, Integrity, Collaboration, Trust

## **OPERATING PRINCIPLES**

Starbridge's ability to grow as a successful, person-centered human service organization will be dictated by the strength of our staff and volunteer belief in, and commitment to, the operating principles and values inherent in our mission. Shared awareness and clear understanding of these principles will enable us to rally around a common purpose in all that we do.

It is the intent of Starbridge to:

- Focus our person-centered planning and development on individualized supports created in partnership with individuals supported and families.
- Create an organizational environment where openness, choice, new ideas and innovation in support of our mission can flourish because they are encouraged, understood and supported.
- Actively work both individually and as an organization to remove physical, attitudinal and communication barriers that exclude people with disabilities from their fundamental right to full community inclusion and participation.
- Constantly strive to maintain an individual/family driven focus in all that we do based on the highest standards of service quality.
- Support Starbridge staff in the belief that they can make a difference, will be treated with respect and be challenged in a positive work atmosphere that fosters cooperation over competition through a dedication to team process.
- Pursue service growth and expansion in keeping with our mission that is cost conscious, well planned and supports the financial stability of the organization.
- Promote the individual, family and staff understanding and awareness of the agency culture by actively listening to their feedback and open expression opportunities throughout the agency.

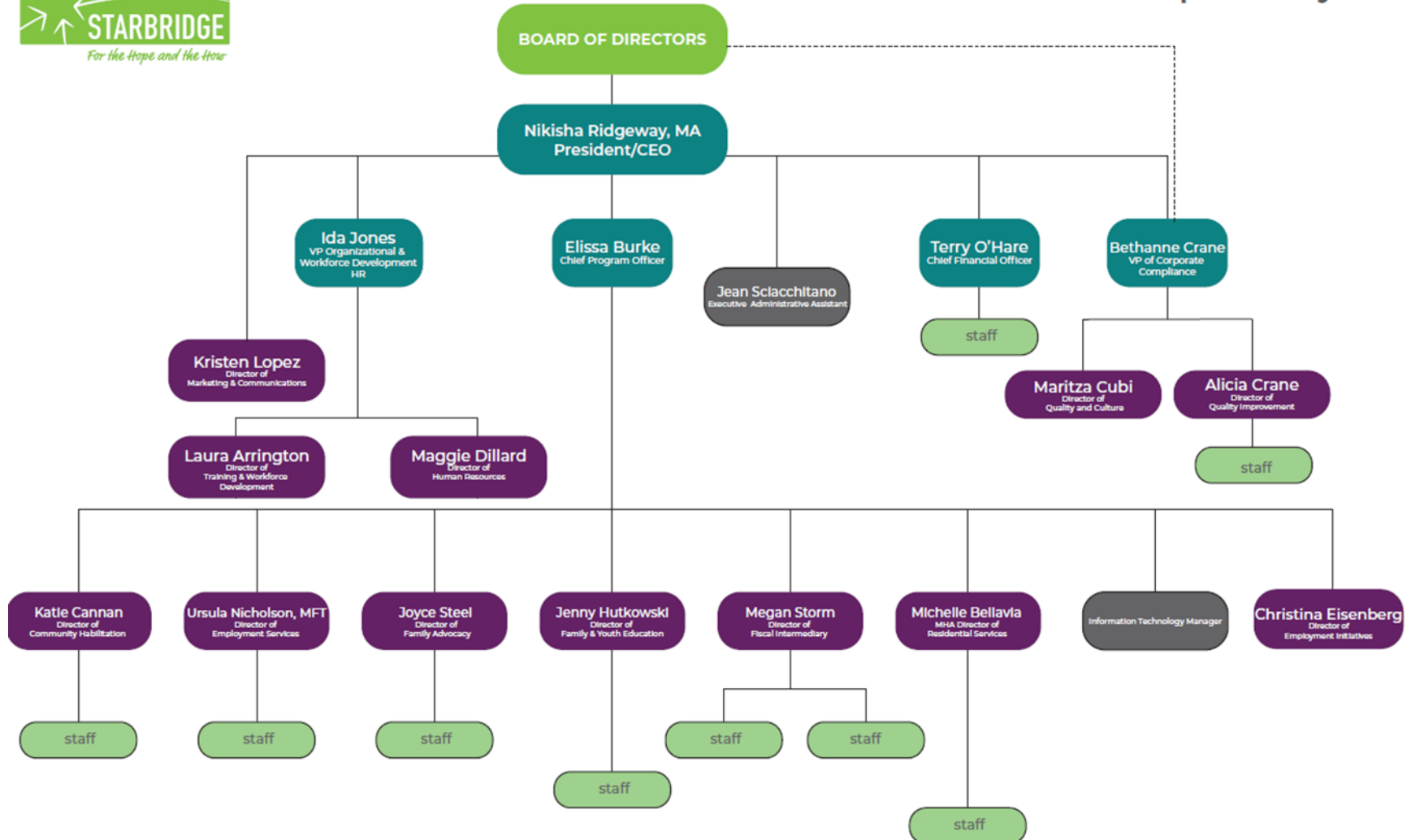
## **STARBRIDGE KEY RESULTS**

1. Individuals supported are safe.
2. Individuals are treated with dignity and respect and their rights are protected at all times.
3. Individual's choices are understood, encouraged, respected, and followed.
4. Staff interactions with each other are respectful.
5. Teamwork is valued by all staff through working cooperatively together to ensure all Individuals receive the best and safest level of care.
6. The medical needs of all Individuals are promptly identified and addressed.
7. Individual's personal allowance money is secure and handled appropriately and per regulations at all times.
8. Individuals are assisted in any manner they request or require which keeps them comfortable, clean and well groomed.
9. Individual's adaptive equipment is maintained in proper working order and available to Individuals at all times.
10. Starbridge facilities are kept clean, safe and well-maintained at all times.
11. Quality supports, as defined by the Individuals and their families/guardians/advocates, are provided at all times.
12. Workforce is well-trained and supported to meet Starbridge expected outcomes.
13. Agency operations are compliant with all New York State and Federal laws and regulations.
14. All agency actions comply with agency operations and personnel policies and procedures.

