

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

2ND QUARTER (OCTOBER, NOVEMBER, DECEMBER)
FY' 2019

On 2/15/19, 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 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 2019, with a comparison to the 1st Quarter of FY 2019 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.

The agency operates the following programs: Homeless Youth and Runaway Youth/Crisis Services, TLP, Redeploy, Second Chance, JSOP, Hope House, Treatment (Solutions Counseling, Child First and Medicaid), LADD, Hispanic Services, Foster Care, Specialized Foster Care, Licensing, Intact Family Services, and the Parenting Program.

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

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total (FY 19)
FC – Aurora	No report	1			1
FC – Glen Ellyn	1	10			11
FC – Ottawa/Princeton	75	69			144
FC – Rockford	2	12			14
FC – Specialized	33	16			49
Intact Family Services	23	22			45
Licensing	9	8			17
Parenting	0	1			1
Treatment	0	3			3
RHY/TLP/HY	3	2			5
Redeploy/Juvenile Justice	1	2			3
Hispanic Services	0	0			0
Administration	0	3			3
Hope House	0	0			0
Office Support	0	0			0
Totals	147	149			296

Summary:

In comparing the number of UIR's reported from the 2nd Quarter of FY'19 to the 1st Quarter of FY'19, it is noted that the number a relatively the same since the last quarter. The Ottawa/Princeton team experienced the most UIR's. This continues to be attributed to the youth in residential settings with highly specialized needs. The majority of the UIR's reported continues to remain from Child Welfare Services that include Foster Care, Licensing and Intact Family Services. Most significantly, in the Foster Care Program overall, residential incidents remain the highest category with an increase in the number of incidents of aggressive behaviors reported by the facilities. The teams will continue to step up contact with the older youth in their placement settings and with the residential facilities. The teams recognize that many of these youth have mental health diagnoses, and will work to ensure that their services and treatment plans are appropriate. They have utilized the Department's clinical unit for staffing when appropriate. The Intact Family Services continues to see a trend of abuse/neglect incident reports, and a slight increase of the reports being indicated for the abuse/neglect. The Licensing Unit

continues to identify a trend of investigations involving inappropriate discipline with relative and traditional foster homes, there was an increase in sexual abuse investigations.

The category of abuse/neglect and psychiatric assessment also remains a recurrent trend in the other programs. The Administration did see an increase with incidents attributed to car accidents.

The agency had found a discrepancy in the number of UIR's reported at the CQI team meetings and what is being reported by the UIR report generated by the Data Entry staff. It was discovered in discussing UIR's in the Foster Care team meetings that often there is more than one incident reported in a UIR report, and potentially only one incident is being recorded in Data Entry. For the purpose of this report, the data reported was obtained from the CQI reports, as this number appears more accurate as to the true number of UIR's.

One Critical Incident as defined as a serious occurrence, accident, grievance that involves a threat of harm, death or serious injury was reported in this last quarter, and involved the death of an infant in care through the Foster Care program. A review of the file was conducted by Quality Improvement Department and a written report was submitted to the Director and the appropriate supervisors. The case is under investigation through the IL Dept. of Children and Family Services, and the results are currently pending. It is suspected that the infant may have died due to co-sleeping or SIDS. An emphasis has been placed on discussing with caretakers the dangers of co-sleeping, and emphasizing the practice of Safe Sleep throughout the child welfare programs. IL DCFS Safe Sleep pamphlets have been obtained, and distributed to all child welfare teams to distribute to clients.

B. PROGRAM OUTCOMES:

Summary:

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'19 to the 2nd Quarter FY'19, with a slight increase 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 386 children in care, including 21 specialized children. There has been a decrease in the number of referrals to the Specialized Foster Care program, and the Department continues to shift its focus on trying to keep families intact, creating an increase in Intact Family Services referrals. Some Intact Family Service teams have been on hold for new referrals due to decreased staffing and high caseloads.

The Foster Care Program maintained its performance in the IL DCFS Dashboards at Level 2, and some teams achieved a Level 1 rating. The Illinois Dept. of Children and Family Services continues its focus on increasing the number of children returned home within 12 months of entering foster care. The program has seen an increase in the number of Return Home goals being achieved. IL DCFS is revising the Dashboard outcome measures with a shift towards more quality related outcomes versus solely compliance outcomes. There is a moratorium on the Dashboard leveling by DCFS at this time. Due to monitoring reports by IL DCFS, an internal Corrective Action Plan was developed and implemented for improving contacts with children and caregivers in relative care and specialized care, and maintaining more detailed documentation in a timely manner. This was put into effect on 1/14/19.

