YSBIV Performance & Quality Improvement 2016
Annual Report

Core Concept: Culture of Improvement

YSBIV is a community-based agency, whose Mission is "to help young people and families succeed by serving them in their home, school, and community".   YSBIV strives to promote a culture that values quality and the efforts made to accomplish these performance results for the people we serve.   The agency continues its efforts at improving the overall performance of its programs, and the Q.I. Department focused on the following areas for 2016.

Goal 1:
Increase YSBIV's employee and stakeholder knowledge and awareness regarding continuous quality improvement at all levels of the organization as evidenced by:

1. **Staff and board members will be educated on the purpose of CQI/ PQI:**

   During the agency-wide meeting Strategic Planning meeting, that included Board Members, a CQI training presentation occurred. This training was modified as an on-line training, and is now included as a new employee required training that must be completed within 90 days of hire.   Prior to developing this training, a CQI survey was distributed to all staff, which requested information from the staff on their level of understanding of the process. Information gathered from this survey allowed the Q.I. Department to gain a better understanding of the staffs' knowledge of the goals of CQI, and the process.

2. **The agency will implement an electronic Unusual Incident Report form and tracking system:**

   In 2014, the agency implemented an electronic Unusual Report Form and tracking system. The purpose was to improve the tracking process of incidences/accidents occurring across the different program types. The implementation of this system has allowed for more succinct monitoring of our clients who are involved in incidents in both residential care and across all our programs, and identify specific trends in UIR occurrences.   This process and the report has been monitored, and compared to the data reported in the individual CQI team meetings.   This monitoring of data helped the agency identify inconsistencies in the data of the report and the data reported at the CQI Level.   This will be further monitored to determine why there are discrepancies in the data reported.

3. **Engagement of the Staff and the Board of Directors in the Strategic Planning Process:**

   In November 2015, the agency kicked off its Strategic Planning process with an agency-wide Strategic Planning meeting.   This event was the first attempt by the agency to involve all staff and Board Members. This event and the activities leading up to the event, allowed staff and Board Members to present ideas to be included in the agency's long term Strategic Plan. During the meeting, staff and Board Members worked together in designated groups to review the ideas submitted by the staff and the Board. After reviewing the proposed goals, they narrowed them down, and suggested tasks to complete these goals.   This work was then incorporated into the final draft of the Strategic Plan.   The process proved successful for the agency.

4. **A qualitative approach to peer review and developing a peer review database to track patterns and trends**.

The agency's work on a central database continues to be explored. The Q.I. Department does track all peer reviews, and copies of all peer reviews are to be sent to the Q.I. Department. All peer reviews are reviewed by the Q.I. Department. After reviewing the peer reviews, the Q.I. Department provides an individualized Peer Review tracking sheet for each program that shows the total number of files reviewed, and the number of files missing certain elements. This is then provided to the supervisor and the CQI leader at the end of each quarter. The tracking sheet helps them to identify trends during their CQI meetings, and to formulate actions to minimize missing information in files.

Core Concept: Outcome Measures, Analysis and, Improvement Planning

The agency continues to develop the ability to extract qualitative data to compare and analyze for all programs, with the goal of being able to look at outcomes measures, conduct analysis and improve our planning utilizing the following model: Plan, Do, Check, Act, which has been adapted as the model used in the CQI Process.

<u>Goal 2:</u>
Continue to develop stronger methods and tools to increase YSBIV's internal ability to manage, monitor and evaluate continuous quality improvement processes.

1. **Development and implementation of agency databases that summarizes program performance.**

   The agency has developed certain databases to produce quality data and reports in several programs with information and data input from the agency's Client Information database. Currently only the IT Department can only prepare these reports, and options need to be considered to allow program supervisors to have access to generate these reports. Due to varying nature of the programs provided through the agency, and the varying outcomes identified, this database cannot produce all the necessary data reports for every program. The agency has developed an internal tacking system tool to monitor both the Foster Care and Intact programs' performance. This tool helps the agency in its awareness of being able to identify trends that might be occurring in these programs prior to the contracting entity delivering their feedback. The agency also has access to the IL DCFS Performance Monitoring Data, as known as the Dashboards. These dashboards, and the non-compliance reports, provide the Foster Care and Intact Programs data to monitor and evaluate their performance for their established outcomes. Each program within the agency has developed a tool or mechanism to assist them with monitoring and identifying outcomes.

2. **The Q.I. Department staff will provide support, assistance and training to Departments and Programs for CQI needs and expectations.**

   The Q.I. Department is supportive of the CQI Leaders, and provides support and guidance during all teams CQI meetings. At least one Q.I. staff person attends all team CQI meetings. The Q.I. Department regularly attends the weekly Child Welfare meeting, and assists with tracking data. The Q.I. Department imports and downloads the monthly IL DCFS Dashboards, and provides this information to the Child Welfare Supervisors and the Director.

   In addition, the Q.I. Department has gathered input from the CQI Leaders for training needs as it relates to being a CQI Leader, and is looking at developing a CQI Leader training in the future.

Goal 3:
Maintain YSBIV'S Council on Accreditation (COA) Readiness for Re-Accreditation:

1. **Assist the Agency and its programs through the self-study process, and provide support and assistance.**

   The Q.I. Department provided support and guidance to all programs in preparation of each program's or Department's self-study.   All self-studies were proof read by the Q.I. Department for content and compliance with an assigned standard.   The Q.I. Department assisted in ensuring that all on-site evidence was available in preparation for the COA Site Visit review.   The Q.I. Department provided coordination the entire COA Reaccreditation process including the Site Visit. The agency's self-study was completed and submitted to COA in July 2016.

   The site visit occurred on 8/22/16 to 8/24/16, and the agency received positive feedback for the self-study as well as what they encountered during the site visit.   The agency achieved expedited accreditation, with no required corrections.   The agency's accreditation is valid through 10/30/2020.

2. **Maintain the agency's compliance with COA standards, policy and procedures.**

   No Maintenance of Agency report is due is 2016 as the agency recently achieved accreditation.   The Q.I. Department will be responsible for any required self-reports, should the situation arise.

2016 CQI/ PQI Summary:

The Agency's CQI efforts remained in process this past year, and all teams participated in the quarterly CQI team meetings, and in the Agency-wide CQI Meeting.   The agency continues working towards improving our internal processes, and having staff provide input into the process.   Many outcomes are compliance driven, and it continues to be a challenge to have the discussion at to what (the story behind the numbers) is driving the data in certain directions.

The COA Reaccreditation process helped the agency to examine its policies and procedures at all levels, and prompted improvements in policies and procedures where needed, and development of new ones where there were identified needs. All programs have established outcomes and measurement tools.

The agency's focus for 2017 will be on Staff Development and Information & Technology.

Staff Development
   Goal: To ensure that the agency has a well-trained, professional workforce and that where economically feasible, we are able to retain that workforce, reducing the rates of turnover, and all of the associated monetary costs, as well as program service disruptions.

Information Technology
   Goal: To keep the agency as technologically current as possible, enabling staff to meet the needs and demands of its programs and stakeholders, while being as fiscally responsible as possible.

Respectfully Submitted,

Quality Improvement Department