### 3. Organizational Chart



#### ORGANIZATIONAL CHART | February 2025



#### **4. Goals of Quality Improvement Plan**

Starbridge is committed to providing the highest level of care to the people we support. Our person-centered services are home for the people that live there and as such, we believe it is their right and our responsibility to ensure that they live as independently as possible, and as they choose, with the appropriate and consistent support of Starbridge workforce in helping to create and maintain their home. The following goals are supported by the Starbridge Board of Directors and agency leadership. Each is addressed in detail and paired with measurable outcomes and timelines for implementation.

The goals outlined below focus on the strengths, needs, and desires of the Individuals supported at Starbridge. The goals were established through active collaboration between and among members of the Corporate Compliance and Quality Improvement Team, the Leadership Team (including Executive Leadership and Program/Support Services Directors), and verbal input from residential persons supported and the residential team staff.

It is a Starbridge imperative that all individuals served are manifestly safe whenever they are receiving services from Starbridge and all supports are driven to the full extent by this essential value. Given this underlying commitment to the well-being, rights protection assurance, safety, and security of the persons we support, the following goals have been chosen for 2025:

**GOAL 1. Individuals will be provided supports that are in accordance with HCBS settings requirements whenever they are receiving supports and services from Starbridge.**

**GOAL 2. Individuals will be provided opportunities for self-advocacy when they are receiving services from Starbridge.**

**GOAL 3. Starbridge will provide for organizational protections against conflict of interest in person centered planning and service delivery, and what to do if a conflict arises.**

**GOAL 4.** Starbridge will provide a mechanism to determine individuals' satisfaction with the services and supports they receive, and a process for addressing/remediating dissatisfaction reported through the mechanism.

**GOAL 5.** Starbridge will hire and retain highly qualified staff who display ethical work behavior consistent with agency's Vision, Mission, Operating Principles and Agency Culture.

**GOAL 6.** Starbridge will develop policies and procedures to ensure OPWDD is notified immediately of anticipated or actual termination of any service vital to safety.

**GOAL 7.** Starbridge will develop policies and procedures that include strategies to facilitate the creation, development, and continuation of natural support networks for individuals.

**GOAL 8.** Starbridge will develop, implement, monitor and keep current policies and procedures that include strategies to facilitate the communication of agency's mission and goals to all people receiving services, their families/advocates; all level of staff; and the governing body.

**GOAL 9.** Starbridge will develop a Quality Improvement Plan that includes measurement, aggregation, and analysis of factors related to the outcomes and the quality of life desired by individuals.

**GOAL 10.** Starbridge will enhance current processes to create more detailed and robust strategies to assess and/or measure rates of compliance and/or factors influencing compliance/non-compliance.



## **5. QI PLAN OBJECTIVES**

**GOAL 1. Individuals will be provided supports that are in accordance with HCBS settings requirements whenever they are receiving supports and services from Starbridge.**

Objective 1: Starbridge will develop written policies and procedures to facilitate and ensure that residential and non-residential settings where HCBS services are provided comply with HCBS settings requirements.

Obj. 1. - Action Items	Process Owner	Implementation Date	Status Reporting
1a. Starbridge Compliance and Quality Improvement leadership will begin working directly with an OPWDD regulatory consultant to oversee the process of creating an organization-wide HCBS Settings policy and procedure that complies with HCBS Settings regulations, as well as provide guidance to Starbridge Program Leadership as they complete HCBS Setting policy and procedure specific to their program.	Vice President of Corporate Compliance and Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	
1b. Starbridge QI Plan Taskforce will meet monthly to assess the requirements of HCBS settings, and evaluate progress towards goal.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
1c. Starbridge Compliance and QI leadership will continue to work directly with OPWDD regulatory consultant until an agency-wide HCBS settings policy and procedure has been completed and implemented.	Vice President of Corporate Compliance, Quality Improvement Director,	Q2 2025	
1d. In conjunction with OPWDD regulatory consultant and/or Starbridge Compliance and QI Leadership as applicable, Starbridge Program Leadership will develop program-	Program Leadership	Q3 2025	

specific processes and best practices for implementing HCBS settings regulations within their respective HCBS waiver program(s).			
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## **GOAL 2. Individuals will be provided opportunities for self-advocacy when they are receiving services from Starbridge.**

Objective 1: Starbridge will develop and implement an effective mechanism for supporting individuals in self-advocacy.

