

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

4TH QUARTER (APRIL, MAY, JUNE)

FY' 2018

On 8/17/18, 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. 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 4th Quarter of FY 2018, with a comparison to year-end totals of FY 2017, 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), 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	Total (FY 18)	Total (FY 17)
FC – Aurora	11	25	No Data	10	46	22
FC – Glen Ellyn	9	17	35	23	84	34
FC – Ottawa/Princeton	42	48	45	28	163	141
FC – Rockford	3	7	3	20	33	31
FC – Specialized	42	131	72	25	270	321
Intact Family Services	7	23	16	15	61	83
Licensing	8	5	7	5	25	26
Parenting	0	1	2	0	3	5
Treatment	4	4	2	3	13	23
RHY/TLP/HY	6	3	2	5	16	32
Redeploy/Juvenile Justice	0	0	0	1	1	1
Hispanic Services	0	0	0	0	0	0
Administration	0	2	2	5	9	2
Hope House	1	0	0	0	1	0
Office Support	0	1	0	0	1	0
YSB Child Dev. Center	0	0	0	0	0	0
Totals	133	267	186	140	726	721

Summary:

In comparing the number of UIR's reported from the 3rd Quarter of FY'18 to the 4th Quarter of FY'18, it is noted that the number has decreased again, since the last quarter, most significantly from the Specialized Foster Care program. The majority of the UIR's reported continues to remain from Child Welfare Services that include Foster Care, Licensing and Intact Family Services. A significant trend noted was a large decrease in the number of UIR's from the Specialized Foster Care unit, they reported that most of the UIR's were attributed to a specific youth, who is now in a more restrictive setting. Most significantly, in the Foster Care Program overall, residential incidents remain the highest category with an increase in the number of restraint incidents 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 agency did provide an in-house Trauma and Therapeutic Crisis Intervention training to foster parents. This will be offered as an ongoing training for

foster parents. The goal of this training is help them understand the trauma experienced by youth in care, and to help them understand the behaviors that come from this trauma. The training also focuses on de-escalation techniques.

The category of abuse/neglect and psychiatric assessment also remains a recurrent trend in the other programs. The Administration did see an increase in the number of staff involved incidents/accidents. The YSB Child Development Center continues to see no incidents/accidents that require reporting to IL DCFS.

In comparing the year end data to the previous fiscal year, 2017, the total number of UIR's remains almost the same, at 726 compared to 721. The agency has 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, with the teams internally tracking when they are submitted to Administration for input.

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. One incident did occur that involved staff sustaining minor injuries due to a client who escalated, and threw objects causing the minor injuries. This situation was debriefed with the Administrative team and within the program it occurred. New protocols are being put in place to avoid this in the future.

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'18 to the 4th Quarter FY'18, 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 4th Quarter end of 364 children in care, including 26 specialized children. There has been a decrease in the number of referrals to the Foster Care program as the Department shifts 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, and 2 teams achieved a Level 1 rating and 3 teams achieved a Level 2 rating, and 1 team achieved a Level 3 rating in June 2018, which continues to require monitoring by IL DCFS. The FY18 year-end totals reveals 40 children returned home, 50 children adopted, 11 children have permanent guardians, and 10 older youth achieved independence. The Illinois Dept. of Children and Family Services is focusing 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.

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. This requires more intense monitoring by the Department. 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 have been revised, and are to be implemented in the near future.

The Treatment Program reports total clients served in the 4th Quarter were 332, a slight increase from 339 in the 3rd Quarter FY'18. Approximately 227 of these clients were self-pay and insurance cases, combined. The program reports the goal of 70% will see trauma symptom reduction was not met, at 65%, however the goal of successful discharged was met at 85%. The program is looking to expand the Solutions Counseling to the northern region of the service area, and will concentrate on marketing this in the coming months.

The Hispanic Services program continues to exceed their goals in assisting participants the SNAP and Medicaid program. The program was audited by their funder, IFRP on May 29, 2018, and did extremely well, and were honored with a plaque in Springfield for recognition of the high performance in breaking barriers.

The Youth Outreach/Homeless Youth (RHY/TLP) programs reported the following outcomes for their program goals: Permanency (90%) met 88%; Safety (95%) met 94%; Functioning (80%) 83%; Child Welfare (90%) 77%; Juvenile Justice (85%) 92%; and Community Service (80%) 75%; with an overall slight decrease in meeting their goals from the previous quarter. The TLP program reports 100% in Permanency and Safety, Well-Being was 67%, goal not met, and

100% in Connection with a Positive Kinship and Community Service. A recent federal audit has led to some changes in forms and procedures.

