

AGENCY WIDE CQI/EXECUTIVE SUMMARY
2ND QUARTER – FY2015 FEBRUARY 13, 2015

Emily Donat	FC – Aurora	John Coutre	Treatment - North
Melissa Sauter	FC – Glen Ellyn	Judy Allen	RHY (Outreach)
Kim Wirth	FC – Ottawa/Princeton	Jill Conrad	Redeploy
Jordyn Jenkins	FC – Rockford	Mario Espinoza	Hispanic Services
Lindsay Rossi	Intact Family Services	Dave Conrad	CFO/Administration
Tina McCullough	Licensing	Terry Young	Office Support Staff
Lee Hicks	Parenting	Peter Woodbine	Dir. Of Quality & Monitoring
Treatment – South	Michelle Murphy	Sherri Nestmann	Quality Assurance Assistant
Frank Vonch	Executive Director	Geoff Franklin	Child Welfare Administrator

Purpose of the Meeting:

On today's date, 2/13/15, an agency wide CQI meeting was convened to report and review the information and data gathered at the program level QCI quarterly meetings. In line with quality improvement, the structure and the content of the past meetings have been reviewed and evaluated with the following recommendation: It is proposed as these meetings move forward, that the content of the meetings focus on the qualitative analysis of the data used to implement quality improvements in the programs. The emphasis will be on identifying trends or issues and developing plans or strategies to address the trends/issues identified by the data. For the purpose of today's meeting, only select programs presented reports in the various categories of Quality Improvement. Below is a summary of the meeting.

Opening statements:

Frank Vonch opened the meeting expressing his appreciation of the staff's efforts in regards to their teams. At the previous meeting he expressed that meetings seemed to go on and on and had fallen into a rote presentation. He expressed that the data collection that has been going on over the past year is very important, but that moving forward the focus is to shift to what the data is telling us and let that drive discussion in terms of improvement of programs and services. The challenge is to look at the data and use that information to improve services and our programs. The meeting focus will be discussion of what data tells us than the regurgitation of data.

Peter Woodbine remarked that not just at a program level, but at quality assurance level, we will be starting over. We need to be sure that what we are examining on a team level makes sense versus just a regurgitation of data. Frank Vonch again expressed that what has been done up to this point with the teams in data collection is extremely important. We are not able to move to the next level without this being done on a regular, uniform, and consistent basis. This has not just been an exercise, but has been the building of a base to move forward on. The last 12 months everyone is aware this is not just an exercise to get everyone together, but is important to the agency. The collection of data allows the agency to be sure that during audits conducted by groups outside the agency, we can be confident that what is being examined is accurate. It is a natural progression how this process occurs. Data will be looked at, not just before this meeting, and anything that stands out can be looked at in how it impacts teams, services and what comes out of that.

Peter again mentioned that Sherri Nestmann will take on some of that responsibility moving forward. Executing the key CQI function within the context of continuous quality improvement is the focus. Plan, do, study and act is the framework of how we will work moving to solutions/implementation of changes. Provide feedback as to whether it is working or not working and how it effects decision making within the organization. We will test and re-test to see if changes we implement are working. Data collection needs to be qualitative not quantitative. Dashboard information is important, but not the only measurements we should be looking at. The leadership of the agency is behind the changes being made as evidenced by the presence of Frank Vonch & Dave Conrad.

Sherri Nestmann reviewed the information being submitted by the foster care teams in the "One Page" forms. Data is coming though beautifully, but the analysis is not being recorded on paper. The teams need to be moving towards analysis, and identifying trends that the data is indicating. She started with foster care and revamped the "One Page" report and it will be sent out to team leaders and supervisors for their input regarding changes.

Peter shared with staff that instead of spending time going over all that captured information, we will be looking at problems identified, solutions implemented and whether or not they have achieved the outcome desired.