Obj. 1. - Action Items	Process Owner	Implementation Date	Status Reporting
1a. Starbridge Compliance and QI leadership, as well as agency leadership, will begin working directly with an OPWDD regulatory consultant to create policies, procedures, and practices that increase opportunities for self-advocacy.	Vice President of Corporate Compliance and Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	
1b. Starbridge QI Plan Taskforce will meet monthly to identify and assess current self-advocacy mechanisms and activities to increase opportunities in self-advocacy, as well as assess progress towards goal.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
1c. Starbridge will develop and implement a self-advocacy tool, and accompanying policy/procedure for completing the tool, in order to assist individuals in assessing their self-advocacy strengths and abilities regarding decision-making and expressing wants and needs regarding their activities, life planning, and/or agency operations of programs/services.	Vice President of Corporate Compliance, Quality Improvement Director, Program Leadership	Tool completed 1-2025; P&P completion date by end Q2 2025	

1d. Once completed, all appropriate staff will be trained in the self-advocacy tool and policy/procedures. Once training is completed, the self-advocacy tool and policy will be implemented.	Vice President of Corporate Compliance, Quality Improvement Director, Program Leadership	Full implementation date by end Q2 2025	
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Objective 2: The Starbridge Board of Directors will have a mechanism for active representation of individuals receiving services in agency governance and decision making.

Obj. 1. - Action Items	Process Owner	Implementation Date	Status Reporting
1a. Starbridge Compliance and QI leadership, as well as agency Executive Leadership, will begin working directly with an OPWDD regulatory consultant to create procedures and practices that increase opportunities for self-advocacy for individuals supported.	Vice President of Corporate Compliance, Quality Improvement Director, Executive Leadership	Beginning 8-2024 and ongoing into 2025	
1b. Starbridge QI Plan Taskforce will meet monthly to identify and assess current status of active representation of individuals receiving services in agency governance and leadership.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
1c. Starbridge will develop and implement procedures and practices that increase opportunities for self-advocacy for individuals supported. This item will be considered met when individual(s) receiving services have active representation in agency governance and decision-making.	Vice President of Corporate Compliance, Quality Improvement Director, Starbridge Executive and Program Leadership	Q3 2025	

**GOAL 3. Starbridge will provide for organizational protections against conflict of interest in person-centered planning and service delivery, and what to do if a conflict arises.**

Objective 1: Starbridge will develop policies and procedures to provide protection against conflict of interest and provide guidance to staff on what to do should a conflict arise.

Obj. 1. - Action Items	Process Owner	Implementation Date	Status Reporting
1a. Starbridge Compliance and QI leadership will begin working directly with an OPWDD regulatory consultant to create a conflict of interest policy that does not interfere with person-centered services.	Vice President of Corporate Compliance and Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	
1b. Starbridge QI Plan Taskforce will meet monthly to identify and assess current conflict of interest practices, as well as evaluate agency's progress towards goal.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
1c. Once completed, all staff and individuals will be trained in the conflict-of-interest policy and procedures. Once training is completed, the Conflict-of-Interest policies will be implemented.	Vice President of Corporate Compliance and Quality Improvement Director	P&P completion date by end Q1 2025;  Training and full implementation by end Q2 2025	

Objective 2: Starbridge will develop and implement a mechanism to clearly document individuals' engagement in the person-centered planning and service delivery process, as well as develop mechanisms to allow the agency to measure the effectiveness of such person-centered service delivery.

Obj. 2. - Action Items	Process Owner	Implementation Date	Status Reporting
2a. Starbridge Compliance and QI leadership will begin working directly with an OPWDD regulatory consultant to create policies, procedures, and practices that increase	Vice President of Corporate Compliance and Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	

opportunities for person-centered planning and service delivery.			
2b. Starbridge QI Plan Taskforce will meet monthly to identify and assess current person-centered planning mechanisms and activities, as well as evaluate progress towards goal of increasing opportunities for person-centered planning and service delivery.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
2c. The QI Director, in collaboration with Program Directors, will oversee and lead efforts to develop and implement more robust tools and resources for the documentation of person-centered planning processes and service delivery, as well as accompanying policies and procedures, in order to assist individuals in participating in person-centered planning to the fullest extent possible.	Quality Improvement Director, Program Directors	Q2 2025	
2d. Once agency-wide documentation tools and practices have been developed, Starbridge Compliance and QI leadership will work directly with OPWDD regulatory consultant to create policies, procedures, and practices that reflect newly person-centered planning enhancements.	Vice President of Corporate Compliance and Quality Improvement Director	Q2 – Q3 2025	
2e. Once completed, all appropriate staff will be trained in the person-centered planning tools and resources, and the policy/procedures. Once training is completed, the person-centered planning tools and resources will be implemented.	Vice President of Corporate Compliance, Quality Improvement Director, Program Leadership	By end Q3 2025	

2f. Starbridge Compliance / QI leadership and program leadership will create a plan to evaluate and measure this initiative by reviewing the outcomes of the implementation of the person-centered plan once all persons supported have had an opportunity to complete the person-centered tool.	Vice President of Corporate Compliance, Quality Improvement Director, Program Leadership	Q4 2025	
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**GOAL 4. Starbridge will provide a mechanism to determine individuals' satisfaction with the services and supports they receive, and a process for addressing/remediating dissatisfaction reported through this mechanism.**

Objective 1: Starbridge will develop and implement a mechanism to uniformly solicit information from the individuals receiving services regarding satisfaction that focuses on individual's input and/or the individual's point of view.

