YOUTH SERVICE BUREAU OF ILLINOIS VALLEY
CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN 2016-2017

I. Introduction

A. YSBIV's Philosophy of Continuous Quality Improvement:

Youth Service Bureau of Illinois Valley (YSBIV) believes that leadership is the key to achieving an organization-wide commitment to a "culture of quality." The commitment and belief in our efforts for continuous quality improvement begins with our Governing Board and the Executive Director and is positively promoted at all staff levels and programs. The overall purpose of the Continuous Quality Improvement (CQI) Program is to advance the agency towards providing the best quality services for the clients served through our agency's programs, in an effective way. While adherence to rules, regulations, and external standards, as well as internal policies and procedures, is at the foundation of our service delivery and monitoring system, assessing the quality of the services and their impact on clients is equally important. Equally important is advancing the agency towards effective management practices in areas of Human Resources, Fiscal, Technology and overall agency functions.

YSBIV's aim to quality improvement is based on the following principles:

- **Client Focused*:*** With a focus on understanding the needs of our clients and then meeting or exceeding their needs and expectations.
- **Recovery-oriented:** Services are characterized by a commitment to promoting and preserving wellness and to expanding choices. This approach promotes maximum flexibility and choices to meet individually defined goals and to permit person-centered services.
- **Employee Empowerment:** Involvement of all staff in the process promotes empowerment for employees. They are encouraged to contribute ideas and develop actions plans for their programs, and the agency.
- **Leadership Involvement**. The involvement of organizational leadership assures that quality improvement initiatives are consistent with the Agency's mission and/or strategic plan.
- **Data Driven:** Statistical and evidence-based data is used to inform the use of practice processes and measure their impact or results.
- **Prevention over Correction:** Continuous Quality Improvement activities seek to have effective processes in place to achieve excellent outcomes rather than fix processes after the fact.

The overall goal of the agency's CQI Program is to help facilitate best practices and effective services that have positive outcomes or impacts on the clients served in all programs, and the agency as a whole. The Agency's CQI Program plan is designed to provide a framework to facilitate this goal through the following: The agency's establishment of long and short term goals for improvement through the strategic planning process, monitoring and evaluation of program established desired outcomes, systematic data collection and analysis at the program and agency-wide level, staff and consumer input through surveys, focus groups and feedback, and the Agency's participation in internal and external reviews.

The emphasis of the quality improvement process is client driven with a focus on using a qualitative approach to continually analyze the data and the process (service delivery and agency functioning) to develop and implement quality improvement plans in the programs and the agency. In order for the CQI process to be

successful, it is the agency's belief and practice to be inclusive from the Governing Board, to the staff at all levels, the clients, the community and other organizations we serve. Within the Agency's CQI teams, the analysis of data is used to identify trends, including strengths and/or opportunities for improvement, and then to develop and implement action plans or strategies to address the trends/opportunities identified by the data.

B. PQI Structure:

YSBIV has a designated Quality Improvement Department that oversees the CQI process for the Agency, and ensures that all programs and/or units participate in the CQI process. The Q.I. Department ensures meetings occur on a regular basis and participates in all CQI meetings as a support. The Q.I. Department assists with gathering data, helps provide overall analysis of data and disseminates information regarding CQI activities to all staff and the Governing Board. The Q.I. Department also assists with the development of Program Quality Improvement Plans, as needed, and will monitor, with the Supervisor, the progress of these plans.

The responsibilities of the Quality Improvement Department include:

- Developing and submitting the Quality Improvement Plan for approval.
- Developing indicators of quality on a priority basis.
- Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- Establishing and/or supporting specific quality improvement initiatives.
- Reporting to the Board of Directors on quality improvement activities of the agency on a regular basis.
- Formally adopting and implementing a specific approach to Continuous Quality Improvement *(such as Plan-Do-Check-Act: PDCA).*

Each program and/or department, including Management and Office Support, has a CQI Team consisting of frontline staff and the supervisor that convene on a quarterly basis. There are 5 pre-determined areas that are covered and reviewed during the CQI meetings, which consist of: Unusual Incidents, Accidents and Grievances, Program Defined Outcomes, Client Surveys, Peer Reviews and an opened ended Improvement Project. Each team has a designated CQI Leader, and it is generally not the supervisor or coordinator of the program or department. It is the CQI Leader's responsibility to ensure the necessary data is gathered prior to the meeting, and to facilitate the meeting. Data is obtained through the Client Database, Program Specific Data Reports and/or Dashboards from the IL Department of Children and Family Services. There is also a designated Scribe, responsible for taking notes and producing a CQI Summary Report to include the trends and strategies for each area discussed.

The CQI Program Summary reports are shared with the program staff and a copy is kept by the Q.I. Department. It is the expectation of the Agency leadership that the plans and/or strategies developed in the CQI meetings are reviewed at regular program team meetings, at least monthly.

In addition to the individual CQI Team Meetings, an Agency Wide Leadership CQI meeting occurs, quarterly, after the CQI Team meetings, to allow all programs to share their findings and plans for improvement. All CQI Leaders, the Q.I. Department and the Executive Director participate in this meeting.

The **Board of Directors** also provides leadership for the Quality Improvement process as follows:

- Supporting and guiding implementation of quality improvement activities at the agency.
- Reviewing, evaluating and approving the Quality Improvement Plan annually with input from the Quality Improvement Department.
- Reviewing and providing feedback from other data analysis or summary reports and activities as it relates to CQI, HR, Fiscal, Risk Management and Development.