The Parenting Program reports currently 41 participants are attending parenting classes, and will be on target to graduate during the first quarter of FY 2019. Data will be reported next quarter. The YSB Child Development Center has identified outcomes for their program, using the assessment tool of *Ages and Stages*; this will be implemented beginning the 1st Quarter FY 2019, and they continue to maintain the Gold Circle of Quality.

The ReDeploy/Second Chance-Juvenile Justice programs continue to see positive outcomes with 100% in Successful completion, 82% Avoid Incarceration, 82% Increased YASI scores, and 91% in Life Goal accomplishments. There was a significant increase in discharges with 11 clients. The program recently instituted a new evidence based parenting model, Active Parenting, and they currently presenting the class for the first time, and learning where they need to make adjustments to best fit the needs of their clients.

C. SURVEYS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4th Quarter	Totals (FY'18)		Totals (FY'17)
FC – Aurora	0	18	0	15	33		13
FC – Glen Ellyn	11	5	6	8	30		69
FC – Ottawa/Princeton	20	18	14	13	65		57
FC – Rockford	9	6	8	0	23		44
FC – Specialized	11	7	0	1	19		10
Intact Family Services	11	18	8	21	58		128
Licensing	8	8	6	5	27		69
Parenting	28	35	46	0	109		105
Treatment	88	103	64	30	285		374
RHY/TLP/HY	48	38	31	50	167		173
Redeploy/Juv. Justice	6	6	10	17	39		31
Hispanic Services	0	24	29	10	63		40
Hope House	3	2	0	3	8		6
Admin	4	5	10	7	26		32
YSB Child Dev. Center	0	23	0	0	23		27
Support Staff	14	6	7	11	38		117
Totals	261	322	239	191	1013		1295

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, and a significant decrease in the overall year number compared to last fiscal year. 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. This is being tested in the Rockford office and will be evaluated in the next quarter. 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	4 th Quarter	Totals (FY'18)		Totals (FY'17)
FC – Aurora	10	10	9	10	39		42
FC – Glen Ellyn	23	20	14	2	59		75
FC – Ottawa/Princeton	21	15	14	11	61		73
FC – Rockford	22	26	19	12	79		90
FC- Specialized	4	3	8	0	15		9
Intact Family Services	23	9	29	22	83		147
Licensing	46	27	48	30	151		134
Parenting	35	54	78	43	210		108
Treatment	31	13	31	14	89		127
RHY/TLP	28	32	19	35	114		170
Redeploy/Juvenile Justice	6	7	18	13	44		39
Hispanic Services	44	61	78	83	266		205
Administration	12	10	5	13	40		48
Hope House	3	3	0	1	7		8
YSB Child Dev. Center	23	0	0	0	23		41
Totals	331	290	370	289	1280		1316

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 file 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, 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, and the Rockford teams are trying out the new format of on-line surveys for biological parents. The Specialized Foster Care team is working with the Winnebago County Sheriff's Department to have a training for youth regarding the dangers of social media and sexual predators. 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, and improving the quality of their documentation.

The Parenting Program reports continued efforts at community outreach and collaboration with other agencies or community organizations to raise awareness of the program. They are scheduling presentations at the local DCFS office and other agencies to promote the program and its requirements.

The Treatment Program continues to work on proving appearances of the offices and ensuring appropriate space is available for therapy. 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.

Hope House is working on developing an easier transition for the children who exit services, once the supervised visitations have ceased.

The RHY/TLP/HY programs will be implementing the new Stabilization Plan. The YSB Child Development Center will continue to focus on the playground improvements, specifically repairing the fencing new the early preschool play area and the physical appearance of the classrooms.

The Support Staff reports the phone system contracts have been secured. The new phone system has been installed in most of the offices, with the exception of the Aurora office. The Administration team is exploring ways to better facilitate the submission of timesheets with electronic signatures. The agency Operating Policy underwent a complete review, and is almost completed. It should be ready in the near future to be presented to the Board of Directors for review and approval.

The agency continues to look at beneficial trainings for staff. A Domestic Violence training was offered on 5/19/18 in DeKalb. The Active Shooter Training has been arranged 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. Trauma Informed Care/Therapeutic Crisis Intervention (de-escalation) training was being provided to staff as required under the Behavior

Support and Management Policy. A training occurred on 4/25/18, in the northern area offices, and a second training occurred on 5/23/18 in Ottawa. The agency will continue to schedule these trainings, as least 2 times a year to accommodate new staff. This training is also offered to the agency's foster parents who are also required to have this training.

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 in the Specialized Foster Care program 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 4th Quarter, FY '18. All recommended strategies developed by the program level CQI teams should be implemented and monitored for improvements.

Respectfully submitted,

Sherri Nestmann
Quality Improvement Director

8/30/18