

AGENCY WIDE CQI/EXECUTIVE SUMMARY
3RD QUARTER – (JAN., FEB., MARCH) FY2014

This summary represents a snap shot of the agency’s programs performance for the 3rd quarter of FY2014. The following information is reported at the quarterly CQI meetings held at the end of each quarter. This report may or may not capture every program in each quarter.

YSBIV operates the following programs: Youth and Runaway Youth/Homeless Services, (Redeploy, Second Chance, JSOP, Hope House), Runaway and Homeless Youth (formerly Outreach), Kids Place, LADD, and Hispanic Services; Child Welfare Foster Care, Parenting Program, Licensing, M.I.S.T.E.R, Hope House, Intact Family Services, SOC, and Specialized Foster Care.

Roll Call:

Frank Vonch, Peter woodbine, Julia Stevens: Foster Care, Aurora: Tina McCullough: Licensing, Ottawa: Dave Conrad: Administration, Princeton: Alicia Yocum: Foster Care, LaSalle: Diana Beams: Intact, Ottawa: Michelle O’Rourke: Support Staff, Ottawa: Terry Young: Northern Support Staff, Rockford: Lee Hicks: Parenting, Rockford: Lauren Beck: Northern Support Staff, Rockford: Jordan Jenkins: Foster Care, Rockford, Becky Samolitis: Treatment, Glen Ellen: Rachel Wathen: Foster Care, Glen Ellyn.

John Coutre: Northern Treatment, Aurora, joined the meeting late due to confusion in start time.

Julie Cullinan: Runaway/Homeless, LaSalle, joined the meeting late

Missing Programs: Community Services, Redeploy had indicated they would not be participating because they did not prepare for the meeting today.

Reported Areas:

Incidents, Outcomes, Projects, Surveys, and Peer Reviews.

Break down by programs and offices:

Aurora Foster Care	10
Glen Ellyn Foster Care	19
Ottawa Foster Care	15
Treatment	1
Intact	12
Parenting	0
Community Service	- (did not report)
Administration	1
Support Staff: North	1
Treatment North	2
Licensing	3
Rockford Foster Care	28

Incidents, Accidents, Client Grievances & UIRs: Foster Care: Aurora: Had a number of incidents with no trends reported. It was reported that it was an unusual quarter. The trend was not residential children. Ten (10) incidents were reported this quarter for a variety of reasons: 3 visits to the ER, 1 hotline call taken as information only, 1 psychiatric hospitalization (which is usually our common trend), 1 for fighting and police involvement, 1 pregnant teenager, 2 school suspensions, and 1 hotline for corporeal punishment by a parent that was taken as information only. None of the incidents led to moves or replacements because the hotline call in which the child was being hit with a belt was information only so there was not protective custody taken and it was an aftercare case. None of the others involved removal. Foster Care: Glen Ellen reported 19 UIR’s this quarter (more than the last quarter). The majority, 15 of them, were for medical or psychiatric hospitalization, 3 were school related, and 1 child went to jail. The trend was that we had several ER visits for usual injuries with kids playing at school or similar activities. The majority were hospitalizations. The Glen Ellen team decided to work on going through SASS protocol all together so everyone is doing it the same way and working on understanding when to call. A request that SASS help with the training has been made so as to know where improvement is needed. Foster Care: Princeton/Ottawa reported 15 UIR’s, 3 medical emergencies, 1 runaway, 1 psychiatric assessment, and 1 detained, 1 abuse/neglect, and 8 others. There was no explanation as to what the “8