See attached YSBIV CQI Structure Flowchart and CQI Leadership Role and Responsibilities

C. Stakeholders:

Youth Service Bureau of Illinois Valley defines its stakeholders as: Clients, Staff, Community, Funders (Contracts and Grants), Contracted Providers, Board of Directors, and Partnered Service Providers or Organizations or Institutions, such as the courts, probation department, etc.

For clients, the greatest participation in the CQI process occurs through surveys and in some programs, as appropriate, the use of focus groups. Staff participate in the CQI process through program CQI teams, and through periodic surveys as is relates to perceived agency functioning, HR, the CQI process and training needs.

The Contract or Grant funders are involved in the CQI process in several ways, which include monitoring visits such as those that occur with each team in the Child Welfare programs, on monthly basis; through independent file reviews and audits of programs. Some programs are required to provide reports to funders on a regular basis.

Contracted providers are involved in the CQI process through their work with clients, and contact with staff and administrative staff. They are periodically surveyed as to the quality of interaction and service received through YSBIV, and any feedback offered at any time. The agency participates in various collaborative meetings within the community and other partnered service providers, agencies or institutions to understand the needs of the community or other institutions and/or needs of clients.

The Board of Directors is provided an Executive Summary, quarterly, highlighting the agency's CQI activities, any areas of concern, and recommendations to improve on areas of concern or risk. In addition to this, the Board of Directors is provided several other reports regarding the status of the agency, it operations and its programs. Feedback is communicated back to the agency through the Executive Director to the appropriate program or area of agency operation.

D. Overview of the Improvement Cycle:

Each CQI Program/Unit Team, on a quarterly basis, review a defined set of areas that include Unusual Incidents, Accidents and Grievances, Program Defined Outcomes, Client Surveys, Peer Reviews and an opened ended Improvement Project. Input from the agency's stakeholders is essential to the process. As part of the CQI Improvement Cycle, all programs utilize a program specific survey to illicit feedback from clients or other stakeholders. Feedback is provided to the agency/program, and based on the findings and observations, the feedback can be incorporated into improvement activities for a particular program or for the agency. Feedback from contracted providers is elicited through periodic surveying of these providers as to the quality

of interaction and services through YSBIV, and any feedback offered at any time. Any other feedback obtained through formal or informal meetings with funders, monitors and/or community partners is also incorporated and discussed at the CQI Program/Unit Team meetings.

The information gathered by the team's CQI Leader is discussed with staff, trends are identified, and strategies are developed in each category of review, using the approach of Plan, Act, Do, Check. Each strategy needs to define what, how, who and when to ensure implementation, and needs to correlate back to an identified problem or root cause of an issue. The implementation of the action plans is the responsibility of the program or department's supervisors and staff, with support from the Q.I. Department and Administration. Monitoring of these plans is ongoing and can be adapted or altered as needed, depending on the observed and/or data supported impact on outcomes, at any time. When improvement is noted with a specific strategy, it is often incorporated into the program's delivery of services on a permanent basis. In addition, some programs such as the Foster Care Program and the Intact Family Services Program may develop specific Quality Improvement Plans (QIP) in response to their reported performance and feedback from the contract monitors. These QIP's are shared with each team's contract monitor, and progress is reported on a monthly to bi-monthly basis.

In addition to the CQI Program Team Summary, a quarterly Agency Wide CQI Summary report, summarizing the quarter's CQI activities per program, per category, is completed by the Q.I. Department and is disseminated to all staff. An Executive CQI Quarterly Summary report is also prepared and presented to the Governing Board and the Executive Director for review and feedback. This report is on posted the external website as well, for the convenience of stakeholders.

II. Measures and Outcomes

A. Client Outcomes:

Each program operated within YSBIV has established, or is in the process of establishing outcome measurements that relate back to the overall goal/outcome of the program. Some outcome measurements are established by the contracted program plans, with pre-determined benchmarks. Below is an overview of the agency programs' outcomes:

Child Welfare Programs: Foster Care/Specialized Foster Care/Intact Family Services

Under the contract with the IL Department of Children and Family Services (ILDCFS), a Dashboard with set benchmarks has been established, and addresses health, welfare, safety and permanency of life situation. Every agency and individual agency teams under contract with the ILDCFS to provide Foster Care and Intact Family Services have their performance measured by these benchmarks.

Foster Care/Home of Relative/Specialized Foster Care Programs:
The overall desired outcome of foster care is to provide safety, continuity, consistency and permanency in a family setting for the child while the agency provides services to assist with Reunification to their family of origin, if this is not possible, alternate permanency plans are established, these include: Adoption, Guardianship or Independence.

