

# **YSBIV Performance & Quality Improvement Annual Report 2014**

## **Core Concept**

### ***Culture of Improvement***

**“YSBIV as a community-based agency, *YSB's Mission is to help young people and families succeed by serving them in their home, school, and community.* YSBIV strive to promote a culture that values quality and significant efforts are made to deliver performance results for the people serve.**

In 2013 following hiring of a new Executive Director, the organization decided to take the opportunity of looking at the agency's current programs and organizational functioning. It was decided that we would use focus groups as the method to accomplish this. Focus groups were conducted to include a cross section of program staff in different geographical locations. The goal of these focus groups was to gather and understand staff's thoughts, feelings and opinions as new leadership assumed their roles. The groups were facilitated by Cynthia Robinson (Director of Juvenile Justice Services) and Peter Woodbine, (Director of Quality Assurance).

#### **Format: “Using Focus Groups by Mary Marczall and May Sewell”**

The format was informal and everyone was encouraged to participate in an open-ended discussion. Priority was given to non-managerial and frontline staff to attend the sessions. To ensure a good representation of all programs, information was sent out via e-mail to all employees encouraging their attendance and participation. In addition, invitations were sent to specific program staff ensuring representations from all programs. A questionnaire was developed and distributed to all attendees in order to address some of the known issues and opportunities, such as staff expectations, attitudes, concerns, challenges, areas for growth and strengths of YSBIV.

The participants were divided randomly into groups. Each participant was given a questionnaire composed of seven questions that was discussed in small groups. After the groups completed their discussions they regrouped for further discussions and analysis. Highlighted are the questions and some of the reoccurring themes addressed during this exercise. Staff was invited to participate in more than one group to get follow up on what if anything had changed since the last time they were in such a setting and give feedback. The following are areas of concerns that were raised. The Admin team was part of a discussion and plans were put in place to follow up and address the concerns.

#### **Core issues /responses and Improvement Planning:**

*The following were a list of questions used to drive the discussions.*

1. **Think back to when you first came to work in your present position. What were your expectations of the agency and the program?**

There was acknowledgment that due to the recent merger changes over the last couple of years, there are differing viewpoints based on the following:

- Some staff has been with the agency for a long time
- Some came from other agencies in the merger
- Some staff has been hired since the merger occurred

Communications-this became a major focus and a common theme throughout the discussions. In all preceding discussion, the group identified 'Lack of Communication' on a number of including but not limited:

- Communication between supervisors is lacking.
- Supervisors should improve communication with their staff.
- Communication flow is an issue that goes across all programs.
- Staff felt there should be more communication and staffing of cases between foster care caseworkers and the therapists working with the families.

To address these issues the following steps were taken to address the issues:

- A Monday morning call was instituted for the foster care and the individuals scheduling counseling appointments. Over time this has evolve into a cross sector of programs to now include accounting, (billing) QA, licensing, IT, (data entry) and is used as a major informational meeting to covey administrative information.
- Supervisors are required to have formal planned supervision with their staff and document encounter
- Communication streamlined via emails and staff is encouraged to check and respond to their emails in a timely manner.
- Both the Director of Foster Care and Treatment has improved communication and which has increased collaboration.

There was similar concerns expressed in question#2 and# 3.

1. **Have those expectations been met or exceeded? Are/were they unrealistic? Why?**

'No communications within the offices – big disconnect.

2. **Participants were asked Question 3 – what was your biggest challenge this year?**

- Communication was again identified and addressed as an on-going concern. Staff felt that case issues should be better addressed between programs that are serving the same families.
- Caseworkers and counselors need freedom to contact each other to staff cases. They felt that clinical staffing were usually "crisis driven." Staff felt such staffing should be

held “periodically and more scheduled.” They stated “more inter-office discussion is necessary” and would be helpful. It is important to staff cases before they become a crisis.

- There’s a disconnect for employees in terms of “knowing the appropriate person to contact for each program.” It is often difficult to get to the right person/source for information about a program. With not knowing whom to contact concerning services of a program, questions such as availability and program details go unanswered.

