

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

2ND QUARTER – FY2016

On 2/12/16, 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 2nd Quarter of FY 2016 in each Quality Improvement category reviewed by the agency: Unusual Incidents, Accidents and Grievances, Outcomes, Surveys, Peer/Record Reviews and Improvement Projects. This report may or may not capture every program’s report for this quarter. Only significant trends and actions/strategies are cited in the various categories of Quality Improvement. However, the agency operates the following programs: Youth and Runaway Youth/Homeless Services, TLP, Redeploy, Second Chance, JSOP, Hope House, Treatment (Solutions Counseling, Child First and Medicaid), YSB Child Development Center, LADD, Hispanics Services, Foster Care, Specialized Foster Care, Licensing, Intact Family Services, Parenting Program and M.I.S.T.E.R.

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

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter (FY16)	Total FY 16
FC – Aurora	32	22			54
FC – Glen Ellyn	21	7			28
FC – Ottawa/Princeton	4	7			11
FC – Rockford	4	11			15
FC – Specialized	21	63			84
Intact Family Services	7	5			12
Licensing	10	7			17
Parenting	0	0			0
Treatment	6	2			8
RHY/TLP	4	3			7
Redeploy/Juvenile Justice	5	1			6
Hispanic Services	0	0			0
Administration	2	1			3
Hope House	1	0			1
Office Support	0	2			2
YSB Child Dev. Center	0	1			1
Totals	117	132			249

Summary:

In comparing the number of UIR’s reported from the 1st Quarter of FY’16 to the 2nd Quarter of FY’16, it is noted that the number has increased. The majority of the UIR’s reported remain from Child Welfare Services that include Foster Care, Licensing and Intact Family Services. The Specialized Foster Care unit is now included in the totals. A significant trend noted was a large increase in the number of UIR’s from the Specialized Foster Care unit. The data indicated that a large portion of the UIR’s involved youth in residential/group home settings. Runaway/missing youth and aggressive behaviors accounted for 44 of the 63 UIR’s. The team will step up contact with the youth in these settings and with the facilities. The team recognizes that many of these youth have mental diagnoses, and will ensure that their services and treatment plans are appropriate. A previous strategy used in the traditional foster care services of implementing casework practices that included increased contact with the clients with a concentration of tailoring their services to meet their needs, as well utilizing the Department’s clinical unit for staffing proved beneficial to their clients, and reduced the number of UIR’s in residential/group home settings. The Licensing Unit continues to identify a trend of investigations involving inadequate supervision and discipline with relative foster homes, however there was a slight decrease this past quarter. In February/March 2016 the unit will be providing training to all foster parents regarding appropriate discipline and supervision, and this will be accomplished by using the Parenting Program staff. The category of abuse/neglect also remains a recurrent trend in the other programs. The Intact Family Services will begin to develop child care plans at the onset of cases, with children ages 5 and under, to reduce the risk of supervision issues. No Critical Incidents as defined

as a serious occurrence, accident, grievance that involves a threat of harm, death or serious injury were reported in this last quarter.

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 1st Quarter FY'16 to the 2nd Quarter FY'16, with a slight decrease in some of the programs. The largest program based on the reported number of clients remains the Foster Care program with a 2nd Quarter end of 439 children in care, including 23 specialized children. The Foster Care Program improved its performance in the ILDCFS Dashboards, and 3 teams achieved a Level 1 rating in October 2015, and the remaining teams were at a Level 2. All teams continue to struggle with meeting the Dashboard goal of Weekly Child-Parent Visits on Return Home cases. The program has developed Quality Improvement Plans per team to address this issue, as well as all measures within the Dashboard. The Foster Care programs permanencies continue to be tracked internally to ensure accurate data reported in the by the ILDCFS Dashboards. The Foster Care program continues to track the number and types of moves experienced by foster children to help identify any areas that the agency could improve upon to reduce moves for children. This tracking was initiated in December 2015.

The Intact Family Services program continues to do well and remain consistent in meeting its goals as established by the ILDCFS Dashboards. The team continues to meet their goals of 4 identified outcomes regarding families remaining intact, no maltreatment during service period and completion of required assessments and service plans within 45 days. This program had approximately 41 open cases in the 2nd Quarter.

The Treatment Program reports total clients served in the 2nd Quarter were 301, an increase from 287 in the 1st Quarter FY'16. The Program reports CANS and ANSA's are now being submitted on time, but the goal of trauma symptom reduction was not met. Clinicians will ensure they are doing a thorough job on completing interim and closing CANS and ANSA's. Reported progress is being noted to ensure data is accurate for outcomes. Clinicians are having difficulty with getting clients to attend the sessions, especially adults and teens. They will continue to work closely with caseworkers and encourage clients to attend services. They have requested that transportation obstacles are noted on the referral.

