



PMI End of Year Report Performance Improvement Analysis FY2024

MISSION

Empowering those we serve to develop sustainable, lifelong skills through individualized quality services and supports.

VISION

Dominion will be a premier provider in which our passionate and innovative team will deliver sustainable, quality, whole-person care through a full continuum of therapeutic services to empower individuals in the development of skills necessary for success. We envision a society in which all people achieve their full potential for health, education, and well-being across the lifespan.

VALUES

We provide quality programs that allow individuals to develop the skills necessary for success. Our staff are supportive and caring individuals who are trained to carry out our mission. We strive to be the premier provider of a broad array of services to include mental health, education, intellectual disabilities and autism.

- We feel that we offer a supportive, engaging work environment that encourages out of the box ideas and offers long-term career opportunities in the social service field.
- We believe in hiring from within and growing strong leaders.
- We believe in saying “yes” if it means making a difference in the life of an individual we serve.
- We believe in ethical decision making with a commitment to honest and open communication.
- We believe in an all-inclusive approach and empowering the individual to have the ultimate goal of not needing our services.
- We value community outreach and connecting those we serve with natural resources.
- We believe in the idea that employees who are valued and offered an inviting and energetic workplace will work hard to make a difference in the lives of those they touch.

HISTORY

In 1999, Dominion Care (DC) was established in Richmond, Virginia by four passionate individuals who set out to enrich the lives of children and youth by providing therapeutic services. Over the years, our services have evolved and expanded to meet the needs of our communities. Today, DC provides a complete spectrum of services throughout the Commonwealth and serves all ages from pre-school to the elderly. Our experienced staff of over 400 professionals use evidence-based practices and a holistic wraparound model to ensure positive, successful outcomes for the individuals we serve.

As Dominion Care worked toward achieving the below goals, it is committed to the principles of continuous performance improvement in all of its services and operations. The purpose of the Performance Improvement Plan is to establish a methodology for collecting and analyzing information.

This is done for both business improvement and service delivery improvement in the domains of effectiveness, efficiency, satisfaction, and access. Data is collected from a variety of sources that includes:

- Persons served
- Community partners and stakeholders
- Staff
- Other relevant reports

A performance analysis is conducted on a minimum of an annual basis in order to:

- Identify areas needing performance improvement.
- Develop an action plan to address the improvements needed to reach or revise established outcome measures and improve the quality of programs and services.
- Facilitate organizational decision-making regarding its progress toward fulfilling DC's mission.
- Create a summary report that can be shared with its clients, staff, and other stakeholders in appropriate and meaningful ways.

Dominion Care offers multiple services both onsite and offsite. A complete description of these services can be found online at www.dominion.care. In business function improvement, DC utilized the following indicators:

1. Financial information
2. Accessibility
3. Resource allocation
4. Surveys
5. Risk management
6. Human resources
7. Technology analysis
8. Environmental health and safety
9. Strategic planning
10. Field trends
11. Service delivery system

Performance Indicators have been identified as follows:

I. RISK

1. Area of Risk – Financial

a. Industry Evolution-behavioral health services changes

1. Participation in industry leadership and stakeholder activities and communicate impact of these change/needs on DC specifically; continuous investment in technology

b. Quality

1. Support the clinician needs of the company while maintaining operational/financial optimization

c. Compliance

1. Deploy ongoing, evolving information and data security policies, procedures

d. Loss of Assets(Buildings, Vehicles)

1. Business continuity plan

2. Area of Risk – Programs (HIPAA Breach)

a. Employee training

b. Audits

- c. Peer review
 - d. Creating a culture of compliance and awareness
 - e. Use of Artificial Intelligence for documentation
- 3. Area of Risk-Quality of standards
 - a. Updated policy and regulations
 - b. Training on standards
 - c. Developing a culture of quality
- 4. Area of Risk-Lawsuit
 - a. Staff trained on individual rights
 - b. Crisis Management training
 - c. HIPAA training
 - d. Harassment Training
 - e. Vehicle training
 - f. Timely reporting on any incidents
- g. Fraud, Waste, and Abuse training
- 5. Area of Risk-Human Resources
 - a. Reputation Management
 - Operations
 - Committee to evaluate touch points of current client and employee experience
 - Make suggestions for areas of improvement in day-to-day operations
 - b. Termination process including documentation of performance concerns in the personnel record.
 - Training for management related to termination documentation.
 - c. Recruitment
 - Develop videos to accurately describe the roles and responsibilities of some of our most common positions
 - Training for management for documenting results of interviews and utilizing scoring methodology to track candidate qualifications
 - Communication with internal applicants when not selected for transfer or promotion.
- 6. Area of Risk- Health and Safety
 - a. Crisis Management Procedures
 - Annual training on crisis management
 - Additional training refreshers as needed
 - Creating a “hands off” culture within the organization
 - b. Medication Error
 - Medication administration training
 - Annual refreshers
 - * Medication administration audits and quality probes
 - c. Infectious Disease Control
 - Train staff on policy and procedures
 - All staff knowledgeable on universal precautions
 - Cleaning protocols put in place
 - d. Health and Safety