Incidents, Accidents, Client Grievances :

Programs discussed during meeting :

- FC - Rockford The Rockford team had 19 UIR's with 50% being from group homes. The team felt this was still an improvement as they had gone from 28 incidents to 12 and then back to 19. The lower number coincided with less children placed in group homes. The team has instituted more contact with the group home staff and the child placed in the home. One caseworker worked more closely with a child and developed small weekly goals for behavior with a reward for making the goal set. Increased contact has decreased UIRs with this child
- FC - Aurora Aurora reported that a majority of the UIRs they experienced were illness driven by flu and injuries. Therefore there was no trend from their experience the previous quarter.
- FC - Ottawa The Ottawa team reported 9 UIRs; 8 of which were threats made by one birth parent. 1 UIR was a fight reported in a foster home involving a birth parent. Prior quarter mostly medical incidents were reported so there was no trend in UIRs.
- FC - Glen Ellyn Glen Ellyn reported similar UIR experiences to Rockford. They reported 17 of 23 UIRs were for children placed in residential settings. That has been the trend the last couple of quarters. The caseworkers have instituted more contact with the staff of the group homes, to ensure they are getting information on a timely basis. They were being notified of UIRs that occurred months ago. The goal is to file UIRs promptly. Also, they are increasing contact with children placed in residential treatment homes, to assist in addressing the situations resulting in UIRs being reported.

Comments:

Terry Young remarked that residential placements need to be watched more closely. Vaccinations need to be looked at to see if those are current in light of the number of sickness based UIRs. Lee Hicks remarked that more contact is needed with children in residential placement to know what the issues are impacting the children.

Peter reminded that this is participant driven. Team feedback drives actions. Sherri remarked that in light of the series of articles exposing problems in residential homes that contact with wards in placement is of prime importance.

Frank looks at this meeting structure as a start. It is glaring seeing the reports regarding residential as it reflects the late submission of UIRs from residential.

As submitted:

- Intact Family Reported 7 UIRs with 3 indicated for risk of physical injury. Workers suggested safety plan for substance abusers when/before using. Submit quarterly to reduce hotline reports of risk of harm.
- Licensing Six UIR's reported in the second quarter, down from 9 reported in the first quarter. Aurora reported 1, Glen Ellyn 1, Ottawa/Princeton 0, and Rockford 4. The UIR's fell into the following categories: sexual (1), corporal punishment (2), medical (1), physical abuse (1), and inappropriate supervision (1). Team is seeking additional training. They will be having greater discussions on discipline. Caseworkers will address discipline on a monthly basis.
- Treatment North Treatment North reported 3 UIRs this past quarter. One was a medical emergency and 2 were for abuse/neglect.
- Treatment South Treatment South had no UIRs in the second quarter.
- Hope House Hope House reported 1 UIR. There was a parent dispute with DCFS involvement. Exchange services discontinued.
- Hispanic Services Hispanic Services reported 2 UIRs that involved the safety of staff. Service was refused and the location was locked up and a call was made for safety.

AGENCY WIDE CQI/EXECUTIVE SUMMARY
2ND QUARTER – FY2015 FEBRUARY 13, 2015

- RHY/TLP/HY Outreach reported 4 UIRs; 3 were for abuse and neglect and 1 for a lock out situation. TLP/SOP had 3 UIRs; 1 was for abuse and neglect, and 2 were for psychiatric admission.
- Redeploy Redeploy reported 3 UIRs; 1 was to DCFS (information only), 1 involved a police warrant, and 1 involved a psychological assessment resulting in hospitalization.
- Parenting Parenting reported no incidents and attributes this to the pre-screening form, pre-survey form, inclusion/treatment goal setting, and increased staff awareness of situations that may precipitate client incidents.
- Comm. Service Community Service/Restitution had one unusual incident in the first two quarters. One youth hit another child which started a fight. Parents were called and a parent pressed charges.

Surveys:

Programs discussed during meeting :

Treatment Treatment South reported 29 of 40 adult surveys were completed. 3 of the 29 had marked strongly disagree. 13 of 19 strongly agreed and had positive reviews for quality of service. 36 of 52 child/youth surveys were completed. 8 were youth. The response was mostly positive. However, 3 were negative about feeling unsafe in the office. They noted a need to clarify what the surveys are for as some of the feedback they are getting is about the agency as a whole, or their caseworker, and not about their therapist or how they feel about actual therapy. Need to be more diligent in getting surveys turned in.

Treatment North remarked that the data is combined for all of treatment and is focusing on getting data back. They want to get the rate of return of surveys up to 80-90%. They were missing survey information from one therapist that threw off their numbers from last quarter.

Comments: Surveys are important to identify deficit areas to improve services and quality. What are we seeing in the surveys that will drive our actions in terms of improvement? Frank questioned Michelle's comments regarding clients feeling unsafe, but there was no clear identifiable reason for that. Frank also commented on John Coutre's statement regarding their collection activities and goals toward improvement in quality of information collected.

