

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

3RD QUARTER – FY 2016

On 5/6/16, 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 3rd 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, 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 (FY16)	Total FY 16
FC – Aurora	32	22	21		75
FC – Glen Ellyn	21	7	6		34
FC – Ottawa/Princeton	4	7	14		25
FC – Rockford	4	11	6		21
FC – Specialized	21	63	98		182
Intact Family Services	7	5	5		17
Licensing	10	7	7		24
Parenting	0	0	1		1
Treatment	6	2	3		11
RHY/TLP	4	3	9		16
Redeploy/Juvenile Justice	5	1	0		6
Hispanic Services	0	0	0		0
Administration	2	1	0		3
Hope House	1	0	0		1
Office Support	0	2	2		4
YSB Child Dev. Center	0	1	0		1
Totals	117	132	172		421

Summary:

In comparing the number of UIR’s reported from the 2nd Quarter of FY’16 to the 3rd Quarter of FY’16, it is noted that the number has significantly 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 experienced a significant increase in their unit. The significant trend noted was a large increase in the number of UIR’s from the Specialized Foster Care unit, 36 of the UIR’s for the Specialized Foster Care fell into the category of behavior/substance abuse and the other majority were in the category of residential settings. The team reports that residential settings require a UIR for any incident no matter how small it may seem. The workers will continue to focus on meeting with staff and youth in the residential settings to help facilitate a decrease in the number of UIR’s. 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 see a trend of lower numbers of investigations involving inadequate supervision and discipline with relative foster homes. A Discipline training was held in the Rockford office with positive feedback. The Parenting Program had one UIR that involved a client becoming aggressive during a class, and the police were called. After further review of the incident, it was determined that the staff responded appropriately to the situation. No injuries were reported as part of this UIR. 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 2nd Quarter FY'16 to the 3rd Quarter FY'16. The largest program based on the reported number of clients remains the Foster Care program with a 3rd Quarter end of 448 children in care, including 22 specialized children. The Foster Care Program has maintained its' improved its performance in the IL DCFS Dashboards. 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. Licensing reports 21 new licensed foster homes; 4 traditional, 15 relative homes, and 2 specialized. The team reports a substantial increase in recruited homes with 14 total, 11 Traditional homes and 3 Specialized homes. The relative licensure status report has proven to be helpful in tracking relative licensure progress. In regards to Dashboard, 4 of the 6 foster care teams met or exceeded to the goal of 70% relative licensure.

The Intact Family Services program continues to do well and remain consistent in meeting its goals as established by the IL DCFS 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. The Intact Program has expanded to include a team in the Woodstock area in addition to the teams in Ottawa, Glen Ellyn and Rockford. This established team was absorbed by YSB from another agency by request from IL DCFS.

The Treatment Program reports total clients served in the 3rd Quarter were 303, relatively the same as 2nd Quarter FY'16. The Program reports CANS and ANSA's are now being submitted on time, and the goal of trauma symptom reduction is being met. A significant increase was noted in clients that were discharged unsuccessfully and the trend continues to be biological parents prematurely ending services. Solutions clients have also contributed due to only attending one or two sessions and then not returning for further services.

The Hispanic Services program signed up 96 more participants for food stamps in the current quarter, more than double from the previous quarter of 41. The increased participation is viewed as an effect of the outreach efforts of the program's participation at health fairs, radio, and distribution of flyers. They met their monthly goal of 16 applications per month as stated in grant outcomes established by the funder.

The Youth Outreach/Homeless Youth (RHY/TLP) programs reported meeting many of their program goals, such as: Permanency (Goal: 90%) 92%, a slight decrease from the previous quarter; Safety (Goal: 95%) 100% an increase from 85% the previous quarter; Functioning (Goal: 80%) 83% down from the 85% the previous quarter; Child Welfare (Goal: 90%) 92% an decrease from the previous quarter; Juvenile Justice(Goal: 85%) 92% an increase from the previous quarter; Community Service (Goal: 80%) 76% up from the 50% at the previous quarter; and Community Service (50%) 50% down from the previous quarter at 75%. The average length of service is 3 to 6 months. Average caseload is about 16 per worker.

The Parenting Program reports 55 clients initially enrolled in classes, however at the end of the 3rd Quarter 10 were unsuccessfully discharged; 2 of the 10 were discharged due to moving out of town, 8 of the 10 were discharged due to attendance issues, mental health, arrest, substance abuse, disruptive behavior and allegation of soliciting a minor. This group is on target to graduate in June, and all statistics and outcomes will be reported at that time.