- Review and practice all Emergency protocols in the Emergency Response Plans
- e. Auto accident
 - Complete checks of vehicles prior to usage
 - Ensure vehicles receive regular maintenance
 - Awareness of triggers of clients to reduce risk of accident
 - Annual driver safety training
- 7. Area of Risk-Fire
 - a. Review on all emergency protocols in the emergency response plans
 - b. Fire drills conducted every month
- 8. Area of Risk-Internal controls (lawsuits)
- 9. Area of Risk-Transportation
 - a. Transportation drills completed every March and September
- 10. Area of Risk-Contracts
 - a. Create procedure and implement methodology to manage renewal of contracts
- 11. Area of Risk-Insurance and Liability
- 12. Area of Risk-Compliance with Legal Requirements
- 13. Area of Risk- Technology
 - a. Data Leak Protection (USB storage, personal cloud storage, personal email, etc.)
 - Restriction policies will need to be applied to all computers to limit and control data copying to any external unprotected space
 - b. Security training mandatory to staff
 - Maintain IT security training within HIPAA training which is mandatory for all new hires and annually
 - Maintain IT Newsletter to include cybersecurity attack simulation results and phishing awareness
 - c. Unsecure internet access
 - Redesign the internet access to apply more centralized protection
 - d. Use of Artificial Intelligence and non-HIPAA compliant platforms for documentation
 - e. Use of HIPAA compliant platforms for Telehealth service provision.

II. ACCESSIBILITY

1. Architectural Barrier
 - a. Areas Needing Improvement- Physical barriers to prevent access to building, accessible bathrooms
 - b. Results in Action Plan- Buildings inspected monthly. If building is rented, landlord is notified of any physical barriers. If owned, a maintenance request is submitted.
 - c. Improve Performance- Director of QA/Compliance sends monthly reminders for drills and monthly building checklists, all LOCs complete drills and monthly building checklist on the same day monthly; LOC directors now manage maintenance requests.
2. Environmental Barrier
 - a. Areas Needing Improvement-Access to all facilities that have clients is restricted and a locked door or key system is in place to enter the grounds; exterior areas are well lit to increase security after dark.

- b. Results in Action Plan-Monthly health and safety inspections are conducted by the localities identified Health and Safety Representative
 - c. Improve Performance- We now have a baseline of overall compliance of building inspections to include H&S drills. Overall compliance for 2024 was 77%.
- 3. Attitudinal Barrier
 - a. Areas Needing Improvement- DC is acutely aware that attitudinal factors play a major role in assisting our clients to achieve their goals.
 - b. Results in Action Plan- We encourage clients, staff, and other stakeholders to make recommendations for improvement. Semiannually DC distributes surveys to clients and their families, and annually to staff, as well as semiannually to other stakeholders to solicit information on perceptions of DC, as well identify accessibility barriers and provide suggestions for increasing our ability to respond to the needs in the most effective manner.
 - c. Improve Performance- Surveys are reviewed, semiannually, or annually depending on frequency survey is sent out. Outcomes from the collected data are published on a semiannual and annual PQM report. Person-Centered training implemented annually.
- 4. Financial Barrier
 - a. Areas Needing Improvement-Lack of financial resources is a primary financial barrier which includes insufficient funding for services and supports.
 - b. Results in Action Plan- DC advocates legislatively for increased funds for the support of services for the population we serve. Members of the executive team have attended and provided testimony at relevant budget and policy meetings of the legislature. The Governing Body addresses legislators through letters, individual meetings, an/or participation in multiple advocacy groups regarding the appropriate levels of funding to support or clients.
 - c. Improve Performance- Governing body meetings monthly; Annual budget reforecasting.
- 5. Communication Barrier
 - a. Areas Needing Improvement- The absence of materials in a language or format that is understood by those receiving services.
 - b. Results in Action Plan- DC to offer written communication in Spanish as requested. DC will offer an accessible, user-friendly website that makes it possible to share information about DC. DC offers language accessibility services through Cyracom.
 - c. Improve Performance- Spanish as requested. Contract maintained with Cyracom to provide language services and interpreting services for all staff and clients.
- 6. Transportation Barrier
 - a. Areas Needing Improvement- Persons served being unable to reach service locations or being able to participate in the full range of services, supports or activities offered.
 - b. Results in Action Plan- DC services to offer transportation, when looking into new service locations, keep the location of public transportation in mind, regular maintenance of vehicles.
 - c. Improve Performance- Vehicles have gone through inspection from staff and a new system of quality of care regarding the inside of the vans has been maintained; DC now has 24 hour roadside assistance on all vehicles; DC implemented fleet management for contracts. Transportation safety drills completed semiannually.
- 7. Community Integration
 - a. Areas Needing Improvement- Any type of barrier that would keep a client from returning to their community and/or school.
 - b. Results in Action Plan- Individualized needs and service plans are reviewed to identify these barriers. Every effort is made through treatment and counseling to assure the elimination of community integration barriers.