Obj. 1. - Action Items	Process Owner	Implementation Date	Status Reporting
1a. Starbridge Compliance and QI leadership, as well as agency leadership, will begin working directly with an OPWDD regulatory consultant to create policies, procedures, and practices that address Individual's satisfaction and input.	Vice President of Corporate Compliance, Quality Improvement Director, Executive and Program Leadership	Beginning 8-2024  Agency-wide survey implementation date 1-1-2025	
1b. QI Plan Taskforce will meet monthly to identify and assess current mechanism for soliciting information regarding satisfaction and a process for addressing dissatisfaction within this mechanism.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
1c. Once policies and procedures have been completed, the satisfaction/dissatisfaction mechanisms will be put into practice. 100% sample size will be given the opportunity to respond to the satisfaction survey. Positive response of 60%. Note: A critical question within the survey will be whether or not the Individual and/or family	Quality Improvement Director, Program Leadership	Agency-wide survey implementation date 1-1-2025	

feel they are treated with dignity and respect, and that their rights are protected at all times.			
1d. Satisfaction survey findings will be reviewed by the QI Plan Taskforce 1x/year. The QI Plan Taskforce will be responsible for reviewing and analyzing this information to determine if additional items need to be added to the agency QI Plan, and/or if additional strategies need to be implemented in order to remediate concerns.	Vice President of Corporate Compliance and Quality Improvement Director	Q4 2025	

**Goal 5: Starbridge will continue to hire and retain highly qualified staff who display ethical work behavior consistent with agency's Mission, Vision, Operating Principles and Agency Culture.**

Objective 1: Starbridge will continue to assess and improve hiring and training practices.

Obj. 1. - Action Items	Process Owner	Implementation Date	Status Reporting
1a. Starbridge Workforce/HR leadership and Compliance leadership will collect and analyze voluntary/involuntary termination data, as well as monthly compliance committee and incident review committee training recommendations (and other HR/employee relations issues) to identify common elements and trends. This analysis will include determining issue(s) by category (for example missed billing opportunities), determining the number of staff whose employment was terminated as a result, and determining the number of staff where training was recommended as a remedy.	Vice President of Organizational & Workforce Development and Vice President of Corporate Compliance	Q2 2025	
1b. Starbridge QI Plan Taskforce will meet monthly to review and assess the progress of assessing and improving hiring and training practices.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	

1c. Starbridge Workforce/HR leadership will continue to actively assess hiring practices, including interviewing and recruiting processes, in order to hire and retain highly qualified staff who display ethical work behavior.	Workforce/HR Leadership	Ongoing; Report progress to QIP Taskforce Q3 2025	
1d. Starbridge Workforce/HR leadership will continue to evaluate and increase agency training effectiveness for all Starbridge employees. The Director of Training and Workforce Development will convene a team to brainstorm the following action items including but not limited to, conducting pre- and post-training assessments (and the method of analyzing the results) and soliciting and evaluating feedback for all trainings.	Director of Training and Workforce Development	Ongoing; Anticipated timeline of convening team to brainstorm – by end Q2	
1e. Starbridge Workforce/HR leadership will continue to evaluate and increase training effectiveness for Starbridge's new and current Managers and Supervisors. The Director of Training and Workforce Development will convene a team to brainstorm the creation and implementation of semi-annual trainings in the following areas: Starbridge programs/services information, recruitment/hiring/ retention best practices, effective meeting management and facilitation, and employee relations awareness (i.e: creating inclusive environment, teamwork, progressive discipline, fostering psychological safety, supervising/developing staff).	Director of Training and Workforce Development	Ongoing; Anticipated timeline of convening team to brainstorm – by end Q2	



1f. Starbridge Workforce/HR leadership will explore the idea of identifying and training peer mentors for Direct Support Professionals (DSP's). This may include providing peer mentors for new staff as well as providing peer mentor and refresher training for staff identified as a result of compliance review. (Note: this will not apply to self-hire employees.)	Workforce/HR Leadership	Q4 2025	
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Objective 2: Starbridge will continue to reinforce a culture of recognition and praise.

Obj. 2. – Action Items	Process Owner	Implementation Date	Status Reporting
2a. Starbridge Workforce/HR leadership and Compliance leadership will collect and analyze voluntary/involuntary termination data, as well as monthly compliance committee and incident review committee training recommendations (and other HR/employee relations issues) to identify common elements and trends. This analysis will assist the agency in determining how a lack of accountability impacts involuntary turnover.	Vice President of Organizational & Workforce Development and Vice President of Corporate Compliance	Q2 2025	
2b. Starbridge QI Plan Taskforce will meet monthly to review and assess current recognition programs and initiatives.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
2c. Starbridge Workforce/HR leadership, in conjunction with Director of Marketing & Communications, will develop and implement an agency Recognition Program. The goal of this program will be to foster and nurture a positive work environment by recognizing and giving praise/ feedback on a regular basis in	Workforce/HR Leadership, Director of Marketing & Communications	Q2 2025	

accordance with Starbridge's mission, vision, and values.			
2d. Starbridge Workforce/HR leadership will consider revising select portions of the annual Starbridge Performance Appraisal in order to assist supervisors, managers, and employees with assessing and rating accountability. In addition, the Starbridge Workforce/HR leadership team will continue to provide support to supervisors and managers with the agency's progressive discipline process.	Workforce/HR Leadership	Ongoing;  Report progress to QIP Taskforce Q3 2025	
2e. Starbridge Workforce/HR leadership will evaluate and measure the aforementioned initiatives by convening a team to identify successes/need for improvements or revisions, and when appropriate, developing an improvement / enhancement plan.	Workforce/HR Leadership	Ongoing;  Anticipated timeline of convening team Q3 or Q4 of 2025	

**Objective 3:** Starbridge will continue to verify and document that employees hired meet the qualifications for the position for which the person was hired.

