

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

1ST QUARTER – FY2016

On 11/13/15, an Agency Wide CQI meeting was convened to review the information and data gathered at the program level CQI quarterly meetings. All programs and CQI Teams were represented. The meeting focused on the qualitative analysis of the process and the data used to implement quality improvement in the programs with an emphasis on identifying trends or opportunities for improvement and developing plans or strategies to address the trends/opportunities identified by the data.

This summary represents a snap shot of the agency's efforts at Quality Improvement for the 1st Quarter of FY 2016 in each Quality Improvement category reviewed by the agency: Unusual Incidents, Accidents and Grievances, Outcomes, Surveys, Peer/Record Reviews and Improvement Projects. This report may or may not capture every program's report for this quarter. Only significant trends and actions/strategies are cited in the various categories of Quality Improvement. However, the agency operates the following programs: Youth and Runaway Youth/Homeless Services, Street Outreach, TLP, Redeploy, Second Chance, JSOP, Hope House, Treatment (Solutions Counseling, Child First and Medicaid), YSB Child Development Center, LADD, Hispanics Services, Foster Care, Licensing, Intact Family Services, SOC, Specialized Foster care, Parenting Program and M.I.S.T.E.R.

A. UNUSUAL INCIDENTS, ACCIDENTS AND GRIEVANCES (UIR's):

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter (FY15)	Total FY 16
FC – Aurora	32			18	32
FC – Glen Ellyn	21			14	21
FC – Ottawa/Princeton	4			14	4
FC – Rockford	4			7	4
Spec-FC	21			10	21
Intact Family Services	7			10	7
Licensing	10			13	10
Parenting	0			0	0
Treatment	6			3	6
RHY/TLP/SOP	4			4	4
Redeploy/Juvenile Justice	5			0	5
Hispanic Services	0			0	0
Administration	2			3	2
Hope House	1			0	1
Office Support	0			0	0
YSB Child Dev. Center	0			0	0
Totals	117			96	117

Summary:

In comparing the number of UIR's reported from the 4th quarter of FY'15 to the 1st quarter of FY'16, it is noted that the number has slightly increased. The majority of the UIR's are reported from Child Welfare services, and the Specialized Foster Care unit is now included in the totals. A significant trend noted in the Child Welfare services, specifically Foster Care, was that the reported UIR's involve neglect/abuse situations and runaway/missing teens. The teams noted this trend and are implementing casework practices that include increased contact with the clients with a concentration of tailoring their services to meet their needs, as well utilizing the Department's clinical unit for staffing. The Licensing Unit continues to identify a trend of more investigations involving inadequate supervision and discipline with relative foster homes which resulted in 3 removals of children. They are looking into providing training to foster parents regarding appropriate discipline and supervision, and this will be accomplished by using the Parenting Program staff. The category of abuse/neglect also remains recurrent trend in the other programs.

B. PROGRAM OUTCOMES:

Summary:

As reported in the Agency Wide CQI Summary report, a majority of the programs are meeting or exceeding their established program goals and outcomes. The number of clients served in the agency program's remains relatively stable as compared from the 4th Quarter FY'15 to the 1st Quarter FY'16. The largest program based on the reported number of clients remains the Foster Care program with a 1st Quarter end of 453 children in care, including 29 specialized children. The Foster Care Program continues to struggle, across all teams, with meeting the Dashboard goal of Weekly Child-Parent Visits on Return Home cases. The program will be developing a Quality Improvement Plan per team to address this issue, as well as all measures within the Dashboard, in addition to the overall program Quality Improvement Plan.

The Foster Care programs permanencies are being tracked internally and discrepancies have been found in the data reported by the ILDCFS Dashboards. The discrepancies indicate some teams are not receiving credit for permanencies. The QI Department is working with the Foster Care teams to correct these discrepancies to allow them to be credited for their work. DCFS has been open to correcting the data.

The Intact Family Services program ended the FY'15 by exceeding its goal (90%) of Families Remaining Intact at 97.62%, 82 families served remained intact during services. The Intact Family Services began the FY'16 with approximately 50 families, and remain focused on improving the goals with the Dashboard.

The Treatment Program reports total clients served in the 1st quarter were 287, an increase from 208 in the 4th quarter FY'15. The Program reports CANS are now being submitted on time, and the goal of trauma symptom reduction was not met. The program attributes the decrease in trauma reduction to an increase in clients not complying with therapy and/or refusing treatment.

