

YSBIV Performance & Quality Improvement 2018

Annual Report

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 its function as an agency. The following is a summary of Quality Improvement efforts by the agency for 2018:

Agency Wide Continuous Quality Improvement (CQI) Process:

The agency continues to engage in an agency wide and team level CQI process, with quarterly CQI team meetings and the quarterly agency-wide CQI meetings which occur with all the CQI team leaders. The CQI Executive Summary report is prepared, quarterly, and shared with the Board, Staff and posted on the agency website for stakeholders. The Q.I. Department continues to provide support and guidance to the CQI teams and their CQI Leader in this process and participates in each team’s CQI meeting. The Q.I Department imports and downloads the IL DCFS Dashboards for the Foster Care and Intact Programs. Quality Improvement also monitors the data on permanencies achieved, to ensure the agency’s data is accurate.

Quality Improvement participates in the monthly Administrative Team meetings, and reports on the ILDCFS Dashboard progress, and any other related COA or quality improvement items. The Administrative Team meeting minutes are posted on the internal agency website, to promote communication and transparency.

Outcome Measures, Analysis and, Improvement Planning:

Each program has established outcome measurements, and tools for collecting this data. The program outcome data is reviewed and discussed during the quarterly team meetings. Each program’s data is recorded in the Program CQI Reports. Several programs have routinely met their outcomes in most areas.

Improvement Plans were developed as appropriate to address areas of improvement, such as contact with parents in Child Welfare cases, completing required assessments or moving cases toward permanency.

In 2018, the IL Department of Children of Family Services implemented the Intact Practice Case Review system and targeted cases with current open investigations due to a hotline call. The focus of this review is safety concerns, assessments and contact with clients and providers. If any practice issues or safety concerns are identified, a Notice of Safety Concern is generated and sent to the agency for immediate response by the Intact Supervisor and could result in a staffing. The agency was issued several of these notices at the beginning of the process but have become less over time. The Corrective Action Plan implemented in January 2017 for the Intact Program that addressed case documentation, casework practice, increased home visit requirements with children ages 0- 5yrs, and a case closing protocol remained in effect throughout 2018. Some improvements were noted during the year in the quality of case documentation and contact with children and parents in certain teams. This plan will remain in effect in 2019 and be re-evaluated throughout the year.

Data generated from the internal database continues to be monitored for its validity. A review of the data during CQI team meetings, has led to some programs to redefine their outcomes. The Treatment program separated their outcomes for youth and adults engaged in the program, for a better indication of the percentage of success with each client population.

The Staff Service Committee was implemented again, and the first meeting was on October 23, 2018 with staff representation for all programs, departments and offices. All office managers/clerical staff and the Facilities Coordinator are permanent members, while other program staff are invited to participate by the Director. The purpose of this group is to review Staff Suggestions placed in the Suggestion Boxes in all the offices and make recommendations for implementing suggestions, as appropriate. The group also reviews any unresolved maintenance or repair issues and makes recommendations. Requests for client assistance through the Board Special Assistance Fund, is also reviewed by this committee, and recommendations are made to the Director. All recommendations for implementing staff suggestions and needed maintenance and repairs are presented to the Admin Team. The committee will be meeting monthly and chaired by the Q.I. Director. Minutes are shared with all staff by posting them on the agency intranet.

Information and Technology:

The new phone system was installed successfully in all the offices; the new phone system allows staff to connect with other staff via an extension directly to their desk, versus calling the main number for each area office. Desk phones can be forwarded to any office and connected to cell phones as well. Voicemails go directly to worker's emails as well the phone, to allow for more accessibility.

The HR Department implemented a newsletter, entitled News You Can Use, that goes out quarterly to highlight HR policies, announcements, and reminders.

The Marketing Department is also putting out an Agency Newsletter, entitled "Because of You" to highlight happenings around the agency, and in the programs, as well as acknowledging donors and how their contributions helped.

Training and Staff Development

The agency offered several staff trainings this past year. Two training dates were provided to new and current staff on Trauma, Behavior Support and Management and De-Escalation on 4/25/18 in Aurora and on 5/23/18 in Ottawa. This is a required staff training.

The agency also focused on worker safety and arranged for a series of trainings/presentations on Active Shooters, situational awareness and being prepared presented by the offices' local law enforcement personnel. The trainings occurred on the following dates and locations: 3/28/18-Glen Ellyn Office, 5/8/18-Woodstock office, 6/8/18-Ottawa area offices, 6/19/18-Aurora office, and 7/16/18-Rockford. As each office is different, discussions were had regarding safety precautions, protective actions that could be taken if necessary, and designated meeting areas outside of the buildings. The agency now requires all new staff to complete the Active Shooter training provided by the Department of Homeland Security. This training requires that the participant pass a test at the completion of the training, as verification of completion.

A Domestic Violence training, presented by the IL DCFS clinical unit, Robin Greer-Jogun, occurred on 5/18/18 in DeKalb, and was open to all staff, but required for all foster care and intact caseworkers. There were approximately 50 staff in attendance.

Each year the agency attempts to have at least two All Staff Gatherings. The first gathering occurred on 4/20/18, in DeKalb, where staff were able to bowl and play games with goal of getting to know staff from other offices. The second gathering occurred on 11/16/18, at the Grand Bear Lodge in Utica. Trainings on Trauma Informed Care for Youth and LGBTQ+ Sensitivity and Awareness were provided by Dr. Caryn Andrews, Psychologist, Kane County Juvenile Justice Center. The slide presentation for both trainings have been placed

on the agency intranet as a supplemental staff training. Approximately 80 staff attended this daylong event.

As the budget and resources allow, future trainings will be offered to staff. The agency will attempt another All Staff gathering to potentially coincide with the upcoming strategic planning in late 2019.

Maintain the agency's compliance with COA standards, policy and procedures:

The Q.I. Department completed the Maintenance of Agency report in October 2018 as required by COA. The Q.I. Department is responsible for filing required COA Self-Reports, should the situation arise. In 2018, two Self-Report incidents were filed with COA due to the Child Development Center closing in September 2018, and a minor licensing violation in April 2018, due to confusion over updating a background check on an employee who briefly left and returned to the agency. The Annual Risk Assessment was completed for 2018, with a determination of Low Risk.

Summary:

The Agency's CQI process remained consistent this past year, and all teams participated in the quarterly team meetings, and in the Agency-wide CQI Meeting. The agency will continue to work towards improving our internal processes.

The agency will focus on improved documentation in the child welfare programs and monitor the progress. The agency will continue to its focus on Staff Development as the budget and resources allows.

Respectfully Submitted,

Sherri Nestmann, Q. I. Director
Quality Improvement Department