Obj. 3. – Action Items	Process Owner	Implementation Date	Status Reporting
3a. Starbridge Workforce/HR leadership will modify Candidate Activity Record checklist to ensure appropriate credentials are clearly documented. Workforce/HR leadership will ensure these checklists are maintained in employees' personnel files. (Note: Workforce/HR leadership will also verify with hiring managers the importance of documenting candidate's education and experience directly on interview notes, which are filed in personnel record.)	Workforce/HR Leadership	Completed Q1 2025	Completed

3b. Starbridge Workforce/HR leadership will revise orientation process and practices to ensure all new hires sign Starbridge Job Description during HR orientation.	Workforce/HR Leadership	Completed Q4 2024	Completed
3c. Starbridge Workforce/HR leadership will evaluate and measure both of the above process changes by reviewing a sample of personnel files on an annual basis to verify documented credentials and signatures on job descriptions.	Workforce/HR Leadership	Q3 2025	
3d. Starbridge QI Plan Taskforce will meet monthly to review and assess current practices for ensuring employees hired meet the qualifications necessary for their position as well as have signed job descriptions in their personnel file.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	

Objective 4: Starbridge will provide opportunities for Individuals supported to play a role in the process of hiring of new staff to include candidate recruitment, interview and hiring decisions.

Obj. 4. – Action Items	Process Owner	Implementation Date	Status Reporting
4a. Starbridge Workforce/HR leadership and Compliance/QI leadership will begin working directly with an OPWDD regulatory consultant to create procedures and processes that address individuals' involvement in hiring practices.	Workforce/HR Leadership, Vice President of Corporate Compliance, Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	
4b. Starbridge QI Plan Taskforce will meet monthly to review and assess current practices for involving individuals supported in hiring practices.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
4c. Starbridge Workforce/HR leadership and Residential program leadership will brainstorm methods of involving individuals supported in	Residential Program Leadership	Completed Q4 2024	Completed

hiring practices, and begin implementation of this process.			
4d. Starbridge Workforce/HR leadership and Compliance/QI leadership will work directly with Program Directors and Hiring Managers to brainstorm methods of involving individuals supported in hiring practices, using the process implemented by the residential program as a model.	Workforce/HR Leadership, Vice President of Corporate Compliance, Quality Improvement Director, Starbridge Program Directors	Q1 and Q2 2025	
4e. Once policies and procedures have been completed, the practices will be implemented.	Workforce/HR Leadership, Vice President of Corporate Compliance, Quality Improvement Director	Anticipated Q2 2025	

**Objective 5:** Starbridge will revise its process for ensuring all staff will receive initial and annual trainings in PRAISE (Promoting Relationships and Safe Environments for People with Developmental Disabilities), Person Centered Planning and Facilitation, Characteristics of Persons Served, Abuse and Prevention, Abuse and Prevention Regulations and Reporting, and Safety and Security (including fire safety) within established OPWDD timeframes. Further, employees providing direct services will be provided training/learning experiences to develop/maintain the ability to identify, understand and support the diverse personal outcomes of people supported.

Obj. 5. – Action Items	Process Owner	Implementation Date	Status Reporting
5a. Starbridge Workforce/HR leadership and Compliance/QI leadership will begin working directly with an OPWDD regulatory consultant to evaluate current trainings according to OPWDD regulations.	Workforce/HR Leadership, Vice President of Corporate Compliance, Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	
5b. Starbridge Workforce/HR leadership and Compliance/QI leadership will collaborate to verify that Starbridge training naming conventions in RELIAS and internal policies/procedures correspond directly to OPWDD training naming conventions for clarity and efficiency purposes.	Workforce/HR Leadership, Vice President of Corporate Compliance, Quality Improvement Director	Completed 10-2024	Completed

5c. Starbridge Workforce/HR leadership will review Mandatory Training Policy & Procedure, and ensure this plan's implementation agency-wide (implementation will occur over a 90-day roll-out period).	Workforce/HR Leadership	P&P completed Q1 2025; Implementation anticipated Q2 2025	
5d. Director of Training and Workforce Development will convene a Workgroup to oversee the process of designing a training module that complies with OPWDD regulations for "PRAISE: Promoting Relationships and Safe Environments" training.	Director of Training and Workforce Development	Beginning Q4 2024 and continuing Q1 2025; Training rollout anticipated Q2 2025	
5e. Starbridge QI Plan Taskforce will meet monthly to review and assess current practices for ensuring staff receive all necessary initial and annual trainings.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
5f. Starbridge QI Plan Taskforce will meet monthly to review and assess current mechanisms for how employees providing direct services will be provided training/learning experiences to develop/maintain the ability to identify, understand and support the diverse personal outcomes of people supported.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	

Objective 6: Starbridge will develop policies and procedures that ensure that it has effective, and ongoing, policy and procedures for use of the National Alliance of Direct Support Professionals (NADSP) Code of Ethics, DSP Core Competencies and the NYS DSP Performance Evaluations per OPWDD requirements and agency policy/procedure.