c. Improve Performance-DC ensures that ISPs are updated on a quarterly basis when ISP updates are due, instead of waiting for an annual review to reduce any potential barriers during service delivery.

8. Technology

a. Areas Needing Improvement- Access to available technology, security, and upkeep of equipment.

b. Results in Action Plan- Accommodate the needs of staff, clients, and ultimately all stakeholders; assure the integrity of all IT information; HIPAA compliant TEAMS platform is used for all meetings and delivery of telehealth services.

c. Improve Performance- DC is now using HIPAA compliant cloud computing through SharePoint. Phishing attacks are simulated at least quarterly.

9. Employment Barrier

a. Areas Needing Improvement- Recognizing that the Americans with Disabilities Act (ADA) and its policies prohibit discrimination in all employment practices.

b. Results in Action Plan- DC provides equal opportunities to all people regardless of gender, race, color, sex, sexual orientation, national origin, religion, age, equal pay, disability or genetic information; HR reviews and updates policies at least annually; all requests for reasonable accommodations are handled individually and generally granted when consistent with DC's service goals and financial capabilities; when barriers to the granting of requested accommodations exist, DC will do everything possible to offer effective accommodations as an alternative

c. Improve Performance- HR instituted "The Voice of the Employee" offering a safe place for employees to report needs or concerns.

III. CULTURAL COMPETENCY

1. Self-Assessment

a. Areas Needing Improvement- Conduct initial and ongoing organizational self-assessment of Cultural Competence-related activities.

b. Results in Action Plan- Integrate cultural and linguistic competence-related measures into staff surveys and client satisfaction surveys, staff training on cultural competency on an annual basis.

c. Improve Performance- Quarterly Surveys were completed by clients. Annual staff surveys to be completed annually in November. Outcomes from the client surveys are shared in the quarterly PQM Report and quarterly Person's Served Committee Feedback from the surveys were reviewed by the Governing Body. Probes are conducted monthly in each Line of Care with results shared in quarterly PQM report.

2. Staff Training

a. Areas Needing Improvement- Staff training and development in cultural competency are implemented across all lines of business.

b. Results in Action Plan- Professional Development Plan implemented for all staff where trainings can be signed up for. Cultural Competency training will be recreated to further goals of becoming a culturally competent organization. Distributed quarterly to all staff.

c. Improve Performance- Professional Development Training implemented and maintained. Cultural Competency training recreated.

3. Cultural Competency Standards

a. Areas Needing Improvement- Cultural Competency and Diversity Committee created to address additional organizational needs. DEI initiatives expanded.

b. Results in Action Plan- DEIB Committee will review newly created DEBI

trainings, locate and partner with local interpreters, and partner with local organizations willing to provide additional trainings to our staff to increase our overall effectiveness.

c. Improve Performance- Ongoing

4. Employment Recruitment

a. Areas Needing Improvement- Recruitment, retention and promotion strategies are targeted to the population demographics of the community.

b. Results in Action Plan- Collect and analyze demographic data on all program services; data on staff demographics are collected and integrated into agency management system and periodically updated. Results reviewed in November.

c. Improve Performance- Continue to implement incentives, including differential pay rates for specialized skills in cultural and linguistic competence.