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others” were with the exception that 4 of them are for Jamie, she was with a sex offender she had call in for school, and she got into a fight on school property. Treatment reported 1 incident. Client was out of control exhibiting aggression, self-harm in home; client spent one night in foster home. No trends. Intact reported 10 hotline calls. 2 were indicated reports. The trend was lack of supervision for those reports. Action needed: None needed and meets department’s expectations. Parenting: 0 incidents reported this quarter. An action plan was discussed based on an incident reported in the 2nd quarter where a parent left the building without authority with their child during an in class observation visit. That plan is now in place so Parenting can actually limit and restrict how parents are taking their children to the foster parent or whoever is picking the child up after the in class observation visit. Community Service: Did not report. Administration reported 1 Foster Parent complaint that escalated to the administrative level. Peter was involved with the incident. Peter talked directly to the Foster Parent and offered to have them complete the grievance policy and forward that back to us. We would then take action on the grievance. The Foster Parent did not follow through; therefore, there was no follow through action on YSB’s part. The anticipation is that the Foster Parent was satisfied with the discussion with Peter. There were 4 workers comp claims (2 employees slipped on ice and 2 car accidents). No trends were reported and there were no major claims. Support Staff Ottawa/North: Glen Ellyn had 1 incident in which the fire alarm sounded in the building. The alarm was not in our office area. It was in another office area in that building. The office was evacuated and given the all clear to return. Treatment Northern: 2 incidents: 1 was a simple behavioral incident, a client needed to be observed until picked up by the case aide because the client was non-compliant. The other was an incident of abuse and neglect which was hot lined and there was no follow up necessary. Licensing: January – 3 incidents reported: Aurora had inadequate supervision; Rockford had 1 for corporeal punishment. February – 3 incidents reported: Aurora had medical neglect, Ottawa had physical abuse (not against the Foster Parent), and Rockford had a stand-alone because of neglect and hygiene and environmental. March – 1 incident was reported: Rockford had a failure to report a household member. The trends seem to be in discipline and there will be a discipline class that will be occurring in Rockford in May. Rockford foster care reported 28 incidents. The majority were runaways from the same 3 minors. All 3 of those minors were teens residing in group homes. 9 for the same child in a group home. 8 for the same child in a group home in which also included medical refusal. 7 for another child in the same group home. The trend reported is runaways. Because the runaways are from group homes the team discussed the workers communicating more in-depth with the group home supervisors and those who are working at the group home in terms of the issues happening. It is necessary to find out if the child needs to be moved, or what is needed, most importantly increasing communication with the Group Home.

OUTCOMES: The following are goals set by program contracts and their monitoring systems.

- Aurora FC: Aurora reported 8 After care closures, 1 adoption closure, and 5 children returned home that are currently in aftercare. At the last meeting, Peter had requested Aurora to make note of how many children moved within the first 12 months of custody. Lisa had 1 child that was moved within the first 12 months of being in care.
- Glen Ellyn FC: Glen Ellyn reported 7 cases closed to adoption, 1 return home, a total of 24 placement changes. 10 of them were considered positive moves. 6 were considered negative moves. Our team talked again about dealing with poor initial placement by DCFS. 1 trend that we saw was that 9 of those moves were in the first 30 days in January. 2 of those placement changes were on the same family due to a failed return home. The main discussion is that there seems to be many cases that are moving toward adoption or guardianship. We would like to focus on making sure all efforts possible are made towards return home. A main area that we saw was really pushing weekly visitation, as much contact as we can, and as many visits as we can offer for cases that are moving toward return home.
- Rockford FC: Rockford reported 4 adoptions, which were closures; 5 closures for return home;. And 6 return homes that are now in after care that are still open. 14 negative moves reported. The reason for that being as follows: 2 children were brought into care; both children were moved 4 times initially into different placements due to the severity of their issues. 3 placements had licensing issues because they were not up to date with their licensing or they were still waiting on paperwork to get back. 5 foster parents gave their 2 week notice. 1 hotline call in which 4 children had to be moved until the investigation finished.
- Ottawa FC: Ottawa reported 2 adoptions. Dashboard information was discussed by the team and reported on during this time.

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Dash board for last month:
98.48% monthly in person contact with child
100% monthly in person foster parent
95.56% monthly in person with the parent
62.78% weekly person parent child visits
4.58% parent child visit with in the month
100% ??? and maltreatment

Permanencies: 85.37% Foster homes licensed
78.82% moved
73.33% FP

Return homes: This was not talked about by the team. The thought was that there were no return homes.

Intact: 90% of families are to remain intact throughout the service period
84 out of 87 = 96% were attained.
85% of families will not be subjects of an indicated investigation while the case is open
83 out 87 = 95 % were attained.
90 % of initial in person contact with child to caregiver will occur within 2 business days of case assignment
20 out of 35 were within two days = 57% was attained (This time period included holidays when department staff was not always there, referrals coming in late in the day (at 4:30 pm) at which point the referral was unable to get staffed on the day the referral was received. Documentation on referrals. Action taken: Make effort to make contact. Go out without the investigator if needed. And time line 3 months.

Frank asked if the same issues were occurring in all of the intact offices and staff response was that yes, it is happening at all of the sites... Rockford, Glen Ellyn.