The Hispanic Services program signed up 40 more participants for food stamps in the current quarter, down from 54 in the previous quarter. There was an increase in medical applications to 56. The program attended 12 community outreach events. The increased participation in the medical applications is also due to the outreach efforts of the program's participation at health fairs, radio, and distribution of flyers in which they participated.

The Youth Outreach/Homeless Youth (RHY/TLP/SOP) programs reported meeting many their program goals, such as: Permanency, Safety and Child Welfare outcomes were all 100%; the increase in overall Functioning was at 80 %, no involvement in Juvenile Justice was at 90%, and participation in Community Service was at 75%. Data reveals there was an improvement in the 1st quarter FY'16 over the 4th quarter FY'15. It appears that the biggest improvement was in Functioning. Community Service not met for either quarter, and the programs are looking at strategies to engage youth in completing their community service requirements.

The Parenting Program reports 34 graduates for the last completed classes, with a starting enrollment of 66 as the class overlapped into both quarters. Several of the initial enrollees were discharged from the program, during both 1st quarter FY'16 and 4th quarter FY'15, for either non-compliance or no shows. They reported a 56% Graduation Rate for Traditional only. They will continue to work with the caseworkers to reinforce attendance and completion of the program with the clients.

The YSB Child Development Center is in the process of establishing outcomes for their program, and continues to maintain its Gold Circle of Quality.

The ReDeploy/Second Chance-Juvenile Justice programs reports meeting its goals across the program with more participants completing the program. The ReDeploy/Second Chance programs have established more meaningful goals aimed at measuring the juvenile offenders' success, these measurements include: Successful completion, Avoid Incarceration, Increased YASI scores, and Life Goal accomplishments.

C. SURVEYS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4th Quarter(FY'15)	Totals (FY'16)
FC – Aurora	None reported			12	None reported
FC – Glen Ellyn	0			0	0
FC – Ottawa/Princeton	33			24	33
FC – Rockford	17			5	17
Intact Family Services	20			17	20
Licensing	21			28	21
Parenting	35			56	35
Treatment	71			117	71
RHY/TLP/SOP	6			54	6
Redeploy/Juv. Justice	9			15	9
Hispanic Services	8			10	8
Hope House	0			0	0
Admin	4			0	4
YSB Child Dev. Center	# not Reported			0	# not Reported
Totals	224			338	224

Summary:

Surveys continue to be distributed and completed across the programs with generally positive comments towards the work being done at YSBIV. There was a significant decrease in the number of reported completed surveys this quarter. Several programs have updated the content of their surveys, which may account for the lower number completed. Emphasis will be made to ensure distribution of surveys on a regular basis.

D. PEER/RECORD REVIEWS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter (FY'15)	Totals FY'16
FC – Aurora	10			39	10
FC – Glen Ellyn	0			25	0
FC – Ottawa/Princeton	17			18	17
FC – Rockford	31			32	31
Intact Family Services	19			20	19
Licensing	82			49	82
Parenting	121			0	121
Treatment	44			36	44
RHY/TLP/SOP	11			30	11
Redeploy/Juvenile Justice	-			24	-
Hispanic Services	141			185	141
Administration	6			0	6
Hope House	0			0	0
YSB Child Dev. Center	50			0	50
Totals	532			458	532

Summary:

The Peer Reviews continue to occur in most of the programs with a review of open and closed cases. Several of the programs have updated or are in the process of updating their Peer Review forms. Many of the programs report that the files reviews indicate most files are in compliance. The following programs continue to see the following trends: The Foster Care unit noted a trend with missing pictures, fingerprints, child ID forms, birth certificates, Rights & Responsibilities, and missing documents that require printing from SACWIS. They will continue their efforts at obtaining the documentation. The Licensing unit noted a trend of missing documentation for the 590-A. They will continue the strategy to bring the file when going on home visit to ensure necessary records are up to date. The Intact Family Services program continues to note missing documentation for Reasonable Efforts to Locate Relatives, CANS and monthly counseling reports. The Parenting Program trends noted were caseworkers' failure to sign consent/release exchange of information form as the witness. The agency will remain vigilant in improving the identified trends to ensure quality files.