As submitted:

- FC – Aurora Eight surveys were distributed and 5 returned. There were 3 youth, 1 child, and 1 FP,
- FC- Glen Ellyn Team reported that 12 surveys were completed. They are looking to get surveys in Spanish. They will use case aides to distribute surveys to parents. Araceli and Shawna will make a list of forms that need to be in in Spanish.
- FC- Ottawa The Ottawa/Princeton team reported 55 surveys were distributed. 14 of 23 (61%) foster parents responded; 12 of 18 (67%) parents responded; 8 of 11 (73%) children completed a survey; and 3 of 3 (100%) youth completed a survey. The feedback was positive. The team needs to work on getting more surveys returned.
- FC- Rockford Rockford distributed 23 surveys and 14 were returned (60.8%). The team acknowledged this is an area of poor performance for them. They will be implementing a new system in the third quarter and there is a push for staff to take seriously the importance of the CQI process.
- IFS 12 surveys were distributed. Team will distribute surveys along with service plans and increase the number distributed in the third quarter.
- Licensing They have been in the process of revising the foster parent survey. It was noted that only 1 question directly relates to licensing, and two questions are indirect. Two questions that Kelly Lumpkin developed were not included in the survey.
- Hope House Hope House conducted 6 surveys and 100% of feedback was positive.

- Hispanic Services Hispanic Services completed 12 surveys and the feedback was 100% positive.
- RHY/TLP/SOP RHY had 12 adult crisis surveys returned. Client comments included “helpful and prompt workers.” 14 youth crisis surveys were returned with mostly “strongly agreed” indicated. Comments included, “my worker is super nice and someone good to talk to.” Team needs to keep surveying. TLP and SOP need to complete surveys on a monthly basis.
- Redeploy 3 surveys were completed. 2 youth indicated satisfied and 1 adult indicated satisfied/very pleased with services. The team needs to record and track closes.
- Parenting 44 of 62 distributed surveys were completed (71%) 18 surveys were mailed to participants who were discharged and 0 were returned. 41 of 44 (93%) rated there overall performance as very satisfied or satisfied with the Parenting Education services. [Last quarter (91%)] 36 of 44 (82%) indicated they would definitely recommend the program to other parents. 5 of 44 (11%) indicated maybe they would recommend this class to other parents. 1 of 44 (2%) indicated they would not recommend this class to other parents. 2 of 44 (4%) indicated they would definitely not recommend this class to other parents. Staff was able to see the needs of the clients to help them be successful by looking at the surveys and by making the homework more uniform. Team is developing a preliminary brief survey of approximately five questions for clerical to do a phone survey of client satisfaction.
- Comm. Service Community Service has not been doing satisfaction surveys, but will begin on January 15, 2015. Restitution surveys were completed on 100% of the youth who successfully completed the program. Restitution will attempt to get email addresses for youth served for the purpose of surveying participants. Community Service will survey 20% of participants in the third quarter.

Improvement Projects:

Programs discussed during meeting :

- Community Outreach Redeploy Judy Allen reported for Outreach that their bedroom project was completed. The crisis intervention log is being updated.
- Jill Conrad reported for Redeploy that they have created journals for new clients, a “Life Skills” book with information for clients that is tabbed by category, such as anger, social issues, and alcohol. In addition they developed a combined school calendar so they know the days that local schools are not in session. They are also working on their call-back letter to follow up with clients at 30-60-90 days.
- Peter commented that improvement projects should be related to the program, clients, & services. Frank brought up what examples of things that have been done, but are not directly related to what the teams should be examining. Something that is about the physical environment such as replacing light bulbs, shelving, bathrooms, etc. are really not relevant to CQI. Team building activities while beneficial, are also not something that is part of CQI unless the activity impacts how the team actually performs some function of their job and is related to services provided. Those types of activities would be relevant.

As submitted:

- FC – Aurora Reported a team building exercise for Feb. 20th. The team discussed Wi-Fi and safety issues in the office. Traci will follow up with Jill Orr.
- FC- Glen Ellyn Their efforts at collecting Christmas gifts for the children went well. This quarter they are scheduling a team dinner.
- FC- Ottawa The Ottawa/Princeton team did a community project creating cards and tray favors for an area nursing home.
- FC – Rockford The team collected donations for the Christmas party for the children. Staff had a Secret Santa and potluck. They are still seeking second printer. The team set the goal of getting 80% of the kids fingerprinted in the third quarter.