Parenting: Graduation rates for this time will be reported in the next quarter because the graduates are not graduating until the end of April. During this 3rd quarter we had 71 intakes. 9 classes were offered in Rockford, Freeport, and Belvidere areas. Out of 71 intakes, 15 were unsuccessfully discharged; most of those 15 discharges included lack of attendance, active substance use, some mental health issues, 3 incarcerations or arrests, 1 withdrawn by the caseworker, 1 withdrew because of child care issues. 1 of our indicators for our program is 90% of our participants enrolled will not be the subject of an indicated report: out of the 71 intakes we had 1 participant that was indicated for neglect – that outcome was 98%. We do have an expected graduation number of 56 people to graduate during the month of April. Parenting completed 2 community workshops, 1 with the city of Rockford's human head start program. One of the topics was on appropriate discipline. The other was a parenting program orientation making them aware of what is going on with our parenting program. During this quarter there were 2 in class observations. 2 home visits that we also went out to observe our participants in our program. Some of the trends and concerns that were noticed are there continues to be concern with parents being enrolled exhibiting some unstable mental health issues. We are going to continue to flag these individuals on our prescreening forms wherever there are concerns regarding mental health and also to follow up with the caseworkers. Another concern that we continue to get parents enrolled or referred that are in substance recovery and experiencing relapse. Our action is going to be to continue to follow the protocol that is in place for substance abuse. Had 3 that were arrested for new charges, 1 that had an old bench warrant. The action plan is to add a reinforcement statement to the class expectation procedure and putting it on the prescreening form. To have the referral sources let us know if someone has an outstanding or open warrant which may be grounds for them not to be eligible for the program until that has been completed.

Treatment: The goal is to have 75 % clients successfully discharged. 97 clients were discharged = 88 % successful discharge and 12 % unsuccessfully discharged. 67 successfully completed goals. 21 partially completed goals successfully and 9 clients were unsuccessful - goals not met. Of those 9, 2 were AWOL and 1 transferred back to DCFS. Action: Each clinician will obtain 3 CEUs

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per quarter either online or in person by all therapists. Timeline is ongoing. Outcome: maintain licensure and continuing education.

Northern Treatment: The goal is to have 70% clients successfully discharged. 60 clients were discharged = 73% successfully discharged. 43 were successfully discharge with goals met or partially met. 6 unsuccessful discharges were reported. 6 clients refused treatment. 4 clients moved. 1 client was hospitalized. We plan to develop another treatment goal with regards to training and we are going to be looking for clinicians to add 3 CEU's per quarter for attending job training seminars.

Licensing: Our Agency is at 57.9% and the benchmark for licensure is 63%. The team is showing improvement in meeting goal. We discussed the barriers to getting licensed. Some of the barriers that were recognized were DCFS giving out wrong forms to the family. It was noted that DCFS is mailing them forms and when we get out there they are not the correct forms. We have been telling families to hold off on that until we do our initial home visit. We had some refusals. Investigators or caseworkers from DCFS are telling relatives that they do not have to be licensed, which is a problem because we are telling them that they have to be licensed. Another problem area is the language barrier. We have several families that are Hispanic and speak Spanish so we have a language barrier and we do not have a worker that can translate making it difficult at times. Rockford has a huge number of relative placements. Our goal continues to be that 90% of the relatives are licensed and that is ongoing. We are looking at each office to see what is impacted and looking at those areas. We are closing out inactive homes. As a team we have approximately 5 licensing inquires per month.

Community Service: Not present

Redeploy: Not present.

Support Staff: Last quarter we had 1 to 2 computer trainings per month for new hires and we had 90% attendance. The people who were unable to attend those trainings have been put into other trainings. We are at 100% of the new staff being trained within the first 2 weeks after orientation. This is the most we have ever had of people actually attending computer training. This training process will continue. We have several classes scheduled with 6 people in a class. We are making sure that everyone is getting into training. Right now we are at 100%. Insurance and driver's license are up to date with everyone turning them in on time. There was action taken in which we started holding mileage checks because we had to have the files up to date at all times. Driver's licenses and insurance, we are normally trying to get from months behind. Those are actually 100% right now and up to date since we have started to hold the checks it had had an effect and we are getting everyone's in on time.

Northern Support: For Rockford, Glen Ellen and Aurora we have been discussing what we can measure as outcomes. We are going to be reporting on 1042's, the number and amount that are processed out of each office. We have set goals on filing to have all new case files created within 30 days and all closed cases pulled within 30 days of closure. Supervisors and caseworkers are helping by notifying support staff of new cases and of case closures. This information will be reported regularly at the CQI meeting in the future. In addition we survey foster parents via phone monthly and are looking at combining that with the licensing survey. We have had reports from foster parents stating they feel they are being surveyed too much. Many of the questions on the surveys are repeat questions. This is an area we are working on combining right now.