The Intact Family Services program continues to work on improving their performance in meeting its goals as established by the IL DCFS Dashboards, as well internally improving their documentation. The program remains on an internal Corrective Action Plan that was initiated in January 2017. The program overall is on Level 3, with 3 teams on Level 3 and 1 team on Level 2. The program continues to see a steady number of referrals as the Department is shifting towards families remaining Intact where possible. The IL Dashboards for the Intact Family Services program is also undergoing revisions, and Dashboard leveling by DCFS is on hold for near the future. The agency will continue to monitor the Dashboards especially as it relates to the required contacts with children and caregivers.

The Treatment Program reports total clients served in the 2nd Quarter FY'19 were 258, a decrease from 270 in the 1st Quarter FY'19. Clients who are self-pay and insurance cases make up the majority of the clients. The program reports the goal of 70% will see trauma symptom reduction was met at 72%, and the goal of successful discharged was met at 71%. The program continues to work on expanding the Solutions Counseling and other services such as Children First to the northern region of the service area, and there is a concentration on marketing these programs in this region.

The Hispanic Services program continues to meet or exceed their goals in assisting participants the SNAP and Medicaid program. The program underwent a site visit recently from the Immigrant Family Resource Program (IFRP), and its findings support that the program is meeting its goals as required by the funding source. The program was commended for its efforts in providing services to an underserved community in an area where transportation is not accessible, for management of case files, the program's outreach approaches to target their different communities, being able to inform participants about the impact of the proposed public charge rule, and the staff's flexible to meet with participants.

The Youth Outreach/Homeless Youth (RHY/TLP) programs reported the following outcomes for their program goals: Permanency (90%) met 100%; Safety (95%) met 100%; Functioning (80%) met 100%; Child Welfare (90%) no data reported; Juvenile Justice (85%) no data reported; and Community Service (80%) at 66%; with an overall increase in meeting their goals from the previous quarter except Community Service. The TLP program reports 100% in Permanency and Safety, Well-Being was 100%, goal met, and 55% in Connection with a Positive Kinship and 100% in Community Service. The TLP program enrolled 4 new clients this past quarter.

The Parenting Program reported 41 of the 57 enrolled participants graduated during the 2nd Quarter of FY 2019, and of the 41 participants that graduated, 88% showed an increase in knowledge during the class.

Hope House met the program goal of completing 100% of all scheduled visits, and no visits were terminated before the scheduled time.

The ReDeploy/Second Chance-Juvenile Justice programs continue to see positive outcomes with 75% in Successful completion, 100% Avoid Incarceration, 100% Increased YASI scores, and 100% in Life Goal accomplishments.

C. SURVEYS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4th Quarter	Totals (FY'19)	
FC – Aurora	0	0			0	
FC – Glen Ellyn	2	2			4	
FC – Ottawa/Princeton	6	0			6	
FC – Rockford	9	1			10	
FC – Specialized	0	4			4	
Intact Family Services	0	19			19	
Licensing	30	0			30	
Parenting	39	43			82	
Treatment	106	88			194	
RHY/TLP/HY	47	34			81	
Redeploy/Juv. Justice	15	5			20	
Hispanic Services	5	7			12	
Hope House	0	0			0	
Admin	19	7			26	
Support Staff	0	8			8	
Totals	278	218	0	0	496	

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 decrease in the number of reported completed surveys this quarter. Due to staffing issues, so programs have had difficulty in distributing surveys. The agency will continue to look at other ways to distribute surveys to allow for a higher return rate, and has implemented an on-line survey for biological parents serviced in the Foster Care program. This will continue to be monitored to see if it is a viable way to have parents participate in surveys versus paper surveys. Some teams will continue to use paper survey as their clients lack access to on-line surveys. The Licensing Department will be using an on-line survey for foster parents, and this is in development. The HR Department continues its efforts at increasing the number of exit interviews with employees at termination of employment.