Home of Relative/Traditional Foster Care Dashboard Measures and Goals:

Measure 1: % of Children achieving Legal Permanency (Return Home, Adoption, or Guardianship)
Goal: 40% of Caseload

Measure 2: % of Monthly In-Person Caseworker Contact with Children
Goal: 95%
Measure 3: % of Monthly In-Person Caseworker Contact with Foster Caregiver
Goal: 90%
Measure 4: % of Monthly In-Person Caseworker Contact with Parents in cases of Return Home (RH) goals.
Goal: 80%
Measure 5a: % Weekly In-Person Parent/Child Visits (RH goals only)
Goal: 80%
Measure 5b: Average # Parent/Child Visits per Month (RH goals only)
Goal: 4 visits/month
Measure 6: % Absence of Maltreatment While In Foster Care
Goal: 100%
Measure 7: % Absence of Maltreatment 6 Months Post Permanency
Goal: 100%
Measure 8: % of Home of Relative Foster Homes Licensed
Goal: 70%
Measure 9: % of Children Placed With Less Than 2 Paid Providers over a 12 mo.
Goal: 90%
Measure 10: % of Cases with a Service Plan Completed with in 45 Days of Child Case Open
Goal: 95 %

Specialized Foster Care Dashboard Measures and Goals:

Measure 1b: % of Children Achieving Legal Permanency (MH, MH/MD Cases)
Goal: 25% of Caseload
Measure 2: % of In-Person Caseworker Contact w/Children
Goal: 95%
Measure 3: % of Monthly In-Person Contact w/Foster Caregiver
Goal: 90%
Measure 4: % of Monthly In-Person Contact w/Parents (Return Home Goals Only)
Goal: 80%
Measure 5a: % of Weekly In-Person Parent/Child Visits (Return Home Goals Only)
Goal: 80%
Measure 5b: Average # of Parent/Child Visits per month (Return Home Goals Only)
Goal: 4 visits/month
Measure 6: Absence of Maltreatment While in Foster Care
Goal: 100%
Measure 7b: Absence of Maltreatment 6 months Post Permanency
Goal: 100%
Measure 9: % of Children Placed with less than 2 Paid Providers over 12 month period
Goal: 90%

In addition to these measurements the Foster Care Program also tracks the number and types of moves experienced by foster children on a quarterly basis to identify trends to minimize the movement of children in care. The licensing unit also monitors how many new homes have been licensed and recruited by category of traditional, relative and specialized, per quarter.

Intact Family Services Program:
The primary outcomes for this program is to stabilize the family and ensure safety in order for the children to remain in the home. Services provided will help to alleviate family crisis and prevent out-of-home placement of children. The family will have no further indicated reports while the case is open and the family will remain intact.

Intact Family Services Dashboard Measures and Goals:

Measure 1: Families Remain Intact During Service Period
Goal: 90%
Measure 2: Family Case Will Not Re-Open Within 12 Months
Goal: 85%
Measure 3: No Maltreatment During Service Period
Goal: 100%
Measure 4: No Maltreatment 6 months post case closing
Goal: 100%
Measure 5: Weekly Child/Worker Visits first 30 days of case opening
Goal: 90%
Measure 6: Weekly Parent/Worker Visits for 30 days of case opening
Goal: 90%
Measure 7: Monthly Child/Worker Visits On-Going
Goal: 100%
Measure 8: Monthly Parent/Worker Visits On-Going
Goal: 100%
Measure 9: Initial Comprehensive Assessment Completed in 45 days
Goal: 90%
Measure 10: Initial Service Plan Completed in 45 days
Goal: 90%
Measure 11a: Tier 1 Cases Closed within 6 months
Goal: 90%
Measure 11b: Tier 2 Cases Closed within 12 months
Goal: 90%

Treatment Programs:
The Treament Programs' desired outcomes are to reduce and/or eliminate a client's presenting symptoms to pre-symptom/trauma functioning as measured by the CANS (Child/Adolescent Needs and Strengths) and ANSA (Adult's Needs and Strength Assessment). CANS Clients will show a decrease in traumatic stress and emotional needs, improvement in social functioning and living skills upon completion of therapeutic services.

The outcome measurements for the Treatment Programs focus on change in functional status, health, welfare, safety, quality of life, and the achievement of individual service goals.

Measure 1: 70% of Clients will be successfully discharged from treatment
Measure 2: 70 % of Youth/Child clients will show a decrease in traumatic stress symptoms per the Child and Adolescent Needs and Strength (CANS) assessment
Measure 3: 70% of Adult clients will show a decrease in traumatic stress symptoms per the Adults Needs and Strength Assessment (ANSA)

Juvenile Justice Programs: ReDeploy and Second Chance:
The desired outcomes for these services to stabilize and preserve the youth with the family or caretakers and prevent the youth's commitment to IDJJ or residential (non-substance abuse) placements. The outcome measurements for the ReDeploy and Second Chance focus on change in functional status, welfare, safety, quality of life, permanency of life situation and the achievement of individual service goals. Through the program plan, there is one established benchmark outcome which is to reduce the number of juveniles incarcerated in a calendar year by 25%. There is a pre-agreed upon base number of juveniles incarcerated. The established base number is 29, and the goal is to reduce this to 21 juveniles incarcerated, for the three counties, Bureau, LaSalle and Grundy. The Redeploy operates in all three counties and the Second Chance program serves LaSalle County only.

Other program specific outcome measurements are:

Measure 1: 70% of the Youth enrolled in the program will successfully complete the program.
Measure 2: 70% of the Youth will avoid Incarceration in the Illinois Department of Juvenile Justice system.
Measure 3: 70% of the Youth will experience improved functioning based on an increase in the Youth Assessment and Screening Instrument (YASI) scores, comparing pre and post scores.
Measure 4: 70% of the Youth will accomplish a Life Goal such as attending school, graduating, obtaining employment, completing community service hours, etc.

Runaway Homeless Youth Programs:

The Runaway and Homeless Youth Programs, that include the RHY Outreach Program and the Transitional Living Program outcome measurements focus on change in functional status, health, welfare, safety, quality of life, permanency of life situation and the achievement of individual service goals.