Obj. 6. – Action Items	Process Owner	Implementation Date	Status Reporting
6a. Starbridge Compliance and Quality Improvement leadership will begin working directly with an OPWDD regulatory consultant to oversee the process of creating organization-wide NADSP Code of Ethics, DSP Core Competencies, and NYS DSP Performance Evaluations policies and procedures that comply with OPWDD regulations, as well as	Vice President of Corporate Compliance, Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	

provide guidance to Starbridge Program Directors as they complete these policies and procedures specific to their program.			
6b. Starbridge QI Plan Taskforce will meet monthly to assess the requirements of NADSP Code of Ethics, DSP Core Competencies, and the NYS DSP Performance Evaluations per OPWDD requirements.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
6c. Starbridge Compliance and QI leadership, as well as agency leadership, will continue to meet and work directly with OPWDD regulatory consultant until the NADSP Code of Ethics, DSP Core Competencies, and NYS DSP Performance Evaluations policies and procedures have been completed.	Vice President of Corporate Compliance, Quality Improvement Director, Starbridge Executive and Program Leadership	Beginning 8-2024 and ongoing into Q1 and Q2 2025	
6d. Starbridge Program leadership, in collaboration with Workforce/HR leadership and Compliance/QI leadership will verify internal practices for ensuring NADSP Code of Ethics and DSP Core Competencies are being reviewed with all appropriate employees, as well as that NYS DSP Performance Evaluations are being completed as appropriate.	Vice President of Corporate Compliance, Quality Improvement Director, Workforce/HR leadership, Program leadership	Q3 2025	

**Goal 6: Starbridge will develop policies and procedures to ensure OPWDD is notified immediately of anticipated or actual termination of any service vital to safety.**

Objective 1: Policies and procedures will be implemented to protect the continued safe operation of the facility, or the health of persons receiving services and personnel, including the writing and submission of Safety Plans to OPWDD / DQI.

Obj. 1. – Action Items	Process Owner	Implementation Date	Status Reporting
1a. Starbridge Compliance / QI leadership and Starbridge Residential Services leadership will begin working directly with an OPWDD regulatory consultant to oversee the process of	Vice President of Corporate Compliance, Quality Improvement Director,	Beginning 8-2024 and ongoing into 2025	

creating policies and procedures to ensure OPWDD is notified immediately of anticipated or actual termination of any service vital to safety.	Residential Leadership		
1b. Starbridge QI Plan Taskforce will meet monthly to assess the requirements of notifications to OPWDD regarding anticipated or actual termination of any service vital to the continued safe operation of the facility, or the health of persons receiving services and personnel. QI Plan Taskforce will evaluate progress towards goal.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
1c. Starbridge Compliance / QI leadership and Starbridge Residential Services leadership will continue to meet and work directly with OPWDD regulatory consultant until a policy and procedure regarding anticipated or actual termination of any service vital to safety has been completed.	Vice President of Corporate Compliance, Quality Improvement Director, Residential Leadership	Q2 2025	
1d. Once completed, program staff will be trained in the anticipated termination of any service vital to safety policy and procedures. Once training is completed, these policies will be implemented.	Vice President of Corporate Compliance, Quality Improvement Director, Residential Leadership	By end Q2 2025	

**GOAL 7: Starbridge will develop policies and procedures that include strategies to facilitate the creation, development, and continuation of natural support networks for individuals.**

Objective 1: Policies and procedures will be implemented to facilitate the creation, development, and continuation of natural support networks for individuals.

Obj. 1. – Action Items	Process Owner	Implementation Date	Status Reporting
7a. Starbridge Compliance / QI leadership and Starbridge program leadership will evaluate its current processes and strategies to facilitate the creation, development, and continuation of	Vice President of Corporate Compliance, Quality Improvement Director, Program Leadership	Beginning 8-2024	

natural support networks for individuals supported.			
7b. Starbridge Compliance / QI leadership and program leadership, will begin working directly with an OPWDD regulatory consultant to create specific organizational mechanisms aimed to actively facilitate natural supports for individuals (i.e.: policies, procedures, natural support document).	Vice President of Corporate Compliance and Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	
7c. Starbridge Compliance / QI leadership and program leadership will develop a timeline to implement the natural support document and to train staff in the natural supports policy and procedure, which will improve active facilitation of connections and natural supports for individuals supported. *Note: the policy and procedure will include Starbridge best practice for regular and timely communication regarding individuals with the individuals' family/advocates and/or natural supports (per the individual's preferences).	Vice President of Corporate Compliance, Quality Improvement Director, Program Leadership	End Q2 2025	
7d. Starbridge QI Plan Taskforce will meet monthly to identify and assess current natural support mechanisms and strategies, as well as monitor progress with new initiatives towards this objective.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	

**GOAL 8: Starbridge will develop, implement, monitor, and keep current policies and procedures that include strategies to facilitate the communication of agency's mission and goals to all people receiving services, their families/advocates; all level of employees; and the governing body.**

Objective 1: Starbridge leadership will engage all agency members in the implementation of the mission and goals of the agency. Policies and procedures will be developed, implemented, and monitored to facilitate the communication of Starbridge's mission and goals to all people receiving services, their families/advocates; all levels of staff; and the governing body.