Peter asked about the reports (Dashboard information, After Care report) that are put out each month and if there is a measurement on if those reports are put out and completed in a timely fashion?

The response was that there is an issue with getting information in from some sources by the deadline dates that are set. The information for these reports is obtained from supervisors. Then the report has to be compiled and turned into Peter and Frank. Some info required for these reports is not coming in by the deadline. It is asked that everyone follow the deadlines set so the

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reports can be completed and turned in by the deadline. There was discussion of when the deadlines are for the After Care and Dashboard report information. Aftercare is due to Peter by the 5th. Dashboard data is due to Frank and Peter by the 14th so they have it prior to the Board Meeting. Frank made the decision that if the deadline date to Peter and Frank falls on a Monday extend the date to Monday or Tuesday. Frank stated that a supervisor said it was a stretch for them to get the Dashboard information in by the 7th and Frank let them know that if they get it in on the 10th it is fine. If the Supervisors do not have the information turned in on the 10th Peter and Cathy are to be notified. The initial request for the information is sent at the end of the month prior. If a 2nd or 3rd request is sent Peter and Cathy are copied on those requests.

Runaway/Homeless: 23 cases were reported last quarter: 100% achieved permanency. 100% achieved safety. 95% achieved well-being. 82% completed community service. 91% had no further contact with juvenile justice. 100% had no placement with DCFS.
Transitional living program: Served 3 clients.
Street Outreach: Served 20 clients.

Administration: The turnover report was reviewed. There were 8 terminations in the quarter. 6 of those were case aides. A couple of them went to different jobs. 2 of them had daycare or family issues and left the job for that reason. The financial statements of the agency were looked at and through the quarter end we were ahead of budget and on track to do relatively well for the entire year.

Peter asked if the turnovers were termination or people leaving the job.

The response was that they were not terminated, they were for different reasons. There were no terminations from the agency. All the people voluntarily left for different reasons.

Projects:

Aurora FC: Last quarter's projects was a new monitoring system for our observation room. The old monitor was very difficult to hear. A new monitor has been obtained and works amazing. It has a longer range and the ability to hear is much better. Another project was the dashboard. We have several parents in this office who are unable to visit. 1- Out of state, a couple is in jail and other circumstances. We are not passing those on the dashboard. In order to help in the appeal process we are wanting to put in our notes that the client cancelled and whatever the situation was instead of refer to the 502 – so that when it goes to DCFS for appeal we have more to stand on. This seems to be going well. The next project was a shelf in the observation room to so the supervisor of the visit to have work space. The present set up is not conducive to a comfortable workspace. The Landlord volunteered to help install the shelf or ledge if no one in the agency can. Another project that is to be completed by Deborah or Cathy is obtaining Wi-Fi for the office so whoever is supervising a visit can enter the visit note during the visit and not have to write the note by hand and then do the note a second time when entering the note into the computer.

Frank mentioned that the difficulties with parents being incarcerated or out of state are being looked at by the department. There are 8 or 9 points that are common things that agencies have brought to their attention. Supervisors should have gotten this information last week. This information is very detailed as far as what exceptions will be accepted. It is listed clearly some of it will not be appealable, some of it is. Supervisors will get that information to every worker. There are different things that have come up over the last 3 or 4 months and they have tried to address them. Agencies are not going to be able to appeal things unless it affects the levels. The easiest one is the one that is – if it is an 80% thing.... If you have some things in there and it only brings the team or agency up to 78% you can't send it on to appeal. It actually has to help move a level.

Peter stated he sent by email that information to all of Foster Care distribution explaining that, as well as frequently asked questions.