Runaway and Homeless Youth Outreach:
The desired outcome is to stabilize families through crisis intervention and short-term counseling, to facilitate permanency in stable safe living situations for the youth, and improved overall functioning using the Youth Assessment Screening Instrument (YASI).

Measure 1: 90% of youth served will be in a stable living situation at case closure.
Measure 2: 95% of families served will have no indicated reports of abuse or neglect during the course of service.
Measure 3: 80% of clients served will show an increase in overall functioning as determined by Youth Assessment and Screening Instrument (YASI) scores, pre and post.
Measure 4: 90% of clients served will remain out of the Child Welfare System.
Measure 5: 85% of clients served will not move any further into the Juvenile Justice System.
Measure 6: 80% of clients served will increase their connection to their community through involvement in community service or an adult mentor.

Transitional Living Program:
The target outcome is for homeless youth to obtain safe and stable long term living accommodations and to learn the skills necessary to become independent adults.

Measure 1: 100% of residential clients accepted into the program will receive safe shelter in scattered site apartments.
Measure 2: 80% of residential clients will be involved in community service or service learning projects.
Measure 3: 90% of residential clients will exit the program with positive kinship connections.

Measure 4: 100% of youth will be safe and stable at case closure.

Parenting Education Programs:
The desired outcome of the Parenting Education Programs are for parents to increase their knowledge and skills of effective parenting to reduce the increasing number of children impacted or at risk of abuse and or neglect, and to enhance the parent-child relationship. The Parenting Education Programs use evidence based curriculums, and have established measurement outcomes that focus on change in functional status, welfare and safety, quality of life, and achievement of individual service goals. The following measurements have been established based off curriculums, ILDFCS contract and private funding established benchmarks:

Measure 1: 70% of participants who complete the class will demonstrate through pre and post testing an increased knowledge of healthy parenting skills.
Measure 2: 60% of participants enrolled will graduate upon their completion and earn a certificate for their attendance validating their completion of the parenting program.
Measure 3: 90% of participants that completed the class will not be the subject of an indicated report for child abuse or neglect during the service period in this parenting education program.
Measure 4: 90% of participants who complete the class will not be the subject of an arrest, convicted of a felony or commit a serious offense during the service period in this program.

Hispanic Center Services:
The desired outcome of this program is to assist in meeting the needs of the Spanish speaking immigrants and non-immigrants entering into the service area, and provide inclusion in services. Services are aimed at improving individuals, children and family well-being by providing information and access to services in their native language.

Hispanic Center Services program outcomes are focused on health, welfare and quality of life. Services provided in this program, under the funding of the Immigrant Family Resource Program (IFRP), have pre-established expected outcomes as part of the contractual agreement with this agency. The outcomes focus on outreach efforts and completion of SNAP (Supplemental Nutrition Assistance Program) applications and re-determinations in the immigrant population:

Below is a summary of the expected outcomes as determined by the funding source:

Measure 1: 16 applications for SNAP, including new and redetermination applications, will be completed on monthly basis.

Measure 2: The program will participate in 12 Public Benefits Information sessions, per year, which is approximately one session per month.

Measure 3: The program will participate in 12 mass outreach events, per year, which is approximately one per month.

Measure 4: The program will complete 8 flyer distribution events, per year, which is approximately once a month.

Supervised Visitation and Exchange Services: Hope House
Hope House's desired program outcome is to provide a neutral, safe and child friendly environment for supervised visits to occur between a parent and child/children relevant to the development of healthy parent-child relationships. This program has established the folllowing outcome measurements:

Measure 1: 60% of the ordered visits or exchanges will occur each month.

Measure 2: 90% of the visits/exchanges will not be terminated before planned time.

Ladd Afterschool Program:
The desired outcome of the Ladd Afterschool Program is to provide a safe learning environment for youth to improve expectations and capacities for future success, and to avoid and/or reduce risk-taking behavior during after school hours. The Ladd Afterschool Program has established the following outcome measurements with a focus on health, welfare, safety and quality of life in the areas of:

Improving Educational Achievement (Goal: 100% of participants)
Maintain or improve school attendance.
Maintain or improve grades or progress reporting in school.
Develop or improve social/behavioral skills and choices.

Life Skills (Goal: 100% of participants)
Increase knowledge of personal character responsibilities and actions.
Increase knowledge of harmful effects of unhealthy diets and sedentary lifestyles.
Increase anger management and conflict resolution skills.
Increase decision-making and problem-solving skills.

Parental Involvement (Goal: 100% of participants)
Increase in parental monitoring of academic performance.
Increase in parental understanding of child and adolescent developmental stages and appropriate expectations.
Increase in positive and effective parental communication with children and teens regarding substance abuse, unhealthy lifestyles and other life skills.
Increase in structured activities that promote positive family interaction.

Recreation, sports, cultural and artistic activities (Goal: 100% of participants)
Participants increase their level of physical activity through program offerings.
Participants demonstrate sportsmanship and athletic skills.
Participants engage in cultural enrichment and fine art activities.

Youth Service Bureau Child Development Center:
The desired outcome goal of this program to provide safe, quality care with a variety of experiences promoting creativity, imagination, positive self esteem, independence and respect for other as well as striving to create a positive link between child, family, school system and the community.