AGENCY WIDE CQI/EXECUTIVE SUMMARY
2ND QUARTER – FY2015 FEBRUARY 13, 2015

- IFS IFS did not report an improvement project.
- Licensing The team has met with a judge to collaborate with licensing and help spread the word on recruitment. A brochure has been developed for specialized care recruiting. Team is contacting local churches/Forgotten Initiative to develop partnerships. Workers participated in a *Replanted* event on Orphan Sunday. Ongoing, team will continue to explore recruitment event opportunities, and explore online support group on Facebook.
- Treatment North Most therapists attended a training for “therapeutic intervention for sexually abused children.” They are transferring case files to three ring binders, doing DSM-V training, and contributing to SPEC Program modification.
- Treatment South Team is revising the surveys to age specific groupings, 3-12, 13-18, and 18+ and hope to complete by the end of the third quarter. Team will improve resources for family therapy and adoption preservation.
- Hope House Revised the record review process and looks to implement in third quarter.
- Hispanic Services A brochure was translated into Spanish. Team is working on a Hispanic Services only brochure.
- Parenting The number of persons served in the Freeport area increased to 9 individuals in the 2nd quarter. It was the first full class offered in at least the past year due to face-to-face meetings, community networking, flyers, and correspondence that has increased public awareness and referrals to the parenting program. Team developed a pre-test survey for participants to rate their overall experience. Team will continue to discuss updating and implementing a six month follow-up survey to track participant success. The target date for implementation is Jan. 31, 2015.
- Comm. Serv. Community Service will get the Marseille “Kids in Motion” Facebook page launched by the end of January. Registration forms will be updated to include emergency contact information by the beginning of March.

Outcomes:

Programs discussed during meeting :

- Parenting Lee Hicks of Parenting reported that 44 of 62 (71%) of participants reported an increase in their parenting skills. Client satisfaction surveys indicated 41 of 44 (93%) reported being satisfied with their progress. It was noted that client arrests decreased from the first quarter (11) to the second (5) and was attributed to the use of the pre-screening form and working with the caseworkers involved. 44 of 62 (71%) participants graduated from the program exceeding goal of 60%. 59 of 62 (95%) participants were not subject to an indicated report of child abuse or neglect this past quarter. There were three indicated cases: (1) child was removed from the home; (2) parent/ child visits went from unsupervised to supervised. 18 clients were discharged from programs; (5) attendance, (4) active substance abuse, (3) unstable mental health, (5) incarceration, and (1) other. There has been a revision in the pre-screening form, and communication with the caseworker’s regarding the need to complete the client’s current history and previous criminal history. The team is also concentrating on client inclusion in goal setting and Lee referenced a client who wanted to improve her emotional engagement with her child. They were able to identify areas they could provide more attention, roll-playing, and feedback to assist her in meeting her goal.
- Intact Family Services Lindsay Rossi reported IFS exceeded the goal of 90% by having 100% of their families, 63 of 63 remain intact for the second quarter. 60 out of 63 (95%) were not indicated for investigation exceeding the goal of 85%. Only 7 of the 9 new cases (77%) had in person contact within the first 2 business days of the case being assigned. The IFS caseworkers have identified that changes in their schedules must occur to meet the 48 hour requirement for contact to achieve 100% of goal.
- Sherri commented that Parenting is identifying problems and developing a solution which is the goal of the CQI process.

AGENCY WIDE CQI/EXECUTIVE SUMMARY
2ND QUARTER – FY2015 FEBRUARY 13, 2015

As submitted:

