

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

3RD QUARTER – FY2015

On 5/1/2015, an Agency Wide CQI meeting was convened to review the information and data gathered at the program level CQI quarterly meetings. All programs and CQI Teams were represented. The meeting focused on the qualitative analysis of the process and the data used to implement quality improvement in the programs with an emphasis on identifying trends or opportunities for improvement and developing plans or strategies to address the trends/opportunities identified by the data.

This summary represents a snap shot of the agency's efforts at Quality Improvement for the 3rd quarter of FY 2015 in each Quality Improvement category reviewed by the agency: Unusual Incidents, Accidents and Grievances, Outcomes, Surveys, Peer/Record Reviews and Improvement Projects. This report may or may not capture every program's report for this quarter. Only significant trends and actions/strategies are cited in the various categories of Quality Improvement. However, the agency operates the following programs: Youth and Runaway Youth/Homeless Services, Street Outreach, TLP, Redeploy, Second Chance, JSOP, Hope House, Treatment (Solutions Counseling, Child First and Medicaid), YSB Child Development Center, LADD, Hispanics Services, Foster Care, Licensing, Intact Family Services, SOC and Specialized Foster care, Parenting Program, M.I.S.T.E.R.

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

Programs:	2 nd Quarter	3 rd Quarter
Child Welfare	82	76
Parenting	0	0
Treatment - North	3	5
RHY/TLP/SOP	7	8
Redeploy/Juvenile Justice	3	2
Hispanic Services	2	1
Hope House	1	1
Administration	5	7
Totals	103	100

Summary:

In comparing the number of UIR's reported from the 2nd Quarter to the 3rd Quarter, it is noted that number has remained relatively the same. In reviewing the UIR's, none appear to expose a risk to agency. It was noted that there was a slight increase in the number of staff injuries, and it was recommended that staff be reminded to follow the safety policies and safety measures. The majority of the UIR's are reported from the Child Welfare services. A significant trend noted in the Child Welfare services, specifically Foster Care, was that the reported UIR's involve a number of teens in Residential/Group Home/Shelter living arrangements. The teams noted this trend and are implementing casework practices that include increased contact with the clients with a concentration of tailoring their services to meet their needs, and attempting to minimize triggers that lead to disruptive behaviors. The Licensing Unit identified a trend of more investigations in the Rockford office, particularly with Home of Relative (HMR) placements. The licensing team will concentrate on ensuring all relatives receive HMR packets regarding appropriate discipline and supervision, and have increased contact with all relative homes.

B. PROGRAM OUTCOMES:

Summary:

As reported in the Agency Wide CQI Summary report a majority of the programs are meeting or exceeding their established program goals and outcomes. The number of clients served in the agency program's remains relatively stable as compared from the 2nd Quarter to the 3rd Quarter. The largest program based on the reported number of clients, remains the Child Welfare program with a 3rd Quarter end of 429 children in care, 242 Relative Foster Homes with 177 of the homes having placements, and 147 Traditional Foster Homes with 76 of the homes having placements. The Intact Family Services program had 64 intact family clients. The Treatment Program reported a 3rd Quarter end of 264 clients. The program reported an increase in the number of clients in the Solutions Counseling program, and has recommended additional staff to alleviate that the length of wait time to see a client, which is currently 3 weeks from the time of intake. The Hispanic Services program reported a 3rd Quarter end of 254 clients. The Hispanic Services program experienced a funding interruption and staff reduction but was still able to sustain approximately the same level of clients served from

the previous quarter. The Youth Outreach/Homeless Youth (RHY/TLP/SOP) programs reported a 3rd Quarter end of 191 clients. This program underwent an extensive federal audit. It resulted in positive feedback regarding the work done with this client population with recommendations to revise various policies and procedures. The Parenting Program reported 62 clients in the 3rd Quarter with an anticipated graduation in April/May 2015. The YSB Child Development Center had 51 children enrolled in the 3rd Quarter, and continues to maintain its Gold Circle of Quality. The ReDeploy/Second Chance-Juvenile Justice programs reported a 3rd Quarter end of 34 clients, and continue to report they are meeting their program goals.