The Youth Service Bureau Child Development Center (YSB CDC) strives to provide quality services to the children served in this program and voluntarily participates in the ExceleRate Quality Counts Quality Rating System (QRS). A QRS Award recognizes a provider for meeting specific indicators of quality in the areas of Teaching and Learning, Family and Community Engagement, Leadership and Management and Staff

Qualifications. The YSB CDC currently holds a Gold Circle rating. Through this system at www.gold.teachingstrategies.com, the program is able to establish and track performance indicators per classroom category/developmental stages for each child in the Early Preschool classroom, the Preschool classroom and the Pre-K classroom. These performance indicators cover categories such as social/emotional, developmental/physical and academics skills appropriate to the developmental stage/age group of the particular classroom. The program is in the process of developing outcome measurements and benchmarks per classroom based off the individual performance indicators. **See attached example.**

B. Program Results / Service Delivery Quality:

Through the agency's CQI process and structure, 5 areas of review and monitoring occur, at least quarterly, as listed below during each programs/department's CQI team meeting:

1. Unusual Incidents, Accidents & Grievances:
Review of this information helps to identify potential areas of risk, both immediate and on-going, to clients and/or staff. Included in this review of information are incidents, accidents and grievances. CQI team review of staff incidents and accidents are limited to those that do not conflict with any personnel-confidentiality issues. Staff grievances, due to the confidential nature of such issues, will be handled through the supervisory and management hierarchy as outlined in YSBIV's "Staff Grievance Policy".

2. Outcomes/Performance Goals:
Review of program goals and outcomes to measure the success of the services and/or methods of service delivery to clients. This can include examination of outreach, intake, assessment, and service delivery processes, and identified barriers and opportunities to serve any group within the programs' defined service population.

3. Client Satisfaction:
Review of surveys and responses of client input; with a focus on both the positives and the negatives as areas for improvement. Client surveys are used to assess their overall satisfaction with services, their involvement with their service planning, respectfulness of staff and overall continuity of services, as many programs operate at several sites.

4. Peer Reviews of Case Records:
Review of files, both compliance and quality based, for completeness in documentation, appropriateness of services and casework processes within prescribed time lines as designated by each program.

5. Improvement Projects:
This is an open-ended area; projects are designed to benefit program staff, clients or agency and can include improving effectiveness or efficiency of processes or forms, increased knowledge through trainings for an identified area of need, or any other identified need for improvement for the program/staff/agency.

In addition the Quality Improvement Department monitors:

1. Peer and Utilization Review issues (i.e. planning, corrective action plans, form improvement, etc.)

2. Consumer/Client CQI input and issues as gained from incident, accident, and grievance reporting.

3. Appropriate/effectiveness of program evaluation (i.e. indicators, measurement tools, outcomes, surveys, Annual Program Summaries, Program Quality Improvement plans, etc.)

4. The findings and recommendations from external review processes, including audits, accreditation activities, licensing, and other reviews, and integrating the findings into Program/Agency Quality Improvement Plans, when necessary.

5. Unusual Incidents, Accidents, and Grievances, quarterly and annually.

C. Management / Operational Performance:

As an agency, Youth Service Bureau of Illinois Valley is committed to maintaining a structurally stable, well staffed and fiscally sound organization to facilitate the most effective delivery of services to its clients. To do so, the agency monitors several keys areas of agency operations and concern for potential risks. Below is a list of the most pertinent areas of monitoring:

1. Monitoring of strategic goals and objectives, both short term and long term, with a designated staff person to oversee and report on the progress of goals, on a quarterly basis to the staff, Executive Director and the Board of Directors. This new process will be implemented no later than June 2016 with the development and approval of the newest Strategic Plan for 2016-2020.

2. Monitoring of Staff Satisfaction, Retention/Turnover and Staffing Levels that includes:

Staff Satisfaction through surveys and exit interviews/surveys.

Staff retention and turnover rates are tracked and monitored on a quarterly basis.

Appropriate staffing levels as it pertains to required ratio of workers to clients as defined by contract or program plans. In addition, the volume of clients versus current staff levels and the need to adjust up or down, or not replace exiting workers, are also monitored.

3. Monitoring of Staff Trainings through a staff training database to track completion of required trainings and other trainings.

4. Monitoring of Fiscal Stability that includes a monthly report that delineates revenues versus expenses, and cost analysis, per program and the agency overall. These reports are shared with the Executive Director, CFO and the Board of Directors and used to make decisions on all facets of agency operations and program service delivery. Monitoring of the monthly billing and reconciliation occurs to ensure accuracy and efficiency in collecting contract revenues. In addition, the agency participates in an annual external audit of finances with an independent analysis of agency's financial stability.

5. Monitoring of Fundraising Efforts to ensure appropriate levels of cost versus the benefits of the fundraising activities.

6. Monitoring of overall potential risk to the agency including, but not limited to fiscal, legal compliance with HR regulations, safety and facility maintenance, insurance needs, unusual incidents, accidents and grievances, adherence to agency policy, procedures and regulations as defined by licensing bodies, such as the Illinois

Department of Children and Family Services. Immediate and on-going risks are monitored on a quarterly basis, and a comprehensive risk assessment is completed, and reported on, annually.