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- Rockford FC: The Improvement project for last quarter was to have a potluck for 2 reasons. We had two teams come together into 1 team and had some moving around. Jamie joined our office due to Elgin closing. So there was a need to do a get to know you potluck as a team. File review was done at the same time. It is believed that Rockford was behind on peer reviews. The potluck was done and it incorporated file reviews. Next quarter there is going to be a recruitment booth. Jennifer Shelton in licensing is handling the details of this at Old Settlers Days which is coming up soon. She has asked everyone to participate and work a couple hours during any of the days that the booth is open. We are all going to be signing up and participating to help her with recruitment for foster parents.
- Ottawa FC: The Improvement Project was to make our office more stress free and relaxing. A fish tank is to be brought in and each worker will get their own fish and name it. This is still in the process of being accomplished.
- Intact: The project was to make the 2 page survey one page and make it universal for all the agencies. Liz from the Ottawa office worked on that and it is now down to one page. The survey is presently being looked at by the Intact workers. The goal is to start to use the new survey by May 1st and see how it works in the next quarter.
- Parenting: The improvement project presently being worked on is for the staff to have lunch at least once each quarter. This is an ongoing goal. This goal was not accomplished that last quarter. A strategic planning meeting was completed in which we looked what is working as well as where improvement is needed in the program. The Parenting Group Attendance Forms were revised to protect confidentiality of the participants. The Parent Child Observation forms were revised. Parenting will continue to document and track information for our CQI, COA, and United Way as well as things with our DCFS contract such as billing. Parenting started completing and filling out service tickets and is adjusting to the different codes. Parenting is continuing to look at their outcome measures.
- Glen Ellyn FC: The project last quarter was our gift baskets to the other offices that was completed. Our next goal is a team summer service project. We are still talking about different ideas. There are new workers joining our team. This would be a good way to get to know each other outside of the normal work day. There is a fingerprinting day in the works. During record review it is noticed that only 1 or 2 of all of the kids at our office has been finger printed. All the families will be notified to bring the children. Caseworkers and case aides will help to transport the children.
- Treatment: The improvement project was for the Streator office is to receive new furniture. This has been accomplished and the furniture is beautiful. Staff in Ottawa was relocated to an office for more privacy. Action taken: Treatment is looking at the possibility of updating their surveys. Staff will look at revising the survey at the next staff meeting. The Streator office needs new area rugs as the present rugs are a tripping hazard. The sink in the Streator office is still dripping. The bell in the Princeton office needs to be fixed so therapists can hear clients arriving.
- Treatment: Northern: Treatment has a continuing goal, working with Tracee, getting the therapist staff trained and using Outlook for reminders by next quarter. It has been suggested that the agency post pictures on an internal directory so people can be aware visually of whom everyone is. Lisa was going to talk with Joyce and Tracee about getting digital pictures of people up on internal site. Lastly wanted to do a self-care outing. Stephanie Rosales is in charge of setting one up for us in May.
- Licensing: The improvement project is that Licensing is going to continue to monitor current active homes. The benchmark is to obtain 90% in licensing. Licensing plans to increase recruitment. Jennifer has big event in June for recruitment. There is talk of more recruiting events taking place. There is a lunch that was scheduled in May.
- Support Staff: There is an ongoing project which is an agency wide staff directory which is presently up to date. This is ongoing because of new hires, people changing jobs, different supervisors. The Data base by Tracee is still in progress and according to the timeline is moving along and will be finished

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soon. The Kids Place security system was fixed and it broke again. There is nothing on the Support Survey about development. The plan is to add something about development onto the survey. The Kids Place will be having a Teacher's Appreciation week and are looking for 3 volunteers to help with the children so the teachers can enjoy a potluck. Contact Pat if you can help with this.

Support Staff: Northern: The Improvement Project is the standardization of forms that are used in each office. The visitors sign in sheet for Glen Ellen, Aurora, and Rockford has been completed. Support Staff is presently working on the vehicle maintenance and car rental form. There is a possibility of doing a vehicle usage form. Support Staff is looking at COA for safety and coming up with a maintenance checklist that is used for each vehicle for the office. General filing procedures: Support Staff is getting help from the supervisors to get the 906 info to us when a case opens as well as when a case closes. There is an emergency preparedness plan in process for each location. File conversions at the Princeton and Ottawa offices will begin soon so all offices are using the same filing procedure.

Runaway/Homeless: The project is to look at our staff attending trauma training. The plan is for everyone to attend trauma training. Also planning a ½ day retreat scheduled some time during the summer.

Administration: The project is to look at some of the buildings. Some repairs have been made to the Streator office but there is still more to do. The plan is to get someone over there to fix a few of those things. There are bathroom issues in the Ottawa office. The plumber was called to take care of those; hopefully the situation is resolved. Administration is looking at the utilization of the building next door and what the best use could be. A couple of different programs have been moved around and relocated as mentioned by Becky. Treatment was moved. The runaway and homeless TLP and Street outreach were moved to fit together a bit better. Hope House was reopened across the street in the Larson building.

Surveys:

Aurora FC: Surveys: had 2 parents surveys returned. 8 were sent out.
1 youth survey
1 child survey
1 foster parent survey returned this quarter.
Last quarter: Aurora has begun a new way of surveying. Aurora is now taking the surveys to our clients and there is now a bit of improvement in getting them back. Aurora is looking at e-mailing some parents that Aurora corresponds with via email. Parents have stated that surveys appeared to be optional for them and that is why they do not return them. It's basically they did not feel it was worth their time. Aurora stated that there is no narrative on the survey saying that it needs to be returned so they feel it's more optional than not.