D. PEER/RECORD REVIEWS:

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Totals (FY'19)		
FC – Aurora	4	8			12		
FC – Glen Ellyn	3	10			13		
FC – Ottawa/Princeton	11	6			17		
FC – Rockford	12	8			20		
FC- Specialized	6	0			6		
Intact Family Services	6	18			24		
Licensing	45	30			75		
Parenting	18	6			24		
Treatment	18	13			31		
RHY/TLP	50	46			96		
Redeploy/Juvenile Justice	27	7			34		
Hispanic Services	71	85			156		
Administration	21	23			44		
Hope House	0	0			0		
Totals	292	260	0	0	552		

Summary:

The Peer Reviews continue to occur in most of the programs with a review of open and closed cases. Many of the programs report that the files reviews indicate most files are in compliance. The Foster Care program is working to update the annual photos required for all youth in care. The Quality Improvement Department is also doing random file audits in the various programs.

E. IMPROVEMENT PROJECTS:**Summary:**

The Foster Care unit improvement projects include setting specific days aside to update missing Child ID forms, fingerprints and annual youth photos, as the Foster Child Bill of Rights form. The Specialized Foster Care team continues to work with the Winnebago County Sheriff's Department to have a training for youth regarding the dangers of social media and sexual predators. They will be reaching out to other agencies to see if they are interested. They are hoping to have this done by Spring 2019. The Licensing Unit is working to update their Foster Parent survey and to put this on-line for easier access and potentially a higher participation rate.

Intact Family Services continues to work on an improved rate of completed Home Safety Checklists, improving the quality of their documentation, and completing Peer Reviews as requires. The Rockford team has implemented a weekly call to check in with each other on the status of their home visits, and where help is needed. The Woodstock team is working on team building as new workers have joined the team.

The Parenting Program reports it is working to send out progress reports earlier to caseworkers, to alert workers to any issues or concerns so they can be addressed.

The Treatment Program is seeking in-house training opportunities for Treatment staff. They are working to expand the Solutions Counseling program in the Aurora and Glen Ellyn offices. They are also developing a resource cabinet for all therapist to use in the Aurora office.

The Redeploy/Second Chance will be implementing the garden program for the youth to assist in caring for and harvesting the garden. They will revisit the Life Skills program this summer, after they have had some time to adjust to the new parenting program they are utilizing. The RHY/TLP/HY programs will be working on better case communication and coordination by the Crisis Worker with the assigned Program Worker after responding to Crisis calls.

Hope House has a new coordinator, and she will be reaching out to the attorneys in the area with letters of introduction and program materials.

The Support Staff reports the new phone system has been installed in all of the offices. Active Shooter drills, 2 times per year will be explored further for each office. The Admin team had the daycare center cleaned out and this is completed.

The agency Operating Policy is undergoing a complete review, and is almost completed. The agency hosted a Staff Development Day focusing on Trauma Informed Care and Sensitivity and Awareness to the LGBTQ+ youth, and was attended by approximately 80 staff persons. Feedback for the training day was positive. The Admin team will be looking at possibly expanding the LaSalle office to better utilize the space. Two offices, Woodstock and Glen Ellyn's leases will be ending this year, and new space is being explored to Woodstock as this lease expires in April 2019. Glen Ellyn's lease expires in December.

Comments/Announcements:

Annual Salary Adjustments will be evaluated and recommendations will be made to the Board for review and approval. This will be retroactive to January 1st, and will be reflected in the 2/22/19 pay period.

COA Reaccreditation will be starting again this spring with the target to be completed by September, 2020.

The agency will be implementing a protocol to address documenting inappropriate language used by clients, in case notes; this will be forthcoming. The importance of thorough documentation was emphasized to the group.

Blue Ribbon Campaign will begin in April for the Child Abuse Awareness and Prevention campaign.

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, the highest number remains with youth in residential settings. 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. 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. The collection of data remains inconsistent between the central office and what is reported at the CQI meetings, the agency will continue to work towards collecting accurate data through the central office.

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.

It continues to be recommended that all programs continue their efforts at distributing surveys on a consistent basis, and the agency explore other means of distributing survey to obtain a higher participation in some of the programs that are struggling.

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 ongoing, Continuous Quality Improvement process with a focus on using the data collected to identify areas in which to improve services to the clients.

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 of FY'19. All recommended strategies developed by the program level CQI teams should be implemented and monitored for improvements.

Respectfully submitted,

Sherri Nestmann
Quality Improvement Director

3/15/19