D. Compliance with External Regulatory Requirements and Other External Reviews:

Youth Service Bureau of Illinois Valley (YSBIV) is a licensed child welfare agency, License #280899, valid: 4/3/12 to 4/3/16. As a licensed child welfare agency, YSBIV is required to meet the standards set for in the Illinois Department of Children and Family Services Rule 401-Licesning Standards for Child Welfare Agencies, and maintain those standards through its own internal monitoring. The agency is currently undergoing the renewal process, as required every four years. In addition to the renewal process, the agency is subject to periodic compliance visits by the IL Dept. of Children and Family Services that include scheduled on-site visits, random file audits, personnel file audits, financial audits, contract monitoring, and Agency Performance Monitoring reviews. All recommendations sited as a result of these reviews and/or audits are incorporated into action plans to implement the recommendations.

In addition, the agency also operates a licensed daycare center, The YSB Child Development Center, License # 162999, Valid: 11/7/14 to 11/7/17. The center is required to meet and maintain the licensing standards set forth in the Illinois Department of Children and Family Services Rule 407-Licesning Standards for Daycare Centers. This license is valid for three years. The YSB Child Development Center is also subject to compliance visits and file audits, both random and annually scheduled.

YSBIV has a wide variety of services and funding resources at the state and federal levels, and are subject periodic audits of programs including fiscal from these funding resources. As agency, it has complied with all such audits and recommendations. The Treatment program is Medicaid certified, Medicaid Certification # 1B00-IPI-012, and must maintain the conditions set forth in this certification and related contracts though the IL Dept. of Children and Family Services. Clients' files served under this program are subject to Medicaid Record Reviews, as well as other audits. In 2015, the Runaway Homeless Youth Program underwent an extensive federal audit. The written results are pending, however all verbal feedback provided was incorporated into the program's operation and delivery of services.

YSBIV has participated, voluntarily, in external reviews. For example, a review/assessment was conducted in July 2014 by the Foster Care Utilization review Program (FCURP). The purpose of the POS Agency Continuous Quality Improvement (CQI) Capacity Assessment was to gauge the ability of individual agencies to carry out key functional components of a CQI system, as well as to produce and utilize reliable data for specific child welfare performance indicators. This effort would also support the state in determining its overall level of readiness for the next federal Child and Family Services Reviews (CFSR). Recommendations from this assessment have been incorporated in the CQI process for the agency as a whole.

YSBIV is an accredited agency through COA (Council on Accreditation), with its' accreditation being valid through 10/30/16, and is subject to maintaining all pertinent standards as it relates to the accreditation. The agency is in the process renewing its' accreditation, with the expected site visit to occur in August 2016. As part of the renewal process, the agency is undergoing an extensive self-study covering all aspects of agency operations and the programs.

III. PQI Operational Procedures and the Improvement Cycle

A. PQI Data Management Procedures:

1. Data Collection and Aggregation

YSBIV operates a large number of programs with a variety of program data needs. There are a variety of data collection mechanisms used by the agency to fit the needs of the individual programs and the areas identified for monitoring. Below is an overview of the data management procedures used by the agency from the general client databases to specific databases.

The agency maintains Client Management Databases to track all clients from the agency's different programs. Staff personnel are required to complete Client Intakes in order for them to be entered in to the system. Dependent on the program, additional forms may be required such as a Foster Parent form. This database also tracks client contacts and case closings, and require forms to be completed. The data entry staff is responsible for entering all information into the Client Management Database as provided by the program staff. General reports such as the number of clients, caseload reports, length of service and demographics can be generated as needed per program or agency overall. This database is also used by various programs to track outcomes as determined by the program.

Intakes for the Foster Care Program are reviewed weekly, with the program supervisors, to ensure an accurate account of clients and accurate billing. A weekly foster care caseload is also generated, again to ensure accuracy of clients due to the large number of foster children served in this program, and is reviewed weekly by the supervisors, and distributed to the Administrative Team including the Executive Director, CFO, HR Director and the Q.I. Director.

Each of the Agency's Foster Care and Intact Family Services teams' performance is measured on a monthly basis by a set of benchmarks that have been established by Illinois Department of Children and Family Services (DCFS), and the results of their performance are provided in the form of Dashboards or scorecards. Each benchmark is evaluated individually, and assigned a color code, red (low performance), yellow (moderate performance) or green (met or exceeded), based upon how close a team is to reaching the goal or has met the goal. The data used to determine their performance is obtained through the IL DCFS, SACWIS (State Agency Child Welfare Information System) through information entered into the system by the individual caseworkers. The Dashboards are downloaded on a monthly basis and distributed for review of performance to the Program Supervisors, Director of Quality Improvement and the Executive Director. The supervisors review the information with the individual teams. Within the CQI team meetings, the Dashboards are reviewed and compared for the pertinent quarter.

In addition the Dashboards, internal tracking mechanisms are used to ensure accuracy. Each foster care supervisor tracks their team's progress towards the Dashboard goals their own tool. It is completed monthly and compared against data entered into SACWIS. The Foster Care's program permanencies are tracked weekly the by Q.I. Department utilizing an Excel spreadsheet and reconciled monthly with the foster care supervisors, and compared to Dashboard results. Each foster care supervisor tracks moves of foster children in placement, and can be verified against the data in the agency Client Management Database. This information is reviewed at the CQI Team meetings.

The Licensing Unit uses a monthly caseload list of licensed homes and relative homes to track the number of homes and newly licensed homes. This list is generated form the agency's Client Management Database. The Licensing Supervisor maintains a monthly tally sheet of newly recruited homes from information provide by the caseworkers.