Peter asked how the survey situation was responded to because all surveys ARE optional. The purpose behind the survey is to improve our services. It is necessary to impress upon the client the importance of their feedback so as to be able to serve them better.

Aurora does try to relay the importance of the survey to improve our services. YSB is unable to improve if we do not have their survey to let us know where we need to improve.

Glen Ellyn FC: 14 surveys completed last quarter: All children (these were done in person). Parent surveys were not returned.
There has been talk of Glen Ellen switching surveying methods. Glen Ellen is having similar problems with parents. It was thought that a possible better method would be to do what DCFS reviewers were doing for a while where they give out the survey at the end of the ACR and the survey is turned in at the front desk before leaving. There is thought of doing that at our child and family team meetings or at our ACRs. A request was made for surveys that are translated into Spanish. Everyone mailed all of the parent surveys out, but there is not a calculated total to report.

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Peter stated that this seems to be a good method and could save YSB money since YSB is not getting a good result with parents. This is a method that everyone should be thinking about.

Dave said to have our Hispanic service workers translate a survey. Dave will coordinate the translation of the survey.

Rockford FC: Did not have any numbers to report for surveys. Do not know how many we got back or how many went out. Rockford has been talking about a better method of surveying because when the teams were split the teams we were doing it different ways. One team seemed to be getting a better response than the other. It has been concluded that we will use a list to be sure we are getting to everyone and keeping track of how many surveys go out. All the names of each caseworker's families will be written down, the date the survey was sent. That way will have some kind of number showing it was sent to them. There was talk of dropping surveys off at the homes during in person visits and then giving them a sealed envelope and having them mail it back or seal it before they give it to us and taking it back to our supervisors. It was noted that the idea of surveying at the Child Family Team Meeting was liked and the plan is to bring it up to the team.

Ottawa FC: 49 surveys were returned
Foster parent 80%. 25 went out 20 came back.
Parent 60%. 20 went out 14 came back
Youth 64%. 11 went out 7 came back
Child 73%. 11 went out 8 came back

Peter asked how surveys in LaSalle are being handled because they have a good success rate.

The response was that Bev hands out all of the surveys with envelopes for each caseload. The surveys are taken with when the contact visit is done and given to the parent, foster parent, and children. The caseworker steps away and after the survey is completed it is placed in the sealed envelope and taken back to Bev. Surveys are hand delivered so return is more likely.

Intact: 30 surveys were returned
Last time were only 13 (Response is improved)
Action taken: The plan is to continue meeting that goal for the next quarter.

Parenting: 15 surveys were sent to individuals that were unsuccessfully discharged
2 surveys were returned undeliverable
Parenting will be reporting on our graduate surveys in the next quarter.

Treatment: 139 open clients – Treatment tries to get a survey from every client.
32% or 44 were returned
49 kids – 19 returned
27 youth – 2 returned
63 adults – 23 returned
There is a relatively low return rate. The plan is to have a master list given to each therapist of all open clients. When the survey is returned, they will know who it is, so if they have to do follow up and give a 2nd survey they will do that and hope to reach a 50% return rate by using a better tracking system as the quarter goes on.

Treatment Northern: 27 surveys were returned from open clients out of 54 sent
16 child surveys returned out of 25 sent
6 youth surveys returned out of 9 sent
5 adult surveys returned out of 20 sent
Action: Revise the survey to indicate for tracking purposes which quarter is being surveyed. That adjustment will be made by Liz or Tracee. Another thing to try to increase our return rate is Stephanie Rosales and John will send out reminder emails in the middle of the quarter to begin

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surveying clients. These emails are to be sent right after the 1st month of the quarter right after progress reports are done.