The Hispanic Services program signed up 41 more participants for food stamps in the current quarter, consistent with 40 in the previous quarter. There was an increase in medical applications to 71. The program attended 5 community outreach events. The increased participation in the medical applications is attributed by the team to the outreach efforts of the program's participation at health fairs, radio, and distribution of flyers.

The Youth Outreach/Homeless Youth (RHY/TLP) programs reported meeting many of their program goals, such as: Permanency(90%) 100%, same as the previous quarter; Safety (90%) 85% down from 100% the previous quarter; Functioning (80%) 85% up from the 80% the previous quarter; Child Welfare (90%) 100% same as the previous quarter; Juvenile Justice(90%) 85% down from the 90% the previous quarter; Well-Being (80%) 85% up from the 80% at the previous quarter; and Community Service (50%) 50% down from the previous quarter at 75%. The team discussed the difficulty in finding community service projects during the colder months, and will look into other projects for the spring.

The Parenting Program reports 41 graduates out of 52 enrolled for the last completed classes. They started the new cycle of parenting classes with 46 new intakes and 15 held over for the quarter, for a total of 61. 9 of the new intakes were discharged prior to the start of the classes, for various reasons with the highest being active substance abuse. 78% (41/52) of those attending earned a certificate of completion exceeding the goal of 60%. Of the 41 who completed the program, 100% had no indicated reports of child abuse or neglect. Of the 41 who completed the program 98% were not the subject of arrest or conviction. Program staff will continue to monitor the prescreening process to determine/assess whether or not clients who have substance abuse, criminal history or an open criminal court case meet eligibility requirements for enrolling into this program. The revised prescreening forms appear to be improving the process.

The YSB Child Development Center is in the process of establishing outcomes for their program, and continues to maintain its Gold Circle of Quality. The State of Illinois restored funding for daycare assistance to low income families which may increase enrollment at the YSB CDC.

The ReDeploy/Second Chance-Juvenile Justice programs continue to see good outcomes with 83% in Successful completion, 83% Avoid Incarceration, 83% Increased YASI scores, and 83% Life Goal accomplishments, and an overall decrease from 100% last quarter as there was a significant increase in unsuccessful discharges to 6 clients. Redeploy and Second Chance will continue to provide individual, family and group therapy in caseworker and therapist teams as this has continued to prove effective in treating the Juvenile Delinquent Population that the Redeploy/Second Chance grant is established to serve.

C. SURVEYS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4th Quarter (FY'16)	Totals (FY'16)
FC – Aurora	34	0			34
FC – Glen Ellyn	0	26			26
FC – Ottawa/Princeton	33	17			50
FC – Rockford	17	8			25
FC – Specialized	0	0			0
Intact Family Services	20	14			34
Licensing	21	8			29
Parenting	35	41			76
Treatment	71	48			119
RHY/TLP/SOP	6	23			29
Redeploy/Juv. Justice	9	6			15
Hispanic Services	10	15			25
Hope House	0	0			0
Admin	4	1			5
YSB Child Dev. Center	34	0			0
Totals	294	207			501

Summary:

Surveys continue to be distributed and completed across the programs with generally positive comments towards the work being done at YSBIV. There was a significant decrease in the number of reported completed surveys this quarter. Emphasis will be made to ensure distribution of surveys on a regular basis for all programs. The HR Department continues to explore strategies as to the best way to increase completion of the employee exit survey at termination of employment. The Support Staff will be conducting their survey to the staff in February 2016.

D. PEER/RECORD REVIEWS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter (FY'16)	Totals FY'16
FC – Aurora	10	24			34
FC – Glen Ellyn	0	19			19
FC – Ottawa/Princeton	17	17			34
FC – Rockford	31	29			60
FC- Specialized	0	0			0
Intact Family Services	19	25			44
Licensing	82	21			103
Parenting	121	97			218
Treatment	44	37			81
RHY/TLP	11	15			26
Redeploy/Juvenile Justice	12	9			21
Hispanic Services	141	72			213
Administration	6	2			8
Hope House	0	0			0
YSB Child Dev. Center	50	0			50
Totals	532	367			899

Summary:

The Peer Reviews continue to occur in most of the programs with a review of open and closed cases. Several of the programs have updated or are in the process of updating their Peer Review forms. Many of the programs report that the files reviews indicate most files are in compliance. The following programs continue to see the following trends: The Foster Care unit noted a trend of improvement with missing pictures, fingerprints, child ID forms, and birth certificates. They continue to work on the Clients Rights & Responsibilities, and missing documents that require printing from SACWIS. The Licensing unit noted a trend of missing documentation for the 590-A. They will continue the strategy to

bring the file when going on home visit to ensure necessary records are up to date. The Intact Family Services program continues to note missing documentation for Reasonable Efforts to Locate Relatives, CANS and monthly counseling reports. The Parenting Program trends noted were caseworkers' failure to sign consent/release exchange of information form as the witness. They noted an inconsistency in the format of the files, and will revise their file set up to be consistent. The RHY programs noted outdated forms, and will work to update their forms. The agency will remain vigilant in improving the identified trends to ensure quality files. The YSB Child Development Center's files were reviewed in September 2015 by DCFS, trends noted: DCFS signature page missing from several client folders and issues getting copies of needed information from caseworker on foster children. Some files were missing birth certificates. All files have been corrected.