- FC – Aurora Aurora reported 9 cases closed; 5 in Aftercare, 2 adoption, and 2 guardianships. They reported 20 moves; 2 return home, 4 HMR to HMR, 2 reopened guardianships, 1 jail, 1 crisis to TRAD, 1 HMR to crisis, 7 HMR to TRAD, 1 group home to residential, 2 TRAD to TRAD, and 1 Plac. To reduce the number of moves additional training of foster parents would be very helpful and increased use of respite care.
- FC- Glen Ellyn Glen Ellyn reported for this quarter 1 guardianship and 4 return homes. There were 11 moves. They had 1 hospitalization, 1 jail, 1 missing, 2 to different HMR, 6 moved to TRAD. They plan on tracking issues to see what keeps recurring. They will invite their permanency worker to CFMTMs if there is interest in guardianship/adoption. Make intentions clear to supervisors, DCFS legal, etc.
- FC – Ottawa Ottawa/Princeton reported 1 return home and 2 adoptions. There were 4 moves. Two requested to be moved, and 1 father was paroled to foster home, and then left.
- FC – Rockford Rockford reported 6 guardianships, 13 adoptions, and 1 return home in the last quarter. They had 3 moves; 1 was HMR to adoptive HMR, and two were TRAD to pre-adoptive.
- Licensing Licensing had a goal of completing licensure of 90% of relative homes for the second quarter. The reported percentages are as follows: Aurora: Oct-81.6%, Nov-83.9%, Dec-84.9%; Glen Ellyn: Oct-59 %, Nov-65.8%, Dec-65%; Ottawa: Oct-78.9%, Nov-74.3%, Dec-73.17%; Rockford: Oct-65%, Nov-65.7%, Dec-64.29%. The team identified that in Rockford multiple moves out of relative homes impacted the percentage of licensed relative homes. Team also stated that they have no control over where the children are placed initially. Team discussed “vetting” the placements to limit disruptions. Team will continue to work on meeting goal of 90% relative licensure within the given timeframe. Team will continue to give out incentive gift cards for relatives meeting such tasks of fingerprinting within a specified time. Last quarter no gift cards were given.
- Treatment The combined treatment team reported a total of 226 clients served in the second quarter as follows: Bio parents FC-34; Client pay-34; FC counseling-54, IFS-2; JSOP counseling-12; Solutions Insurance counseling-65; Private Pay other agency-7; and SPEC FC counseling-3. Goal 1)75% of clients (68) were successfully discharged; 13% were unsuccessful; 4% refused treatment; 3% services were not recommended, and 5% moved from service area. Goal 2)70% of all Medicaid/Foster Care/BPFC/IFS clients discharged will show an increase in functioning as scored on the CGAS. 33 clients were discharged (missing closing CGAS for 9 clients) and 64% showed improved overall functioning and 9% functioning about the same. Goal 3) 70% of all Medicaid/FC/BPFC/IFS clients discharged will show a decrease in traumatic stress symptoms scored on the CANS. 33 clients were discharged (missing closing CANS for 12 clients) and of the 12 submitted: 75% showed a decrease in traumatic stress symptoms; 17% showed no change; and 8% showed an increase in traumatic stress symptoms.
- Hope House Five families were served and 66% (2 of 3) were closed successfully.
- Hispanic Services Marilu reviews files on February 2.
- RHY/TLP/HY RHY closed 10 cases; 90% permanency; 100% safety; 90% well-being; 80% community service; 80% juvenile justice; and 90% child welfare. TLP reported 1 case closed. 100% received shelter with 2 client's moves to apartments. SOP – 4 of 24; emergency needs assessed and met.
- Redeploy Team served 8 youth; Outcome 1, 5 achieved, 3 unachieved; Outcome 2, 7 achieved, 1 unachieved; Outcome 3, 8 achieved, 0 unachieved; Outcome 4, 7 achieved, 1 unachieved.
- Comm. Serv. Due to DHS changing reporting forms for FY15, outcomes have not been done. They will be added later. Projected number of participants to be served in Community Services is 406, actual served through 12/31/2014 is 372, 92%.

Record Review:

Programs discussed during meeting :

- Licensing Tina McCullough reported Licensing conducts file reviews at their monthly meetings. This quarter 23 were reviewed. Sherri Nestmann and Geoff Franklin also will be reviewing the files. Kelly Lumpkin, Supervisor of Licensing receives the review reports and distributes to the licensing workers so any required corrections can be completed within two weeks of the review.
- Office Support Terry Young reported office support staff had issues with getting information for new cases. Going forward procedures for notification of new cases will be through Jill Orr so support staff will have the information to open a new case file. We have been doing file conversions at all the offices, and Terry reported with the assistance of new file clerk, Cindy Miller, there is one case left in the Ottawa office to convert and that project will be complete. The file room procedure is being updated, so there is consistency across all offices as to how files are handled by the file clerks and the case workers and will be implemented shortly.
- The office support staff had been tracking whether or not files included photos of clients, birth certificates, and Social Security cards within each office on a spreadsheet. This information is important to health, safety, and well-being of children in our care. This information has now been entered in the database and is included in the weekly caseload report distributed to all the supervisors and support staff personnel.
- Peter remarked that it is critical that we know our information and DCFS records are the same. This information is important to the health & safety of our clients. This problem was identified and a solution was implemented as part of the CQI process.