5. Equal Employment

a. Areas Needing Improvement- Equal Employment Opportunity will apply to all aspects of the relationships of DC employees.

b. Results in Action Plan-Equal opportunity is and will be provided for all employees and applications for employment based on their demonstrated ability and competence without discrimination.

c. Improve Performance- Ongoing

6. Linguistic Assistance

a. Areas Needing Improvement- Persons served should receive linguistically appropriate assistance.

b. Results in Action Plan- DC will provide language assistance services to persons served through contract established with Cyacom.

c. Improve Performance- Ongoing

Demographics of persons served by percentages.

Persons Served Characteristics	Age 0-5	Age 6-17	Age 18-40	Age 41-65	Age 66-85	Male	Female	Caucasian	African American	Hispanic	Other	Unreported
Percentages	3%	25%	47%	21%	4%	49%	51%	30%	23%	1%	22%	24%

Additionally, DC will continue to make efforts to match the demographics of the clients served through recruitment and retention of diverse workforce. DC will remain aware of the current employee diversity and will actively recruit staff when areas of need are identified

Total number of full-time staff was 282-213 based on data from Human Resources in December 2024

	Female	Male	Non - Binary	Average Age	Caucasian	African American	Hispanic	Asian	Alaskan Native or American Indian	Native Hawaiian Other Pacific Islander	Two or More Races	Unspecified
DC Employees	74% 77%	26% 22%	0%	39 38	39% 51%	45% 39%	2%	1% 2%	0%	0%	6%	7% 0%

IV. STRATEGIC PLAN

1. Establish an organizational structure that supports effective delivery of stakeholder services.
 - a. Areas needing improvement: Using recruiting tools and HR processes to ensure that positions are filled in a timely manner.
 - b. Results in Action Plan: *Recruitment and Retention*: referral bonus redesign to improve retention and recruitment efforts, benefits strategy to include more voluntary benefits, payment for licensure and CEUs, uniform mileage, and education reimbursement. Dominion has created a Hiring Logic Trail Sourcing
 - Sourcing
 - Paycom, Indeed, LinkedIn, Facebook, X, Instagram, , Employee Referrals, University Connections, Job Fairs, Community Outreach, Sponsored Ads and Targeted Ads
 - Creation of “day in the life of”, departmental overview, and boomerang videos
 - Hire/On-Board
 - Team-Training-manages, NHO, TO/Safety Care, CPR/FA, all recerts, New Hire Checklist training, and Paycom.
 - Recruiting checks Samba for MVR report/eligibility
 - HR manages background/fingerprint results.
 - LOB Specific Training (Hiring and Supervising managers)
 - Coggins Storefront
2. Solidify DC as an employer of choice.
 - a. Areas needing improvement: Workforce shortage has presented challenges. Need to continue to focus on branding, retention and staff appreciation.
 - b. Results in Action Plan: HR has worked to develop a more robust performance review, surveys, voice of the employee, and have more employee engagement.
 - c. Continue to improve social media and job fair presence, working with Directors to create internal growth plans, and continue with cultural surveys.
3. Identify metrics and software capabilities to track data and outcomes to ensure effective service delivery.
 - a. Areas needing improvement: Continue to monitor metrics to track and measure for purposes of reporting outcomes.
 - b. Results in Action Plan: With the help of PMI, LOC’s have identified metrics to measure.
 - c. Improve Performance: LOC’s have now had the opportunity to establish baseline data and show outcomes. LOC performance measurement metrics have been expanded in 2025 to include all subprograms.
4. Grow adjusted EBITDA by
 - a. Launch school in Fredericksburg
 - b. Continue to fill out locations for ABA EIBI across the state in added locations from 2024
 - c. Continue to grow Sponsor Residential census as well as Group Day

V. ADMINISTRATIVE PMI GOALS (BUSINESS FUNCTIONS)

1. Goal (AREA NEEDING IMPROVEMENT)

- Collecting data on the reason for leaving the company

a. What is being measured?

- Resignation reasons by conducting Exit Interviews for all employees who resign.

* THRIVE interviews for staff with ongoing tenure at Dominion.

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

- Data not available as this process was not implemented until end of 4th quarter 2024

c. Pertinent information

- Through this review we have realized a need to implement the Exit Interview process, which hopefully will encourage exiting employees sharing information to benefit the organization and decrease the percent of turnover.