- Licensing: The plan is for 100% to be offered the survey with 80% of them to be returned. Ottawa had 16 returned without a record of how many out Aurora 1 return with 25 sent. The plan is for Jill to do some phone surveys for licensed homes only. A paper survey will be sent for unlicensed relatives by licensing workers.
- Support Staff: Surveys were sent out to all of Ottawa distribution 31 surveys were returned Action: Tracee and Michelle going to review the survey questions before the survey goes out in June. It is planned to look at and update all the questions. There is to be an addition for the development department. Pat from The Kids Place will be doing their own survey and bringing it to the next CQI meeting.
- Support Staff North: Surveys will be going out to all staff the 1st week of May with a return date of May 15th. This will be reported on in the next quarter.
- Runaway/Homeless: 7 adult outreach crisis surveys came back
9 outreach crises youth surveys were completed: 8 were positive, 1 negative survey.
Regular outreach program had
10 youth surveys completed: 8 were positive, 2 were negative
7 adult surveys in outreach completed: 6 were positive, 1 negative
1 young child survey completed – positive
1 survey from street outreach completed
1 transitional living program survey completed
Action: Redeploy needs more surveys. Redeploy needs to formulate surveys.
- Administration: Full agency employee survey was sent out. Joyce accumulated the replies. Joyce has forward it to the personal committee and the board of directors. There is a meeting scheduled next week to review the comments and give the feedback on it. After that a report will go out from Joyce to the staff. Exit interviews: 8 people left the agency. 1 employee did a written exit survey. Survey results were positive.
- Peter stated that this is a learning thing for all of us. Staff is encouraged to consider implementing any ideas that they here at this meeting. It is also an opportunity to say yes it will work, or no, and move on.

Peer reviews:

- Aurora Foster Care: Completed 18 peer reviews last quarter: The primary things that are missing from our files are documents that should be in the file prior to us being given the case, so either by investigation or an intact worker. Signatures from DCFS transfers, we don't get the 1425 with the signature. Petitions for Adjudication, we often don't get from the courts because we have not been involved in the case at the time the petition would have been filed. We redeveloped how we are completing our peer reviews and had a much better success rate. Now everyone in this office has one office mate and we swap caseloads with our office mate. The biggest family with the most number of children in the family is done first so the majority is out of the way and completed. As far as when we complete the peer reviews, we schedule our CQI meeting, then our Staff meeting, with the peer review immediately following.
- Glen Ellyn FC: Last quarter Glen Ellyn does not have a number written for how many peer reviews were done. If recollection was correct it was postponed for case note lockdown instead. We have done a larger one in April but that will be reported on next quarter. One thing we have been focusing on is obtaining all of our pictures on SACWIs. Many of the photos are out of date. A finger printing date is in the works to be scheduled to get finger prints up to date and done. Action

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needed: “Finger print date and developing an updated peer review form that would be done more in an interview process with another worker so things are getting corrected as we review our files.

Rockford Foster Care: 18 families with 30 children were peer reviewed. Each worker was told to do between 3 and 5 kids individually and we had a really good outcome. In the past Rockford has struggled to get peer reviews accomplished. When the reviews were done at the potluck it seemed to work well. Those that did not participate in the potluck had a more difficult time getting the reviews done. The plan is to continue to do peer reviews all together on one or two scheduled dates in the quarter.

Ottawa Foster Care: 5 families were reviewed each month following our monthly meeting. January: all of were done and turned in. Feb there is still 1 out that needs to be returned. March has one out that needs to be returned. The filing situation was discussed. Many files need to be started. Files are in file boxes. The filing situation makes file review very difficult.

Peter restated that Terry and Laureen will be making a trip to get some of the filing done next week.

Intact: 20 file reviewed, the trend is the Home Safety Checklist and Paramour Screens were missing. The Action taken: Take the home safety with the service because both need to be updated every 90 days.

Parenting: 57 cases were reviewed Trends: all the documents were not in the files. Those documents included: parent/child in class and home visit observation forms. The Action taken: Make sure we give Elaine a copy as well as a copy to the facilitator for that case. There was no time frame addressed for this. Lee suggested immediately (within a week). Lee will be going back to the team to establish a time frame. The audit scheduled for today was postponed.

Treatment: 23 files were reviewed. 3 were identified as needing corrections. Corrections were with consents or releases. The Action taken: A minimum of 7 files will be reviewed at each team meeting. The goal is that 80% of the files will need no corrections at all. 100% of files will be reviewed on an annual basis according to this schedule.

Treatment: Northern: 45 files were reviewed. 1 file needed corrections. Most of those 45 were done by Stephanie. Counseling staff did do peer file review in one of our meetings. At least 10 of the 45 files were peer reviewed. The Action taken: 100 % of the files will be reviewed annually. 80 % will need no corrections. The goal is that at the monthly team meeting each staff person will peer review at least 5 files starting at our next monthly meeting.

Support Staff: Obtaining the necessary confidential information from all new employees. Action: When employees are hired there is confidential information that needs to be obtained from them. The new employee is to turn this information in to Joyce or Michele within 30 days. This 30 day timeline is not being met. Joyce and Michele are trying to find a solution for this problem.

Peter asked what can be done to help Joyce and Michele.