The Treatment Program utilizes the internal database to track the number of clients in each category of the treatment programs, and the number of discharges, successful and unsuccessful. To track the outcomes of the CANS and the ANSA's assessments results, the opening and closing assessment results for a client are entered by the program's administrative assistant into the Client Management System. A quarterly outcome report is generated by the I.T. Department, and reviewed against the number of case closures and those who saw improvement based on the assessment to arrive at the percentages. The data is reviewed at the CQI Team meeting, quarterly.

The ReDeploy and the Runaway Homeless Youth Programs, including the Transitional Living Program utilizes the internal database to track client numbers and case closures, successful and unsuccessful. These reports are quarterly, and reviewed by the Supervisors. In addition, the YASI assessment results for each client are also entered into the database and the aggregated data is reviewed within the CQI Team meetings, on a quarterly basis.

The Parenting Program tracks the progress of their participants through an Excel database spreadsheet. The database tracks the number of clients, successful completion and reasons for unsuccessful discharge. An outcome sheet is completed on each client to track results of the pre and post tests administered. The data used in this program is aggregated from both of these tracking mechanisms.

The Hispanic Services program utilizes an internal database to track the number of clients served and other general demographics. To track progress towards their program outcome goals, the program coordinator enters data in to the IRFP (Immigrant Family Resource Program) Database as required by the funding contract. These results are reviewed within the CQI Team meetings, quarterly.

The Ladd Afterschool program tracks the progress of the students through a simple tracking sheet and the results are aggregated by the program coordinator. There are generally a low number of students served on a monthly basis.

Unusual Incidents, Accidents and Grievances are tracked on a monthly basis by the data entry personnel through an excel database. Every UIR must be sent to the Administrative office for data entry and review by the Executive Director in addition to the program/department supervisor. A monthly report is generated and distributed to Supervisors, Coordinators, Administrative Team and the Q.I. Department. The aggregated data is reviewed monthly and again quarterly, in the CQI Team meetings. The Q.I Department also aggregates the data for the year and provides an analysis of the data. The year end analysis of the UIR's also assists in determining the level of risk exposure to the agency.

Each quarter, the programs are required to conduct Peer Reviews for their program files, utilizing a program specific Peer Review form. The numbers of files to be reviewed are determined based on the total number of clients served in a program, with a goal of reviewing at least 35% of all files per fiscal year. To maintain the integrity of the Peer Review process, files are selected on a random basis using a random query through the agency Client Management Database by the IT Department. Supervisors are not to review files of the workers that they supervise, and workers may not review their own files. The completed Peer Review forms are submitted to the program supervisor with the noted needed corrections. These are distributed back to the workers with a request to correct the deficiency with in 30 days. It is the supervisor's responsibility to ensure corrections are made by the worker. Copies of the Peer Review forms are submitted to the Quality Improvement Department for review. The aggregated data of the number of files reviewed and the trends identified completed by each supervisor for the program are reviewed in the CQI Team meetings, quarterly.

Client surveys for each program are tracked individually by the program/department supervisors, and the data is aggregated on a quarterly basis. The results are maintained on the central agency computer drive. The results are reviewed by the programs at the CQI Team meetings. Agency wide staff surveys are often completed through Constant Contact, and the data is aggregated through this program, and used to analyze the findings of the survey.

The Q.I. Department maintains a database to track the total number of UIR's, Client Surveys, and Peer Review completed each quarter, per program.

The HR Department maintains an employee database used to track the number of employees, demographics, evaluations, and compliance with required regulations, such as updated insurance information and valid drivers licenses. The HR Department also maintains a training database to track the completed trainings by each employee based on the submission of a training description sheet completed by the employee. The HR Department also utilizes the program Training Sheets to track the completion of required program trainings.

Monthly financial reports are generated through the agency's internal database used to track income and expenses. These reports are reviewed monthly with the Executive Director, CFO and the Board of Directors. The billing is reconciled each month against the Client Management Database, agency billing reports and reports provide d by the vendor. On an annual basis, the agency undergoes in independent audit with analysis that is distributed to the Executive Director, CFO and the Board of Directors for review.

2. Data Review and Analysis:

YSBIV recognizes the challenge of producing data with integrity and reliability, and understands it is dependent upon the accuracy and completeness of the information provided. As an agency it strives to ensure accurate data is collected, but understands that that there may be inherit errors based on the human factor. In some instances, other tracking mechanism can be put in place to ensure the reliability of the data, and are used in some programs, while in most cases it is reliant on the staff to provide accurate information. If an issue with the data is identified, the agency or program works to correct it.

Much of the data produced in the agency is quantitative in nature, and is used for various purposes, from the CQI process to assessing the overall function and operation of the agency and the programs. These reports can be spreadsheets, tables, and listings of information or written reports with data included. The frequency of the reports and the reviewing of them were enumerated in the section above. Most of the program data produced is used within the CQI process to assist the CQI Teams in making a qualitative analysis of the data. This qualitative analysis is documented in the CQI Team Meeting Summary form, **see attached sample form.**

Information gathered from other stakeholders other than clients, whether it is through a survey, regular meetings or a formal report, are reviewed and analyzed by the program supervisor and/or the Executive Director. The feedback can incorporated into the program/agency, based on feasibility, taking into consideration financial resources, staffing resources and contract/funding requirements.

B. Using Data:

As stated earlier, much of the program data produced is used with in the CQI process to assist the CQI Teams in making a qualitative analysis of the data. On a quarterly basis, the CQI Teams convene to review and analyze their data in the 5 areas of review. This is done with a focus on comparing data from one quarter to another, identifying trends, looking at external and internal factors, and developing plans to affect a desired increase or decrease in the future data or outcome.

