

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

1ST QUARTER (JULY, AUGUST, SEPTEMBER)
FY' 2019

On 11/9/18, 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, with the exception of 3 teams (1 foster care, 1 Intact Family Services and Hope House) who were experiencing staffing shortages. The YSB Child Development Center did not participate and the program was closed by the Board and the agency on 9/30/18, due to on-going budget and deficit issues.

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 1st Quarter of FY 2019, with a comparison to the 4th Quarter of FY 2018, 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: 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)		FY 18 4 th Qtr.
FC – Aurora	No report				0		10
FC – Glen Ellyn	1				1		23
FC – Ottawa/Princeton	75				75		28
FC – Rockford	2				2		20
FC – Specialized	33				33		25
Intact Family Services	23				23		15
Licensing	9				9		5
Parenting	0				0		0
Treatment	0				0		3
RHY/TLP/HY	3				3		5
Redeploy/Juvenile Justice	1				1		1
Hispanic Services	0				0		0
Administration	0				0		5
Hope House	0				0		0
Office Support	0				0		0
Totals	147				147		140

Summary:

In comparing the number of UIR's reported from the 1st Quarter of FY'19 to the 4th Quarter of FY'18, it is noted that the number has slightly increased since the last quarter, most significantly in the Princeton/Ottawa Foster Care team. This is 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, but a low instance 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, however all investigations were unsubstantiated again this quarter.

The category of abuse/neglect and psychiatric assessment also remains a recurrent trend in the other programs. The Administration did see a decrease with no reported incidents/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. 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. The agency is working to rectify this discrepancy, and supervisors have been reminded to submit copies of the UIR's to Administration for input. UIR's from residential facilities are often 2 to 3 months behind in submitting them to the appropriate YSB foster care team.

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:

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 4th Quarter FY'18 to the 1st Quarter FY'19, 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 1st Quarter end of 370 children in care, including 19 specialized children. There has been a decrease in the number of referrals to the Specialized Foster Care program, and the Department has shifted its focus on trying to keep families intact, creating an increase in Intact Families Services referrals. 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. They are also looking to revise 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.

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, with the most recent leveling by the IL DCFS. 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 is on hold for 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 1st Quarter FY'19 were 270, a decrease from 332 in the 4th Quarter FY'18. 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 85%, however the goal of successful discharged was not met at 67%. The program is looking to expand the Solutions Counseling to the northern region of the service area, a therapist has been hired and is concentrating on marketing the Solutions Counseling program in this region.

The Hispanic Services program continues to exceed their goals in assisting participants the SNAP and Medicaid program.

The Youth Outreach/Homeless Youth (RHY/TLP) programs reported the following outcomes for their program goals: Permanency (90%) met 97%; Safety (95%) met 100%; Functioning (80%) 83%; Child Welfare (90%) no data reported; Juvenile Justice (85%) no data reported; and Community Service (80%) 70%; with an overall slight increase in meeting their goals from the previous quarter. The TLP program reports 100% in Permanency and Safety, Well-Being was 100%, goal met, and 100% in Connection with a Positive Kinship and 55 % in Community Service.

The Parenting Program reported 39 of the 52 enrolled participants graduated during the first quarter of FY 2019, and of the 39 participants that graduated, 90% showed an increase in knowledge during the class. 100 % of the participants enrolled did not experience arrests or new reports of abuse or neglect during their enrollment.

The ReDeploy/Second Chance-Juvenile Justice programs continue to see positive outcomes with 89% in Successful completion, 100% Avoid Incarceration, 100% Increased YASI scores, and 89% in Life Goal accomplishments.