Obj. 1. – Action Items	Process Owner	Implementation Date	Status Reporting
1a. Starbridge leadership will evaluate its current processes for facilitating communication to the people receiving and providing services and to engage all agency members in the mission and goals of the agency.	Executive Leadership	Beginning 8-2024 and ongoing into 2025	
1b. Starbridge Compliance / QI leadership, Starbridge Executive Team, and Starbridge program leadership will begin working directly with an OPWDD regulatory consultant to create policies, procedures, and strategies for facilitating communication to the people receiving and providing services, and to engage all agency members in the mission and goals of the agency.	Executive Leadership, Vice President of Corporate Compliance, Quality Improvement Director, Program Leadership	Beginning 8-2024 and ongoing into 2025	
1c. Starbridge Compliance / QI leadership, Starbridge Executive Team, and Starbridge program leadership will develop an implementation timeline to inform people receiving and providing services, and to engage all agency members in the mission and goals of the agency.	Starbridge Executive Leadership, Vice President of Corporate Compliance, Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	
1d. Starbridge QI Plan Taskforce will meet monthly to oversee and monitor the implementation of the strategy of communication of agency mission and goals.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	

**GOAL 9: Starbridge will develop a Quality Improvement Plan that includes measurement, aggregation, and analysis of factors related to the outcomes and the quality of life desired by individuals.**

Objective 1: Starbridge will develop a Quality Improvement Plan (QIP) that includes measurement, aggregation, and analysis of factors related to the outcomes and the quality of life desired by individuals.

Obj. 1. – Action Items	Process Owner	Implementation Date	Status Reporting
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1a. Starbridge Compliance / QI leadership will begin working directly with an OPWDD regulatory consultant to create a QIP that complies with OPWDD requirements.	Vice President of Corporate Compliance and Quality Improvement Director	Q1 2025	
1b. Starbridge Compliance / QI leadership will continue to consult with OPWDD regulatory consultant until a QIP has been completed that meets the requirements of OPWDD.	Vice President of Corporate Compliance, Quality Improvement Director	Q1 2025	
1c. Vice President of Corporate Compliance will convene and oversee the implementation of a QI Plan Taskforce to review the QIP. The Taskforce will meet monthly to review agency progress toward QIP goals.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
1d. The Starbridge Board of Directors will review and approve the 2025 QIP.	Vice President of Corporate Compliance	By end Q1 2025	
1e. After the QIP has been approved by the Starbridge Board of Directors, the Agency will develop a process for informing stakeholders and other interested parties of the QIP.	Vice President of Corporate Compliance, Quality Improvement Director, Executive Leadership	Q2 – After Board of Directors has approved QIP	

Objective 2: Starbridge will develop a Quality Improvement Plan (QIP) that includes input from stakeholders and their families, as well as the quality improvement strategies to remediate concerns. Starbridge will develop a mechanism for making the QIP known to persons supported, all staff, agency stakeholders and other interested parties.

Obj. 2. – Action Items	Process Owner	Implementation Date	Status Reporting
2a. Starbridge Compliance / QI leadership will begin working directly with an OPWDD regulatory consultant to create a QIP that complies with HCBS & OPWDD requirements.	Vice President of Corporate Compliance and Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	
2b. Agency leadership will continue to consult with OPWDD regulatory consultant until a QIP has been completed that meets the requirements of HCBS & OPWDD.	Vice President of Corporate Compliance, Quality Improvement Director	Q1 2025	
2c. Vice President of Corporate Compliance will convene and oversee the implementation of a QI Plan Taskforce to review the QIP. The	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	

Taskforce will meet monthly to review agency progress toward QIP goals.			
2d. The Starbridge Board of Directors will review and approve the 2025 QIP.	Vice President of Corporate Compliance	By end Q1 2025	
2e. After the QIP has been approved by the Starbridge Board of Directors, the Agency will develop a process for informing stakeholders and other interested parties of the QIP.	Vice President of Corporate Compliance, Quality Improvement Director, Executive Leadership	Q2 – After Board of Directors has approved QIP	

**Objective 3:** Starbridge will develop a Quality Improvement Plan (QIP) that addresses person-centered planning and service delivery, addresses assurance of individuals' health, safety, rights, and freedom from abuse/neglect and exploitation, and areas important to stakeholders based on their satisfaction and solicited input.

Obj. 3. – Action Items	Process Owner	Implementation Date	Status Reporting
3a. Starbridge Compliance / QI leadership will begin working directly with an OPWDD regulatory consultant to create a QIP that complies with HCBS & OPWDD requirements.	Vice President of Corporate Compliance and Quality Improvement Director	Beginning 8-2024 and ongoing into 2025	
3b. Agency leadership will continue to consult with OPWDD regulatory consultant until a QIP has been completed that meets the requirements of HCBS & OPWDD.	Vice President of Corporate Compliance and Quality Improvement Director	Q1 2025	
3c. Vice President of Corporate Compliance will convene and oversee the implementation of a QI Plan Taskforce to review the QIP. The Taskforce will meet monthly to review agency progress toward QIP goals.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
3d. The Board of Directors will review and approve the 2025 QIP.	Vice President of Corporate Compliance and Quality Improvement Director	By end Q1 2025	
3e. After the QIP has been approved by the Starbridge Board of Directors, the Agency will develop a process for informing stakeholders and other interested parties of the QIP.	Vice President of Corporate Compliance, Quality Improvement Director, Executive Leadership	Q2 – After Board of Directors has approved QIP	

Objective 4: Starbridge will develop policies and procedures to monitor its processes to facilitate quality services to promote stated outcomes and compliance with applicable NYS and Federal requirements. Starbridge's policies and procedures will also include a mechanism for making the Quality Improvement Plan (QIP) known to persons supported, staff, agency stakeholders, and other interested parties.

