

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

3RD QUARTER (JANUARY , FEBRUARY, MARCH)
FY' 2019

On 5/10/19, 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 3rd Quarter of FY 2019, with a comparison to the 2nd 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/Glen Ellyn	1	11	23		35
FC – Ottawa/Princeton	75	69	99		243
FC – Rockford	2	12	7		21
FC – Specialized	33	16	57		106
Intact Family Services	23	22	23		68
Licensing	9	8	9		26
Parenting	0	1	3		4
Treatment	0	3	3		6
RHY/TLP/HY	3	2	4		9
Redeploy/Juvenile Justice	1	2	4		7
Hispanic Services	0	0	0		0
Administration	0	3	4		7
Hope House	0	0	0		0
Office Support	0	0	1		1
Totals	147	149	237		533

Summary:

In comparing the number of UIR's reported from the 3rd Quarter of FY'19 to the 2nd Quarter of FY'19, it is noted that the number has significantly increased. The Ottawa/Princeton team experienced the most UIR's, which involved 5 youth in residential settings with extreme behavior issues. 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 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 and lack of supervision with relative and traditional foster homes, there was an increase in physical abuse investigations.

The category of abuse/neglect and psychiatric assessment also remains a recurrent trend in the other programs. The Admin team reports 4 incidents related to weather related car accidents and incidents.

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 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.

There were no Critical Incidents as defined as a serious occurrence, accident, grievance that involves a threat of harm, death or serious injury was reported in this 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 3rd Quarter FY'19 to the 2nd 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 3rd Quarter end of 367 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's performance in the IL DCFS Dashboards at ended at Level 3 with moderate permanency. 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, this fiscal year to date the agency has completed 37 Adoptions, 36 Return Homes and 7 Guardianships. 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 and remains in effect for the Rockford office. A documentation training/refresher is scheduled for May 2019 and will be provided first in the Rockford office.

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 4 teams on Level 3 as well. 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 3rd Quarter FY'19 were 291, an increase from the 2nd 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 80%, and the goal of successful discharged was met at 71%. The program continues to work on expanding the Solutions Counseling to the northern region of the service area, and there is a concentration on marketing the program in this region.

The Hispanic Services program continues to meet or exceed their goals in assisting participants the SNAP and Medicaid program. The program will continue to reach out to Hispanic businesses and organizations to reach their target population of underserved individuals.

The Youth Outreach/Homeless Youth (RHY/TLP) programs reported the following outcomes for their program goals: Permanency (90%) met at 96%; Safety (95%) met at 96%; Functioning (80%) met at 92%; Child Welfare (90%) met at 100%; Juvenile Justice (85%) met at 88%; and Community Service (80%) met at 88%.

The TLP program reports 100% in Permanency and Safety, Well-Being was 75%, goal not met, and 100% in Connection with a Positive Kinship and 100 % in Community Service. The TLP program enrolled 2 new clients this past quarter.

The Parenting Program reported 35 of the 44 enrolled participants graduated during the 3rd Quarter of FY 2019, with 80% graduation rate, and of the 35 participants that graduated, 71% showed an increase in knowledge during the class.

Hope House did not meet this quarter due to lack of permanent staff. There is currently a vacancy in this program, but services continue to be offered with temporary part-time staff from YSB.

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

C. SURVEYS:

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Totals (FY'19)	
FC –Aurora/Glen Ellyn	2	2	0		4	
FC – Ottawa/Princeton	6	0	11		17	
FC – Rockford	9	1	0		10	
FC – Specialized	0	4	3		7	
Intact Family Services	0	19	44		63	
Licensing	30	0	0		30	
Parenting	39	43	35		117	
Treatment	106	88	58		252	
RHY/TLP/HY	47	34	39		120	
Redeploy/Juv. Justice	15	5	15		35	
Hispanic Services	5	7	10		22	
Hope House	0	0	0		0	
Admin	19	7	9		35	
Support Staff	0	8	19		27	
Totals	278	218	243	0	739	

Summary:

Surveys continue to be distributed and completed across the programs with generally positive comments towards the work being done at YSBIV. There was an increase in the number of reported completed surveys this quarter. Due to staffing issues, the Foster Care teams have had difficulty in distributing surveys as their efforts are concentrated elsewhere. 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, with the target to have it completed and available in the 4th Quarter.

The HR Department has seen an increase in the number of exit interviews with employees at termination of employment. There will be a Training Needs Survey and Staff Satisfaction Survey in the coming months.

D. PEER/RECORD REVIEWS:

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Totals (FY'19)		
FC –Aurora/Glen Ellyn	7	18	7		32		
FC – Ottawa/Princeton	11	6	16		33		
FC – Rockford	12	8	0		20		
FC- Specialized	6	0	3		9		
Intact Family Services	6	18	16		40		
Licensing	45	30	45		120		
Parenting	18	6	6		30		
Treatment	18	13	22		53		
RHY/TLP	50	46	60		156		
Redeploy/Juvenile Justice	27	7	17		51		
Hispanic Services	71	85	84		240		
Administration	21	23	9		53		
Hope House	0	0	0		0		
Totals	292	260	285	0	837		

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 Peer Review form has been updated, and reduced to pages, with the intent to make it easier to complete the reviews. 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. A new case note form will be implemented in documenting home visits. Other teams are looking at more efficient ways to distribute surveys. 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, this should be accomplished by 4th Quarter.

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 required. The Woodstock team is focusing on staff well-being and will do a weekly check-in on how staff are feeling, and if added support may be needed. 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 Parenting Program is extending the weekly lesson to accommodate learning limitations of the participants, and in turn they will be updating the homework checklist to correspond with extensions.

The Hispanic Services program is seeing an influx in Honduras and Guatemalan refugees, the staff is encountering challenges with the language barriers. They will be looking at resources to be better service this population of clients.

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 be offering the Life Skills program, with the first meeting to be held on 4/23/19. They are also looking into starting a group process that will be less structured and hopefully elicit more feedback and reflection on behaviors displayed by the youth.

The RHY/TLP/HY programs will be better defining the meaning of community service for that outcome. TLP will be updating the safety screening and emergency plan implementation.

The Support Staff are looking to implement Active Shooter drills, 2 times per year for each office.

The Admin team is was attended by approximately 80 staff persons. Feedback for the training day was positive. The Admin team will be looking at the possibility of expanding the LaSalle office to better utilize the space. Two offices, Woodstock and Glen Ellyn's leases will be ending this year. The Woodstock office lease expires in April 2019, and new spaces are being explored. This lease is now month to month. Glen Ellyn's lease expires in December, and options are being explored. Calendars have been placed on the visiting rooms to reserve rooms and avoid confusion.

Comments/Announcements:

The Director emphasized the importance of team meetings and wants to ensure that teams and programs are meeting monthly. He emphasized the importance of communication between programs when serving a common client, with appropriate releases, sometimes valuable information is not being shared, and could jeopardize safety of the client.

The Director commented on the UIR's, and assured staff that he reads all of them that are submitted. Reminded staff to list the ages of the children involved, and document follow, especially with Safety Plans.

There will be an All Staff gathering this coming June or July, and it will be held in Dekalb at the bowling alley. All staff are expected to attend except for an approved day off, court or ACR.

The annual fundraiser, Bids for Kids, Trivia Night, will be held on May 18th, in Ottawa. Staff is encouraged to participate if they wish, flyers have been sent out to all staff.

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 3rd 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

6/20/19