• With the implementation of this goal, and the technology provided by Paycom, we are now able to track this and reach out to each employee.

d. Recommendations for next year (IMPROVE PERFORMANCE)

• Work with hiring manager as part of the Workforce Development Strategic efforts to ensure they are encouraging employees to participate and resignations are reported immediately, thus allowing HR to send the exit interview survey to the employee. We will continue to track the reporting of resignations as well as the completion rate of the exit surveys. THRIVE interviews will begin in Q2 2025.

2. Goal (AREA NEEDING IMPROVEMENT)

- Complete monthly revenue by the 5th business day of the following month

a. What is being measured?

- The ability to close monthly revenue no later than the 5th business day the following month 12 out of 12 months

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

- This goal was met 12 out of 12 months in 2024

c. Recommendations for next year (IMPROVE PERFORMANCE)

- 100% compliance in closing out monthly revenue by the 5th business day of the following month

3. Goal (AREA NEEDING IMPROVEMENT)

- Close monthly financials by the 15th day of the following month 12 out of 12 months

a. What is being measured?

- To ensure financials are complete by 15th day of the following month 12 out of 12 months

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

- This goal was met 11 out of 12 months for 2024

c. Recommendations for next year (IMPROVE PERFORMANCE)

- 92% compliance in closing out monthly financials by the 15th day of the following month

VI. SERVICE DELIVERY PMI GOALS

PMI report

1. Goal (AREA NEEDING IMPROVEMENT)

- To improve overall chart compliance

a. What is being measured?

- On average, all charts will meet regulatory standards, such as DBHDS and CARF standards, at 90% accuracy or greater.
- b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)
- 64.3% average accuracy across the organization
- c. Pertinent information
- We did not meet our goal, but electronic chart review forms and reporting in Credible have been maintained for Lines of Care. Noncompliant programs will submit performance improvement plans each month to resolve trends in a timely manner. Peer reviews continue to be implemented for all Lines of Care.
- d. Recommendations for next year (IMPROVE PERFORMANCE)
- Goal will remain the same.

2. Goal (AREA NEEDING IMPROVEMENT)

- Tenure (quarterly turnover per LOC to be compared year over year)
- a. What is being measured?
- On average, DC will have a quarterly turnover rate of 12.5% or less based on HRIS employee data.
- b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)
- Yearly status of 17.2%.
- c. Pertinent information
- Goal not met for tenure. The HR team continues working towards retention efforts and increasing staffing in Lines of Care as needed.
- d. Recommendations for next year (IMPROVE PERFORMANCE)
- Goal will remain the same: quarterly turnover rate of 12.5% or less based on HRIS employee data.

3. Goal (AREA NEEDING IMPROVEMENT)

- To measure client improvement over time.
- a. What is being measured?
- Each LOC's metric will average at least 85% client progress for the quarter with CBS: Improved functioning at school, work or home. ABA: Acquires and uses new skills. Waiver: Opportunity for personal development. Academy/TEC: Did individual demonstrate improvement in academic or behavioral performance at school. Ed Services: Did individual demonstrate improvement in academic and behavioral performance at school. Outpatient: Improved functioning at school, work or home.
- b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)
- Yearly client progress for DC is 84%.
- c. Pertinent information
- Goal not met for client progress. Lines of Care will continue monitoring client progress.
- d. Recommendations for next year (IMPROVE PERFORMANCE)
- Goal will remain the same: Each LOC's metric will average at least 85% client progress for the quarter.

4. Goal (AREA NEEDING IMPROVEMENT)

- To increase the overall satisfaction of the persons served at DC
- a. What is being measured?

- 93% of the persons served will be satisfied with the services they received as evidenced through voluntary survey
- b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)
- 91.8% of persons served are satisfied with the services they receive
- c. Pertinent information
- Goal was not met. Client survey is completed semiannually. Persons Served Committee continues to work towards ensuring the survey is disseminated to all clients.
- d. Recommendations for next year (IMPROVE PERFORMANCE)
- Goal will remain the same
5. Goal (AREA NEEDING IMPROVEMENT)
- To reduce the number of restraints across the organization
- a. What is being measured?
- Dominion will reduce the amount of restraints to no more than 75 in 2024. Baseline=79 Restraints in 2023
- b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)
- 72 restraints across all regions for the year.
- c. Pertinent information
- Goal met. Dominion implemented a comprehensive restraint reduction plan in Q3 of 2024. Dominion implemented a training in post-incident debriefing for all staff in Q3 of 2024.
- d. Recommendations for next year (IMPROVE PERFORMANCE)
- Goal will remain the same: Dominion will reduce the amount of restraints to no more than 75 in 2025. Baseline=72 restraints in 2024.