E. IMPROVEMENT PROJECTS:

The Foster Care unit improvement projects are focusing on preparation for the upcoming holiday parties for the foster children, improving file contents and effective ways to deliver court reports to the various courts to cut down travel for employees. Intact Family Services is working on an improved rate of CANS Assessments within the first 30 days of the cases.

The Parenting Program reports continued efforts at community outreach and collaboration with other agencies or community organizations.

The Treatment Program continues to seek information on play therapy certification and/or training for therapists serving southern counties. They will also need to create play therapy rooms in the southern offices. The program is seeking to expand the Solutions Counseling to the northern office in FY16, beginning with Rockford with a new licensed clinician. All northern staff will pursue eligibility to obtain licensure as well.

The Redeploy/Second Chance team restarted the summer lawn maintenance program to serve youth with court-ordered community service they need to complete and will maintain this program through the year with other tasks. The program staff attended 2 different trainings to enhance their skills in working with juvenile offenders.

The Hispanic Service team is translated a new *Clients' Rights* form into Spanish, and is now available for agency wide use. They will be looking into expanding their services to include Fee for Services with a target date of July 2016 implementation.

Hope House is revising its Referral form, as the program is finding it difficult to get correct contact info to initiate the cases. Revisions will include words like "Required" and they will not accept the referral from the attorney or court without the information being filled out. This will better facilitate making contact to initiate services. The revised packets will be distributed to the courts and to attorneys that they work with on a regular basis.

The RHY/TLP/HY programs will be revising the file review forms and file dividers. TLP Focus Group's Life Skills group will be implemented. The programs will also look at worker training in how to deal with aggressive youth.

The YSB Child Development Center will focus on the improvements identified in their Circle of Gold QIP's.

The Administration team plans on revising the employee survey, reviewing operating policies, developing a Crisis Plan under Risk Management and develop the annual Risk Management Plan. The Support Staff team is examining the office maintenance and first aid forms for consistency across the agency.

Analysis and Recommendations:

After review of all CQI categories in the reports submitted by each program, the following observations, analysis and recommendations are noted.

In reference to number of UIR's generated in the Foster Care unit, it should be noted the categories of Abuse/Neglect and Missing Wards remains the 2 highest categories. Strategies implemented for increased contact with the clients, efforts at identifying client specific triggers of negative behaviors, and modifying services to minimize these triggers have had some impact on the older youth, but youth in residential setting remain a problem area. Foster Care teams should continue to review these UIR's closely and monitor strategies aimed at reducing the number of UIR's in this category. The number of UIR's for Abuse/Neglect remains constant and the Licensing Unit continues to focus on educating foster parents on appropriate discipline and supervision. The agency is now tracking to number of disrupted placements, in the first 30 days, 60 days, and 90 days on new cases to help identify trends of why children are moving. There was a decrease in UIR's for staff injuries. However, all staff should be reminded to adhere to the safety policies and procedures established by the agency, and as referenced in the personnel policies and specific workplaces to minimize any potential risks to the employees and the agency.

The programs across the agency remain focused on meeting and/or exceeding their program goals and/or established outcomes, many of which are determined by program contracts or plans. Each program needs to ensure that their data collection is valid and a consistent method for aggregating the data is in place. The agency is reviewing the process in which UIR's are reported internally and then entered into the database; several inconsistencies were noted on what is reported at the CQI meetings and what is recorded on the monthly UIR report generated from the agency's database.

Child Welfare Programs exhibiting difficulties in meeting their established goals are developing Quality Improvement Plans per team to address areas of concern and the progress towards improvement will be monitored closely.

It continues to be recommended that all programs continue their efforts at distributing surveys on a consistent basis, as the surveys are the best indicators of how successful the agency is at improving the lives of the clients.

With regards to Peer/Record Reviews, all programs should adhere to the agency and COA requirements that the review be conducted by peers, and supervisors should not be reviewing files when they supervise cases being reviewed. To maintain integrity of the process, case files should be chosen at random via the agency's internal client information system.

The agency continues its commitment to move forward in the evolving and ongoing Continuous Quality Improvement process with a focus on using the data collected to identify areas in which to improve services to the clients. A CQI employee training is being developed and will be a required training. All recommended strategies developed by the program level CQI teams should be implemented and monitored for improvements.

Respectfully submitted,