As submitted:

- FC – Aurora Reported 11 files were reviewed in the second quarter.
- FC – Glen Ellyn Reported 2 file reviews completed in the 2nd quarter. The supervisor will send task reminders for record review to staff. A full day for record review has been scheduled for March 6, 2015. Focus will be parent/child. Team will coordinate with the licensing team regarding permanency.
- FC – Ottawa The Ottawa/Princeton team reviewed 5 files each month for a total of 15 reviewed in the second quarter. Six were not returned/corrected.
- FC – Rockford The Rockford office did not complete file reviews in the second quarter due to a number of vacancies on the staff. Review was scheduled for January 31, 2015.
- IFS IFS reported 14 files were reviewed. Overall the files are in good shape. Reasonable effort to locate relative CANS.
- Treatment Treatment North reported 24 files reviewed with 2 requiring minor corrections. Treatment South reviewed 23 files and none required correction.
- Hope House Hope House reported that they are just now beginning to develop a CQI file protocol review and will be implementing by February 2015.
- Hispanic Services The team reported that IPC is reviewed weekly and monthly by Silvia Eduardo Vita. SNAP-IFRP is looked at monthly by Alice Berogan. IFRP is reviewed quarterly by Mario Espinoza. Beginning in the 3rd quarter the YSB Immigrant Family Services Program will be reviewing 10 files randomly on a monthly basis.
- RHY/TLP/HY The TLP/SOP programs reported that 100% of their files were reviewed. The RHY program reviews 10 files monthly for a total of 30 every quarter.
- Redeploy Redeploy reviewed 13 files and corrections were made. The team is creating a policy plan.

AGENCY WIDE CQI/EXECUTIVE SUMMARY
2ND QUARTER – FY2015 FEBRUARY 13, 2015

- Comm. Serv. Community Services has not been conducting file reviews. Beginning January 2015, reviews will be instituted.
- Parenting The Parenting program reported a total of 62 files were peer reviewed in the 2nd quarter. Staff reported that CQI has been beneficial identifying where we have deficits and need assistance. Staff is in discussion for (3) subcontracts. It was noted that caseworkers still did not sign as the witness on the referral consent for release of information. Parenting program staff will continue to review paperwork prior to clients scheduled registration. Staff is emailing caseworkers to remind them to sign the document. Caseworker will be notified via email within 24 to 48 hours of paperwork being received and notifying them of any missing or outstanding data needed. If paperwork not received within 3 days of notification, a phone call will be made to caseworker and supervisor in an attempt to meet deadlines. Paperwork is returned to the caseworker.
- Administration Dave Conrad reported administration looked at all the agency programs. DCFS conducted both a review of our Medicaid contracts and a fiscal audit. DCFS, which is very particular about the Medicaid contracts, found no issues, and felt that they could bypass this review next year. The fiscal audit revealed four minor issues and plans to address those issues were submitted to and accepted by DCFS. Administration also tracks all employee reviews that are to be completed in the last quarter of the calendar year. 95% were completed within guidelines and employee salary adjustments were made.

Comments: Frank Vonch pointed out that this discussion format is the direction the meeting will be going. As the information gets gathered prior to the meeting, questions will be addressed by leadership in advance.

Frank also asked if everyone has been informed of the procedure regarding trainings and do they understand what employee and agency responsibility is when a request to attend training is submitted. Staff indicated they had the information. All trainings are recorded by human resources.

Frank asked staff if they understood what is behind the new policy regarding time sheets being required of staff that have not had to do so until now. It is a requirement that came out of the DCFS fiscal audit. For all state contracts, we have to be able to account for employee time spent. There may be some adjustments to time tracking in the future.

Vehicle usage reports were adjusted as well due to recommendations out of the fiscal audit.

If you have any questions about procedures, staff is encouraged to ask their supervisors as there is always a reason behind why we do what we do.

Terry Young brought up the *Internal Intake Form*, that case workers should be filling out when we get a new case. This form includes information regarding race, gender, age, etc. that is input in the data base for tracking. This is information that is required by DCFS as well as grant proposals. Please submit to Liz Halstead as soon as possible after getting a new case assigned.

Sherri Nestmann will be contacting supervisors to schedule meetings toward the end of March.

The Next Meeting is scheduled for: April 24, 2015 at 10:00 am via teleconference
Call-In Number: 712-432-1212 **Meeting ID:** 664-824-951#

AGENCY WIDE CQI/EXECUTIVE SUMMARY
2ND QUARTER – FY2015 FEBRUARY 13, 2015