Obj. 4. – Action Items	Process Owner	Implementation Date	Status Reporting
4a. Starbridge Compliance / QI leadership will begin working with an OPWDD regulatory consultant to create a Policy and Procedures Review Committee which will monitor compliance with OPWDD/Federal requirements, and to communicate its QIP to interested parties.	Vice President of Corporate Compliance and Quality Improvement Director	Beginning 8-2024  P&P Committee established 12-2024	Completed
4b. Agency leadership will continue to consult with OPWDD regulatory consultant until a P&P review committee has been implemented.	Vice President of Corporate Compliance and Quality Improvement Director	P&P Committee established 12-2024	Completed
4c. Vice President of Corporate Compliance will convene and oversee the implementation of a Starbridge Policy and Procedures Committee. The Quality Improvement Director will oversee the chairperson duties of the committee thereafter. Committee will meet bi-weekly and as needed to review all draft policies and procedures for Starbridge programs, services, and operations.	Vice President of Corporate Compliance and Quality Improvement Director	P&P Committee established 12-2024;  Chairperson duties to QI Director 2-2025	Completed
4d. Vice President of Corporate Compliance will convene and oversee the implementation of a QI Plan Taskforce to review the QIP. The Taskforce will meet monthly to review agency progress toward QIP goals, including the development of policies and procedures to promote stated outcomes and compliance with NYS and Federal requirements that correspond to items in the QIP.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
4e. Starbridge Compliance / QI leadership will work with an OPWDD regulatory consultant to create Quality Improvement Plan Policy and	Vice President of Corporate Compliance	Q2 2025	

Procedure as well as QI Plan Taskforce Policy and Procedure.	and Quality Improvement Director		
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**GOAL 10. Starbridge will enhance current processes to create more detailed and robust strategies to assess and/or measure rates of compliance and/or factors influencing compliance/non-compliance.**

Objective 1: Starbridge Quality Improvement team will develop and implement a mechanism for ensuring agency quality initiatives and data from QI processes, projects, and activities are utilized to inform the development of the agency Quality Improvement Plan.

Obj. 1. - Action Items	Process Owner	Implementation Date	Status Reporting
1a. Starbridge Compliance and QI leadership will begin working directly with an OPWDD regulatory consultant to create a QIP that includes all applicable elements.	Vice President of Corporate Compliance and Quality Improvement Director	Beginning 8-2024  QIP completed Q1 2025	
1b. Vice President of Corporate Compliance will convene and oversee the implementation of a QI Plan Taskforce to review the QIP. The Taskforce will meet monthly to review agency progress toward QIP goals.	Vice President of Corporate Compliance	Anticipated taskforce start date Q1 2025	
1c. QI Team will report internal audit tool trends to the QIP Taskforce 2x/year. QIP Taskforce will be responsible for analyzing this internal audit information for patterns/trends, and to determine if additional goals, strategies, and/or processes need to be added to the agency QI Plan.	Vice President of Corporate Compliance and Quality Improvement Director	Q2 2025	

**6. Performance Reporting on Key Results Metrics**

**Status Updates/Performance Reporting**

Data and ratings collected from all observation / data collection and survey activity will be summarized into aggregate performance scores and reported throughout the program on a monthly basis. At each point in the information sharing process staff involved will compare actual data with Baseline, Target, and available and relevant Benchmark data.

- The Executive Leadership Team will review the summary of measures, ratings, and comments quarterly. Based on review of these scores against objectives, baseline data and available and relevant benchmarks with these scores, trends will be identified and additional actions will be put into place as needed (i.e. declining trends or static low scores).
- Results will be reported quarterly to the Executive Leadership Team by the Vice President of Corporate Compliance.
- The quarterly results and rating scores for measurements of each objective will also be summarized and reported to the Starbridge Quality Improvement Taskforce at each of their scheduled meetings.
- Summary to the Starbridge Quality Improvement Taskforce will document results and any trends that require action in addition to actions that will be or have been taken, timelines for implementation, and person responsible.
- The Starbridge Quality Improvement staff will present the results of completed external survey[s] and any actions requiring corrective measures to the Starbridge Quality Improvement Taskforce at their scheduled meetings. The Starbridge Quality Improvement Taskforce will evaluate the results and any identify trends that require action in addition to actions that will be or have been taken, timelines for implementation, and person responsible.
- QI activities will include an annual progress summary that identifies the QI actions taken, results/effectiveness, provide a summary describing the implementation of QI actions and the summary analysis of the effects of the actions to bring about the desired and intended change/improvement should include changes in quality and actions that appear to not have an impact. The annual progress summary will be presented to the Quality Improvement Taskforce, Executive Leadership Team and the Board for approval, analysis and actional feedback.
- Following Board approval of the annual progress summary, the report will be made available on Starbridge website annually in March and/or at the request of stakeholders/other interested parties.

## **7. Self-Evaluation Process**

The self-evaluation process will be ongoing and happen at a number of different levels within the organization.

First, as mentioned previously, key result data on progress toward Goals and Objectives will be reviewed regularly at many different levels in the organization as evidenced in this plan. Once baselines are established for each of the Key Result Measures, observational measures will be completed as outlined in the plan.

This data will be shared / reviewed / evaluated at scheduled meetings to include the Executive Leadership Team and the Starbridge Quality Improvement Taskforce. As gaps are found between performance and objectives with no improvement over time, Root Cause Analysis may be completed to identify obstacles and new or revised action plans will be implemented.