E. IMPROVEMENT PROJECTS:

Summary:

The Foster Care unit improvement projects are focusing on updating the visiting rooms to make them more appealing and teen friendly. Other projects include improving file contents and effective ways to deliver court reports to the various courts to cut down travel for employees. The Licensing Unit is working on community outreach and established contact with a local church, Community Christ Church in Montgomery. The goal is to build relationship with the church and utilize some of the community rooms for events and trainings. Together they will strategize recruiting events and support of foster families in area. The church is willing to allow the agency to use community rooms for events and will host events for the agency. The church is also interested in ways they can help the agency obtain donations for the foster children.

Intact Family Services is working on an improved rate of CANS Assessments within the first 30 days of the cases. A review of the case notes indicate wrong person identified as the contact, workers will amend case notes to appropriately reflect the person they had the actual contact with, not just "collateral".

The Parenting Program reports continued efforts at community outreach and collaboration with other agencies or community organizations. The program's Rules & Expectations form was updated to include a signature line so that participants acknowledge they are aware of the rules and expectations in the class. The Survey form was updated to include participant's suggestions for program improvements and was distributed during 2nd quarter. Clients were asked on the survey, "What do you recommend we change about this class?" The program will review the responses and implement what is feasible.

The Treatment Program continues to work on proving appearances of the offices and ensuring appropriate space is available for therapy. They are working obtaining more supplies needed for therapy sessions especially with children.

The Redeploy/Second Chance team completed trainings on the Indian Child Welfare Act, and some staff will be attending the Trust-Based Relational Intervention training at end of January 2016.

The Hispanic Services team wants to create a new tear tab flyer for the YSB Hispanic Service Program for distribution in the rural communities, both in English and Spanish.

Hope House will be working on developing marketing materials to increase referrals, and will distribute them, in person, to the local law firms.

The RHY/TLP/HY programs will continue to revise their forms and file dividers. They will be cleaning up and organizing program donations to see what they actually have for their clients.

The YSB Child Development Center will continue to focus on the playground improvements, and the physical appearance of the classrooms.

The Administration team is focusing on the renovation of the building in Ottawa. This is anticipated to begin in March 2016. The architect is to provide the plan by early February; this will provide for 7 more offices, a file room and a meeting area. Funding is supplemented through Fairmont Minerals and the foundation board. The Support Staff team is examining

the office maintenance and first aid forms for consistency across the agency. They will also working providing materials to staff to ensure accurate billing on the 1042's for foster children expenses.

Analysis and Recommendations:

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

In reference to number of UIR's generated in the Foster Care unit, it should be noted the categories of Missing Wards and Aggressive Behavior are the 2 highest categories this quarter, with a concentration of youth in residential/youth homes setting. Strategies implemented for increased contact with the clients, efforts at identifying client specific triggers of negative behaviors, and modifying services to minimize these triggers have had some impact on the older youth, but youth in residential setting remain a problem area. Foster Care teams should continue to review these UIR's closely and monitor strategies aimed at reducing the number of UIR's in this category. The number of UIR's for Abuse/Neglect remains constant and the Licensing Unit continues to focus on educating foster parents on appropriate discipline and supervision. There was a decrease in UIR's for staff injuries. However, all staff should be reminded to adhere to the safety policies and procedures established by the agency, and as referenced in the personnel policies and specific workplaces to minimize any potential risks to the employees and the agency. The agency has revised the UIR policy to ensure consistency in reporting incidents and collection of accurate data.

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

Child Welfare Programs exhibiting difficulties in meeting their established goals are developing Quality Improvement Plans per team to address areas of concern and the progress towards improvement will be monitored closely. The agency is now tracking to number of disrupted placements, in the first 30 days, 60 days, and 90 days, and child movements on all cases, to help identify trends of why children are moving.

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

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

The agency continues its commitment to move forward in the evolving, and ongoing, Continuous Quality Improvement process with a focus on using the data collected to identify areas in which to improve services to the clients. A CQI employee training has been developed and will be a required training at orientation. The agency is the process of reviewing, updating and/or developing policies as it relates to personnel and general operating policies. The agency's Strategic Planning is in its final stages, after the initial agency wide strategic planning event that occurred on 10/30/15.

Upon review of the UIR's and other information contained in the categories of review, it is assessed that the agency is experiencing a low potential for risk in the 2nd Quarter, FY '16. All recommended strategies developed by the program level CQI teams should be implemented and monitored for improvements.

Respectfully submitted,

Sherri Nestmann
Quality Improvement Coordinator
Quality Improvement Department

3/8/16