The YSB Child Development Center is now using a standardized measurement tool through www.gold.teachingstrategies.com. The program is able to establish and track performance indicators per classroom category/developmental stages for each child in the Early Preschool classroom, the Preschool classroom and the Pre-K classroom. This is a newly implemented tool, and the program is working to establish overall target outcomes per classroom using this data.

The Redeploy and Second Chance program were 100% effective this quarter compared to the last quarter, where the program was at 83%, in Successful completion, Avoid Incarceration, Increased YASI scores, and Life Goal

accomplishments. 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	31		65
FC – Glen Ellyn	0	26	1		27
FC – Ottawa/Princeton	33	17	40		90
FC – Rockford	17	8	0		25
FC – Specialized	0	0	6		6
Intact Family Services	20	14	18		34
Licensing	21	8	30		59
Parenting	35	41	5		76
Treatment	71	48	102		221
RHY/TLP/SOP	6	23	43		72
Redeploy/Juv. Justice	9	6	10		25
Hispanic Services	10	15	17		42
Hope House	0	0	4		4
Admin	4	1	2		7
YSB Child Dev. Center	34	0	19		53
Support Staff	0	0	75		75
Totals	294	207	380		881

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. Emphasis will continue to 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 conducted their survey to the staff in February 2016, and proved very beneficial. A staff satisfaction survey was conducted in February with 120 staff participating, with generally positive responses, and the survey results were shared with all staff. A training needs assessment survey will be conducted in April 2016. During the upcoming months the focus will be on completing the COA surveys with clients.

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	0		34
FC – Glen Ellyn	0	19	27		46
FC – Ottawa/Princeton	17	17	18		50
FC – Rockford	31	29	10		70
FC- Specialized	0	0	0		0
Intact Family Services	19	25	20		64
Licensing	82	21	44		147
Parenting	121	97	0		218
Treatment	44	37	26		107
RHY/TLP	11	15	35		61
Redeploy/Juvenile Justice	12	9	14		35
Hispanic Services	141	72	80		293
Administration	6	2	3		11
Hope House	0	0	4		4
YSB Child Dev. Center	50	0	0		50
Totals	544	367	279		1190

Summary:

The Peer Reviews continue to occur in most of the programs with a review of open and closed cases, however this past quarter there was a decrease in the number of files reviewed with 3 programs reporting (0) files reviewed. 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 obtain updated pet inoculations and insurance information as the 6 month monitoring visit. 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. 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, and are scheduled to be reviewed again in September 2016 by the DCFS monitor.

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 included making a resource list of activities for sibling visits to make them more appealing to the children and working on distributing the COA survey information to clients. The Licensing Unit is working on more creative ways to advertise to become a foster parent, and facilitating the training Life in Limbo for foster parents.

Intact Family Services continues to work on an improved method of completing CANS Assessments within the first 30 days of the cases.

The Parenting Program reports continued efforts at community outreach and collaboration with other agencies or community organizations.

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 a review of the Parenting with Love and Limits (PLL) program, with positive results, as demonstrated through the pre and post-tests scores as well as observed behaviors. The ReDeploy program will also assist with the upcoming fundraiser, the 40th Year Celebration.

The Hispanic Services team created a new tear tab flyer for the YSB Hispanic Service Program for distribution in the rural communities, both in English and Spanish. The staff as participated in their annual program audit by ICIRR for the SNAP grant, as well as relocating to a new office.

Hope House developed new marketing materials to increase referrals, and distributes them, in person, to the local law firms.

The RHY/TLP/HY programs will be working on getting their follow-calls done for their recently closed cases as a group project. They will be scheduling a monthly meeting to complete the follow calls as a team. The program had worked on updating old forms in the last quarter.

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. The Renovation Project will continue to move forward with Frank/Dave working with the contractors and architects. Renovation of building in Ottawa has begun and the architect has submitted the new plan. This renovation will provide for 7 more offices, file room and a meeting area. Funding is being supplemented through Fairmont Minerals and the foundation board.

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 category of Aggressive Behavior was the highest category this quarter, with a concentration of youth in residential/youth homes setting in the Specialized

Foster Care Unit. 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. No staff injuries were reported this quarter. The agency has revised the UIR policy to ensure consistency in reporting incidents and collection of accurate data, the data has been much more accurate.

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.

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 reviews be conducted on a regular basis. 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 has updated the personnel policies and many operating policies have been revised or being developed during the COA self-study review.

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, FY '16. All recommended strategies developed by the program level CQI teams should be implemented and monitored for improvements.

Respectfully submitted,

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Quality Improvement Department

9/20/16