The problem is with the 3 reference letters. Emails are presently sent out after 30 days. There was a suggestion of copying the supervisors on the reminder emails.

Support Staff North: Staff shared a compliment that YSBIV received from the Office of the Inspector General regarding Rockford's files. As far as ongoing maintenance we are looking at new files to be done within 30 days of receipt and closing files within 30 days. Also, staff is planning on getting Princeton and Ottawa converted to the filing system that is in place in Aurora, Glen Ellen, and Rockford. The new filing system is well received by the staff of the referenced offices. Clerical staff in Glen Ellen, Rockford, and Aurora has gone a bit above and beyond as to forms we are

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using internally so that those forms can be retrieved and looked at easily. It still follows DCFS requirements for filing. Instead of binders expandable folders will be used.

Peter stated that he was extremely happy to hear of the compliment because it is very rare to receive a compliment on that behalf. Files are usually behind, or not filed, or what is being looked for cannot be found. There was also a compliment given to Rockford by DCFS.

- Licensing: 39 files were reviewed (This number did not include audited files). We will continue to do monitoring at our monthly team meetings. If there are any missing documents it is recorded and fixed. Trend: There are many pet inoculations out of date.
- Runaway/Homeless: An average of 10 files are being reviewed per month. Reviews look good overall. Corrections are being made in a timely manner.
- Administration: Employee evaluations are being looked at and are in better shape than they have been in the previous years. The diligence of making sure that follow up is being done is working.

Closing Comments: Dave: Relayed a message he received a message from Frank. Frank said there has been a lot of internal talk about the employee's lack of raises this year. This is an ongoing item that the administrative team and the board of directors look at. The Administration has been waiting to see how the financials of the agency are going this year. They are trending positively. There is a board meeting coming up in the middle of May. A discussion will be brought up at the meeting and something will come out after that board meeting. It is not due to the fact that employees are not doing a good job. It is the financial position of the agency at this point in time. It is hopeful that in a matter of 2 or 3 weeks there will be some solution.

Peter stated that it is important that this group understand its responsibility to the organization. As a CQI leader you are chosen by your peers to represent them at this meeting and then return to them with new information about ideas on how to improve as an agency. This is not just an exercise. It is important to come prepared and be prepared to present and point the agency in the right direction in terms of how we are doing things. Your voice is important here. Administration listens and takes it to the directors meetings. Please take the information back to your team for improvements. This is the opportunity to discuss everything we do and improve upon it. Understand that it is not intended for this just to be another thing added for you to do, but a responsibility for you, your peers, and the organization to voice opinions here and be heard. Many good things are going on in our agency. Many people are coming up with good ideas and are helping to make sure we improve. Thank you for your participation. If something discussed here is not yet decided... do not share it so as not to lend to confusion. Communication from this group to your peers is reliant on you.

One of the big things that have been discussed at the focus groups is the lack of communication within the organization. The information that Peter or Dave know does not seem to get to who it needs to get to. Be sure to pass the information necessary on. Treat each other with respect. We are developing things to improve our agency as well as make COA easier for us when that time comes in 2016.

Any additional information or changes can be sent to Rita or Laureen Beck at the Rockford office. You may also send it to Peter's attention and Peter will forward it to Rita or Laureen.

- Additional notes: Sent from Katie Campbell, Community Service
We do not have data yet, but the below is what was discussed yesterday morning at our first CQI meeting:

Incidents, Accidents, and Client Grievances: No data at this time. Actions to be taken: Loni Meyer to collect Unusual Incident Reports by 7/7/14, prior to the second CQI meeting. Cindy Robinson to collect outcomes by 7/7/14, prior to the second CQI meeting.

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Outcomes: No data at this time. Action to be taken: Katie Campbell, Loni Meyer, and Cindy Robinson to finalize program outcomes by 7/7/14, prior to the second CQI meeting.

Improvement Project: Action to be taken: Intern program and task description binder by Katie Campbell on 4/28/14; successful outcome.

Callback binder by Loni Meyer on 4/28/14; consistent callbacks. E-cornerstone training attended on 4/14/14-4/18/14 by Katie Campbell and Sarah Price; outcome successful.

Satisfaction Surveys: Both parent and youth will be surveyed at closing meeting. These surveys will be put in a sealed envelope and given to Cindy Robinson, program supervisor.

Record Review: Every client's file will be reviewed in first quarter and will be re-reviewed. Action taken: Program file review sheet by Cindy Robinson on 3/17/14; in use, successful. File review procedure sheet by Loni Meyer on 3/17/14; in use, successful.