As the teams examine the data and the identified trend, they look at whether or not certain conditions or trends are within their control. If they perceive it is within their control, discussions occur as to the possible actions, and how these actions might improve the outcome. The action should relate back to the desired outcome. Once the action or actions are determined, the team ensures the plan identifies the "what, how, who and when" of the plan. It is the responsibility of the staff and the supervisor to implement the action plans. These actions will be evaluated against the data and outcomes at the next CQI Team meeting, and can be adjusted along the way based on observations as discussed at other team meetings and at the CQI Team meeting. If an action plan or strategy is perceived effective, it can be incorporated into ongoing casework practices or agency practices. If the action proved unsuccessful, new strategies are developed based on the findings. If a strategy or action plan proposed involves such activities as adding staff and/or expanding program or space, input from the Executive Director must be obtained. It is the expectation that the CQI Team Summary report is shared with the staff and revisited at team meetings. Other uses for program data may include Program/Team Quality Improvement Plans directly related to their outcomes, and are separate from the CQI process. These are generally developed and monitored by the Program Supervisor with input from the Q.I. Department.

YSBIV Administrative Team also participates in the CQI process, and meets as a CQI team, using data and information that focus on the agency's functioning and capacity building. The data generated for is also looked qualitatively, and follow the same procedure as the program CQI teams. The Administrative Team also meets on a monthly basis to address agency issues, planning, and review of policy updates as needed. Verbal/written reports from the HR, Fiscal, Development/Marketing, Q.I. Department, and the Program Directors are also presented at this meeting. The minutes from this meeting are posted on the internal agency website.

The Q.I. Department, each quarter, provides an Agency Wide CQI summary report based off the individual CQI Team reports and the discussions at the Agency Wide CQI Leadership Meeting. This report is distributed to all the staff for review. In addition, the Q.I. Department prepares a quarterly CQI Executive Summary with statistical and narrative information highlighting the categories of the CQI review for each program along with a qualitative analysis/recommendation summary. This report is distributed to the Executive Director and the Board of Directors for review, and is posted on the external website.

C. Assessment of the Effectiveness of the CQI System:

The Q.I. Department routinely examines and evaluates how the CQI process is progressing and functioning within the agency. In evaluating the CQI process and system in the agency the following areas are considered: The CQI structure and activities, measurable outcomes, data, process of analyzing data, reporting requirements, educating staff in the CQI process, personnel needed to accomplish tasks and needed support to sustain the process. Input from the staff and the Executive Director is also part of the evaluation process.

YSBIV is committed to the long term support and sustainability of the CQI process and the overall improvement of the agency. In the past year, the Quality Improvement Department has expanded to include 2 additional staff persons to focus on the quality improvement activities of the agency. The agency's data capacity and need to track data on certain areas of program and agency function is continually evaluated, with input from the programs and Administration. The agency's Client Management Database has recently been redesigned by the IT Department. As data needs arise, certain adjustments can be made to the database to accommodate those needs. If an adjustment cannot be made, a separate database or excel spreadsheet can be generated to track the necessary data at the program or administrative level.

In the past, YSBIV's focus had been on collecting, reporting and analyzing quantitative data. The focus of the CQI process is now to use the data to make qualitative analyses to improve the quality of services. This required a restructuring of how information is looked at in the CQI meetings. The Q.I. Department met with staff in March 2015 to introduce the new format for the CQI Meetings and to emphasis the focus on qualitative analysis. The Q.I. Department will continue to provide support and guidance to the process.

A CQI survey was completed in September 2015 to gauge the level of understanding by staff about the CQI process, how it helps them in their job, and the perceived support of the agency in the CQI process. The results of the CQI Survey were shared with the staff and the Executive Director. From the results, an agency wide CQI Overview Training was developed and presented in October 2015. This training is now part of the new employee orientation. Additional feedback from this survey will be used to make improvements in the process as feasible. The CQI survey will be conducted annually, and proved a useful tool.

An identified need, by the Q.I. Department and various staff, is training specifically aimed at the CQI Leader to assist them in their role in the CQI Meetings. This is a goal for the next year, and training resources are being reviewed to incorporate into the training.

An annual CQI Report will be provided summarizing and assessing the year's CQI activities and highlighting goals for upcoming year.

IV. Planning Ahead

The annual CQI Report will be completed by the Q.I. Department at the end of the fiscal year, with a target distribution to the staff, Executive Director and the Governing Board by September of the new fiscal year. This report will also be posted on the external website.

The report will provide an overview of the year's CQI activities, including successes, progress of issues held over from the prior year, and those areas that require further attention or improvement. Based on the assessment of the CQI activities and the process as a whole, new goals will be established to resolve outstanding improvements or areas of concern, and to improve the process as a whole. Priority will be given to holder over issues that focus on safety, well-being and risk with input from the CQI teams and the Executive Director. The goals and the hold over issues will be reviewed at least quarterly as to the progress made.

Reviewed and Approved by the YSBIV Board of Directors on: _____

_____ _____

Honorable James Brusatte, President Frank P. Vonch, Executive Director

Attachments:

-CQI Plan Signature Page with Approval by Board and Executive Director
-CQI Structure
-CQI Leaders Role and Responsibilities
-YSB CDC Sample Classroom Outcomes
-Sample CQI Meeting Summary Form