A majority of the programs are developing strategies to enhance their service delivery, and tracking necessary information effectively to ensure that the expected services are delivered with quality to the clients.

C. SURVEYS:

Programs	2nd Quarter	3rd Quarter
Child Welfare	135	145
Parenting	62	5
Treatment	92	107
RHY/TLP/SOP	44	71
Redeploy/Juvenile Justice	3	12
Hispanic Services	12	0
Hope House	6	0
Totals	354	340

Summary:

Surveys continue to be distributed and completed across the programs, with generally positive comments towards the work being done at YSBIV. In comparing the 2nd and 3rd Quarter survey numbers, it appears that approximately 30% of clients served were surveyed per quarter. All programs reported implementing consistent efforts at ensuring the surveys are distributed to the clients. Several programs are reviewing their surveys and updating the content. In reviewing survey results, a recent focus has been examining responses for areas of improvement in addition to celebrating the positive responses.

A trend was noted in the Foster Care unit indicating that younger children that did not understand why they were in foster care. They will examine the language of the survey as well as increase efforts to have age appropriate conversations with the children. Feedback from the other surveys for the Foster Care unit indicated the Agency needs to involve teens more in service planning and provide more timely information regarding case meetings/important dates to the biological parents. The Licensing unit indicated that foster parents are requesting support groups, the need for support of teens, trainings in the offices, and more resources for parenting. This unit is looking into the use of social media, perhaps the creation of a Facebook page for foster parents to connect with one another. Foster parents also indicated they felt over surveyed. The Foster Care unit will now only have random phone surveys for foster parents throughout the year, and one mail-in survey will be distributed to all foster parents yearly in conjunction with the Foster Parent Implementation Plan. The Youth Outreach/Homeless Youth conducted a focus group, and the feedback indicated that the teens enjoyed the group activities provided by the program. They will brainstorm with the focus group to further improve offering group activities.

D. PEER/RECORD REVIEWS:

Programs	2nd Quarter	3rd Quarter
Child Welfare	107	148
Parenting	62	70
Treatment	47	38
RHY/TLP/SOP	30	30
Redeploy/Juvenile Justice	13	25
Hispanic Services	30	30
Administration	142	0
Hope House	19	0
Totals	450	341

Summary:

The Peer Reviews continue to occur in all the programs, with a review of open and closed cases. Several of the programs have updated or are in the process of updating their Peer Review forms. A majority of the programs report that the files reviews indicate most files are in compliance. The Foster Care unit noted a trend with missing pictures, fingerprints, child ID forms, birth certificates and Rights & Responsibilities. They will continue their efforts at obtaining the documentation. The Licensing unit noted a trend of missing documentation for the 590-A. Strategy suggested is to bring the file when going on home visit to ensure necessary records are up to date. The Intact Family Services noted missing documentation for Reasonable Efforts to Locate Relatives, CANS and monthly counseling reports. The Parenting Program trends noted were caseworkers' failure to sign consent/release exchange of information form as the witness and files were not in consistent order to facilitate review. Staff goal remains to return consent/release exchange of information form to caseworker within 24/72 hours for signature. Client will not be eligible until referral process is complete. Client file check list has been revised to reflect new changes provided by the Contract Monitor. The Treatment Program noted that fewer corrections were needed to the files. The Team will increase number of files reviewed and include closed files. RHY/TLP/HY reported that the programs recently underwent a Federal Audit and they plan to incorporate the recommendations of the federal review to the files. They will be creating a referral form for services as well.