In question two and three, similar to question one, staff were encouraged to use all necessary forums in place to communicate concerns including but not limited to: One-on one supervision, teams meetings, departmental, staff meetings, suggestion box emails and the newly constructed Monday morning meetings. The admin team had also decided to address some of these issues. They would rotate the monthly directors meetings to different site and location giving all staff an opportunity to get to know each director and what program they are in charge of. Lastly, it was suggested that the agency put photos of the admin team on the agency website.

### 3. **What do you see as YSBIV’s strengths?**

- Staff felt YSBIV is fortunate to have very capable staff. They expressed excitement for the work we do. On a whole they believed most staff was “on board” in our mission to serve youth and their families.
- Staff felt YSBIV had good community rapport within the areas we serve.
- YSBIV enjoys a good reputation within the court jurisdictions we work with.
- Staff felt that YSBIV was a growing organization.
- Staff felt the agency values families and children. This includes the worker’s families as well as clients. It is important for the agency to care for their staff and treat them with respect.
- Staff felt that, for the most part, they had support and coverage if necessary from their co-workers.
- Staff felt they could bounce ideas off one another. They did have peer support, which was very important.
- The fact that YSBIV has numerous locations offers the ability for a worker to provide assistance and services at other locations if the need arises.

In this section there are numerous opportunity for the agency to capitalize and there are ongoing discussion to build on the positives.

4. **Where do you see gaps, or areas in need of growth, in YSBIV?**

- Staff felt communication across the board needed to improve. \*as stated in #1#2and#3
- Staff wanted to see the divisive attitude of “north and south” amended. It is imperative that staff begins to see ourselves as one agency.
- Staff would like to see continued growth in all programs.
- Staff felt the agency needed “periodic staff get-togethers.”
- Staff asked for a ‘Fall All-Staff Retreat,’ similar to the one we had when the agencies merged. The retreat could include “vision casting” for the agency as we move forward.

The agency has also taken the steps to address items 1,2, and 3 by having an annual staff get-together, which is a full day of fun and games for the staff. The event is now held each December. The Executive Director has also reinstated the annual staff length of services cash awards. As for program growth, this is a work in progress as some programs have seen growth in both size and revenue, such as Hispanic Services, Redeploy and Intact and Foster Care.

5. **What concerns or fears do you have for the agency in moving forward?**

- Staff is concerned about funding. They stated they understood how tenuous the budget is.
- Staff stated they felt it would be positive for the agency to financially contribute to a worker’s continuing education. Staffs were reminded that because of budget constraints it was no longer possible for the agency to financially contribute to an employee’s Master’s Degree education.
- Staff voiced “fear of not growing and the agency not looking to the future.”
- Staff stated they are concerned and hope that YSBIV’s vision remains the same.
- Staff stated they fear that long term, dedicated employees won’t be recognized for their years of service at the agency. Staff stated they are concerned that these employees will be squeezed out and replaced with cheaper salaries.

The Executive Director and board recognized that the issue of funding will remain a major concern for the organization. As all major child welfare research shows that funding for the last 10 years has decrease, while the need for services have changed little. This will present both opportunities and challenges for the organization. So the Executive Director has taken a number of austerity measures to contain expenditures and ensure savings.

### **Summary of the year and concerns:**

#### **Foster care**

The foster care program had a very tremulous year with major staff term over and the introduction of the Department of children services dashboard monitoring for children with a goal of return home. The Aftercare services area started on with a corrective action and was placed on level (3) three, which by the department standards the program was underperforming. However, because of the agencies own internal monitoring the QA department had done a previous audit and uncovered the same deficiency weeks prior to the department of children services review. A corrective action plan was in place. Hence, the department noted our internal due diligence and accepted what we already had in place. This avoided the department placing the agency on their corrective action plan. The agency also took the following steps:

- Training was implemented on the policy and procedures of Aftercare
- Testing of staff as to their understanding of policies, timelines and procedures
- Tracking instrument developed
- Reporting and re-evaluating process ( Monday morning meetings)
- On going reviews and monitoring by QA department
- Report to the Executive Director and Board of Directors.