C. SURVEYS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4th Quarter	Totals (FY'19)		FY'18 4 th Qtr.
FC – Aurora	0				0		15
FC – Glen Ellyn	2				2		8
FC – Ottawa/Princeton	6				6		13
FC – Rockford	9				9		0
FC – Specialized	0				0		1
Intact Family Services	0				0		21
Licensing	30				30		5
Parenting	39				39		0
Treatment	106				106		30
RHY/TLP/HY	47				47		50
Redeploy/Juv. Justice	15				15		17
Hispanic Services	5				5		10
Hope House	0				0		3
Admin	19				19		7
Support Staff	0				0		11
Totals	278		0	0	278		191

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 increase in the number of reported completed surveys this quarter, mainly attributed to the Treatment Program with 106 surveys completed. The agency is looking 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 that was tested in the Rockford office, with a return rate of 9 surveys, but it is unknown how many clients were requested to do the survey. This will continue to be monitored to see if it is a viable way to have parents participate in surveys versus paper surveys. The HR Department has seen an increase in in-person exit interviews with employees at termination of employment.

D. PEER/RECORD REVIEWS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4th Quarter	Totals (FY'19)		FY'18 4 th Qtr.
FC – Aurora	4				4		10
FC – Glen Ellyn	3				3		2
FC – Ottawa/Princeton	11				11		11
FC – Rockford	12				12		12
FC- Specialized	6				6		0
Intact Family Services	6				6		22
Licensing	45				45		30
Parenting	18				18		43
Treatment	18				18		14
RHY/TLP	50				50		35
Redeploy/Juvenile Justice	27				27		13
Hispanic Services	71				71		83
Administration	21				21		13
Hope House	0				0		1
Totals	292		0	0	292		289

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 Quality Improvement Department is also doing random file audits in the various programs.

The following programs continue to see the following trends: The Foster Care unit noted a trend of missing pictures, fingerprints, birth certificates, social security cards, placement matching tools and educational report forms. They continue to work on the missing documentation that requires printing from SACWIS, and obtaining the needed other documents. The Intact Family Services program continues to note missing documentation for Home Safety Checklists, Safety Assessments and printing documentation from the SACWIS. The Parenting Program, Hispanic Services, the Treatment

Program, RHY and ReDeploy did not note any significant deficiencies. The agency will remain vigilant in improving the identified trends to ensure quality files.

E. IMPROVEMENT PROJECTS:

Summary:

The Foster Care unit improvement projects include ensuring surveys are distributed more efficiently, planning Peer Review days as a team, and 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 February 2019. The Licensing Unit continues to work on community outreach and recruitment efforts for traditional and specialized foster families. The Foster Care program as a whole has increased its efforts at community outreach to raise awareness of the agency and applying for grants to improve the program.

Intact Family Services continues to work on an improved rate of completed Home Safety Checklists, improving the quality of their documentation. The Rockford team is working on intake packets to have all the required initial paperwork, for when new cases are assigned.

The Parenting Program reports continued efforts at community outreach and collaboration with other agencies or community organizations to raise awareness of the program.

The Treatment Program is working on proving appearances of the offices and ensuring appropriate space is available for therapy. They are seeking in-house training opportunities for Treatment staff. They are working to expand the Solutions Counseling program in the Aurora and Glen Ellyn offices.

The Redeploy/Second Chance is working on changing and adapting their paperwork to match the newly implemented parenting program. They will be developing a written safety/behavioral plan for the youth involved in the program, to be signed at the initiation of services or when deemed appropriate.

The RHY/TLP/HY programs will be implementing the new Stabilization Plan, and tracking their UIR's to ensure an accurate count.

The Support Staff reports the new phone system has been installed in most of the offices, with the exception of the Aurora office. The Administration team continues to explore ways to better facilitate the submission of timesheets with electronic signatures. The agency Operating Policy is undergoing a complete review, and is almost completed. The Personnel Policies were reviewed and updated. The Staff Service Committee will be reinstated, with the first meeting to occur in October 2018. The Active Shooter Training occurred for all offices with the local police departments. The on-line Active Shooter training provided by Homeland Security will now be required for all new staff. The agency is looking to have a Staff Development Day in November 2018, with a possible focus on trauma or the Opioid Crisis.

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, 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 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 1st 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

1/15/19