E. IMPROVEMENT PROJECTS:

The Foster Care unit improvement projects focus primarily on team efforts to obtain the missing documentation for foster children. The program is also reviewing its surveys and will be making recommendations for improvements. Intact Family Services is implementing client contracts with better education to eliminate hotline calls. This team is also reviewing its survey. The Parenting Program is focusing on networking with other providers to bring more awareness in the community of the services that YSB offers. The Treatment Program is researching available resources for family therapy techniques specifically working with adoption preservation families. They are revising surveys to include an open ended question as to how they can improve services to clients.

The Redeploy/Second Chance team has developed a "File Review Form" that is specific to, and provides utility for, the program. Hispanic Services reported that the Indo-American Center recently completed its website redesign and now offers a volunteer page. They will now have volunteers to help facilitate outreach activities. Hope House reported general clean up and replenishing of program supplies. They are increasing efforts at outreach for their program and Children First classes. The RHY/TLP/HY reported that crisis log book project was completed. Their project at the Kevin Mason Home is very near completion. They have developed a "focus group" to brainstorm improvements for the program. The Support Staff team is examining the office maintenance and first aid forms for consistency across the agency. The YSB Child Development Center is reviewing their Risk Management Plan, and is looking into costs of new blinds for classrooms and having the carpets cleaned. The Administration team reports repairs to facilities, and spring cleanup efforts at the Ottawa office. Most notably, the renovation of the building next door is still being examined. A grant from Fairmount totaling \$60,000 may be matched and with a downsized renovation plan it might get the project moving.

Analysis and Recommendations:

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

In reference to number of UIR's generated in the Foster Care unit regarding Residential/Group Home/Shelter, it should be noted that by the very nature of these living arrangements, strict requirements are in place to report any/all incidents that might not otherwise be considered an unusual incident in a traditional/relative placement. This should not be interpreted to minimize the number of UIR's in this category mostly involving the teen foster child population. The Foster Care teams should continue to review these UIR's closely and develop strategies aimed at reducing the number of UIR's in this category. It should be noted that some teams within the Foster Care unit have seen a decrease in the number of UIR's from Residential/Group Home/Shelter due to strategies implemented for increased contact with the clients, efforts at identifying client specific triggers of negative behaviors, and modifying services to minimize these triggers. It is recommended that these strategies be implemented in all teams as a best practice, and continue to be monitored as to the impact on this category of UIR's.

In regards to the slight increase in staff injuries, all staff should be reminded to adhere to the safety policies and procedures established by the agency, and as referenced in the personnel policies and specific workplaces to minimize any potential risks to the employees and the agency.

The programs across the agency remain focused on meeting and/or exceeding their program goals and/or established outcomes, many of which are determined by program contracts or plans. Each program needs to ensure that their data collection is valid and a consistent method for aggregating the data that is in place. The support of the IT Department is essential in achieving valid data collection and aggregation of the data.

Programs exhibiting difficulties in meeting their established goals should develop a Quality Improvement Plan to address areas of concern and monitor the progress towards improvement closely. While for all programs, meeting numerical goals is important, most importantly is the examination of the process to achieve the established goals, simply translated: Is the manner in which the service is delivered effective, and has the service made a difference or positive impact on the client.

It is recommended that all programs review their surveys to ensure they are producing useful information (actionable) to improve our services. Surveys should be reviewed to ensure the wording is correct to what is actually looking to be extracted from the question as well as consistent categories of answers, i.e.: Agree, Disagree, Strongly Agree, N/A or yes/no/n/a. Surveys should contain a balance of questions aimed at client rights, service delivery, inclusion in service planning, informed, respected, and an open ended question as to any suggestions to improve services, versus only "Comments", should be added for input to YSBIV service delivery improvements.

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

The agency continues its commitment to move forward in the evolving and ongoing Continuous Quality Improvement process with a focus on using the data collected to identify areas to improve services to the clients. All recommended strategies developed by the program level CQI teams should be implemented and monitored for improvements. All program level CQI Leaders have been asked to commit to their role for the next year, this will help in providing continuity and stability in the process.

Respectfully submitted.

5/14/15