Foster care case review instrument – case review which is one of the most important aspects of our work was viewed as tedious and cumbersome. At times they were not getting done on time. The above process was again applied. All foster care supervisors along with staff worked in groups to come up with a better instrument.

**Results to-date demonstrates that the program continue to achieve the goals of compliance with the department mandates.**

#### **Counseling program**

As reported in the 2013 MOA report Y.S.B.I.V. Counseling program absorbed a program that outsourced 50% of counseling services paid for by discretionary funds. For YSB this presented less control over the ability to track efficiencies in services and outcomes for clients. This also presented a potential financial gap and could negatively impact both clients and the organization. A random unscientific poll of the Foster Care caseworkers and an assessment determined that the wait time for referrals to be processed created a bottleneck that affected the efficiency in services delivery. External counselors were also asked for feedback and their

concerns were also documented as it relates to time spent waiting for approvals. After all the information was analyzed, the decision was made to hire additional counselors, centralize the program and provide additional training for staff impacted by rule 123. In addition, a new tracking process and reporting was implemented to streamline the process. The intended goals were to: ensure that the “wait time” for clients was as low as possible, improve the quality of service provided, improve efficiency, timeliness and accuracy of reporting and tracking. The trends continue to suggest that clients are yielding better outcomes, workers are having more congruent reports for court and the wait time for clients getting into services has improved. Financially, this is now reflecting positively for the organization.

### **Licensing**

Three organizations with distinct cultural values came together; each of these organizations in a different geographical and socioeconomic location. The organization identified the need to streamline this process in order to ensure that all callers/prospective foster parents were getting the necessary information required in a timely fashion and that there was consistency in communication with potential foster parents across the agency. The organization set up and asked that all licensing workers work together in reducing any negative impact from this merger. One of the areas that became the focus was the initial call from someone inquiring about wanting to become a foster parent. This discovery resulted in all licensing, agency recruiter, interstate, administrative and management staff coming together. A think tank was developed and new procedures worked out on how to handle these calls and all other issues that may arise.

### **IT**

Continued improvement and the ability of staff to remote in helped YSBIV add efficiency to services delivery and reduction of travel time. There is ongoing work to build a database that can produce real-time information and quality reports. The intent is to reduce the number of redundant Excel spreadsheets and reports that are used across programs and by individuals. This integration will also reduce:

- Impact to clients – Should improve access to their information and services reporting
- Impact to staff – Should improve efficiencies, coordination between departments
- Financial cost – Should reduce travel cost and down time.

While the current trend indicates that the above has not impacted the agency negatively to date, the agency’s inability to produce programmatic, consistent and qualitative data for quality reviews and analysis is a concern to the organization.

### **QA**

The sole person in the department recommended that the agency engage in a long-term discussion about the role of QA in the agency, as quality improvement will become the new

norm in services delivery. These trends are evident in the accountability required by and donors. The recommendation is to have fully functioning staff which includes the following:

- Director
- QA coordinator
- Data analysis
- Reviewer and Data entry

While this was just a wish list, the department functions while not seamless was able to deliver some of the best results to-date. The approach implemented made the process more inclusive and staff role and responsibilities were expanded. This process continues to evolve. As noted in the CQI Capacity Assessment earlier in the year, through the Foster Care Utilization Review process, it was determined that the agency had a very good overall CQI capacity, especially in the area of data collection. The major recommendation was to enhance the ability of the agency to assess qualitatively how it is providing services for the children in the agency's care. Additionally the report recommended a more qualitative approach to peer review and developing a peer review database to track patterns and trends. (Report available upon request). Both the Foster Care and Intact program performance and functions also improved with the suggestions and feedback from QA.

### **Finance**

The agency faced numerous financial decisions as it relates to some programs continuance. It implemented austerity measures for cost savings. I.e. freeze in salary increases unless recommend and approve by the Board of Directors. Final approval of all expenditures is required by the Executive Director. This bode well as the agency ended the year in a better financial position.

Respectfully submitted by the QA department.