

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

3RD QUARTER (JANUARY, FEBRUARY, MARCH)
FY' 2021

During the COVID 19 pandemic there had been a pause in the agency's formal CQI process, and CQI meetings did not occur from March 2020 until they were initiated again for the 3rd Quarter FY 2021. On 5/21/21, an Agency Wide CQI meeting was convened to review the information and data gathered at the program level CQI quarterly meetings for the 3rd Quarter FY 2021. All programs and most CQI Teams were represented. During this meeting, all programs were asked to briefly share what their program does as there are many new CQI leaders, and this was the first agency wide meeting for them. 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 3rd Quarter of FY 2021, there is no comparison information as the CQI process has just restarted. Quality Improvement categories reviewed in the CQI process include: 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.

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), LADD After School Program (current on hold due to pandemic), Hispanic 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 21)
FC – Aurora			21		21
FC – Ottawa/Princeton	Source	Source	9		9
FC – Rockford/Specialized FC	Agency	Agency	9		9
FC – Crystal Lake	UIR	UIR	4		4
Intact Family Services	Report	Report	17		17
Licensing			7		7
Parenting			1		1
Treatment			4		4
RHY/TLP/HY			2		2
Redeploy/Juvenile Justice			1		1
Hispanic Services			0		0
Administration			2		2
Hope House			0		0
Office Support			2		2
Totals	56	34	79		169

Summary:

The number of reported UIR's is much lower in comparison to past Fiscal year end totals that were generally much higher by the 3rd quarter, around 500 to 600 UIRS reported, and it is unclear if they have been under reported or due to the pandemic and decreased in-person contact that less incidents were observed.

The majority of the UIR's reported continues to remain from Child Welfare Services that include Foster Care, Licensing and Intact Family Services. Most significantly, in the Foster Care Program overall, residential incidents remain the highest category. The youth with the highly specialized needs continues to experience the most UIR's. Many of the UIR's were attributed to youth who are refusing medications, aggressive behaviors, and short-term elopement. Due to the pandemic

case worker in-person contact was severely diminished for this category of youth as they lived in congregate care settings that did not allow workers to visit in person. The foster care teams recognize that many of these youth have mental health diagnoses and will work to ensure that their services and treatment plans are appropriate.

The Intact Family Services continues to see an upward trend of abuse/neglect incident reports, and an increase of the reports being indicated for the abuse/neglect with cases disrupting. The complexity of Intact Family Services cases has increased, and IL DCFS continues its efforts to attempt to avoid placing children in foster care. Since the beginning of the fiscal year 2021, there has been a significant increase in the number of foster care placements. The Licensing Unit saw a decrease in the investigations this past quarter, and many were found to be unsubstantiated.

The category of suspected abuse/neglect and psychiatric assessment/hospitalization remains a recurrent trend in the other programs such as Treatment, RHY, TLP and ReDeploy/Second Chance. The RHY programs did notice that with the pandemic families appeared to be handling more on their own than before, resulting in a decrease in UIR's.

The agency continues to monitor 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. Staff will also be reminded that all UIR's must be submitted to Data Entry and the Director for review. There were 2 Critical Incidents as defined as a serious occurrence, accident, grievance that involves a threat of harm, death or serious injury that were reported in this last quarter. These incidents required 2 separate offices to be locked down due an aggressive/threatening client, and a disturbance outside of the office building, protocols for notifying staff were followed.

B. PROGRAM OUTCOMES:

Summary:

A majority of the programs continue to meet or exceed their established program goals and outcomes. The number of clients served in the agency program's remains relatively stable with a significant increase in the number of foster children being served, with a 3rd Quarter FY 2021 end of 590 foster children including 21 specialized children. At the beginning of the fiscal year (452 foster children including 23 specialized) the agency saw a dramatic increase in referrals that has continued throughout this fiscal year. Some programs did see a slight decrease with the COVID pandemic, but numbers are beginning to increase. Through out the pandemic the agency instituted accommodations and protocols for staff to continue to provide services to the clients through precautions for in-person contact, and technology to allow for virtual contacts, including tele-therapy.

The Foster Care Program's performance in the IL DCFS Dashboards ended the 3rd Quarter FY'21 at a Level 3 with a moderate permanency rate. The Illinois Dept. of Children and Family Services continues its focus on increasing the number of children returned home within 12 months of entering foster care and completion of adoptions. Adoption and guardianship permanencies slowed as a result of limited court access during the pandemic and stay at home orders. Despite these obstacles, the agency is seeing a significant increase in the number of return home goals achieved. At the end of the 3rd Quarter, there were 75 return homes, 24 adoptions and 13 guardianships. IL DCFS continues to look at revising the Dashboard outcome measures with a shift towards more quality related outcomes versus solely compliance outcomes for both foster care and intact family services.

The Intact Family Services program continues to work on improving their performance and ended the 3rd Quarter at a Level 3 as established by the IL DCFS Dashboards. The program remains on an internal Corrective Action Plan that was initiated in January 2017. The agency continues to focus on ensuring the required Safety and other assessments are being completed at the required intervals, and all cases are reviewed by the Q.I. Department prior to closure. The agency will continue to monitor the Dashboards especially as it relates to the required contacts with children and caregivers. Changes were made to the IL DCFS Program Plan for Intact family Services for FY 2020 which increased the number of required weekly visits to the home at the beginning of the case and added a High-Risk case category, which requires more intensive contact; these changes remain in effect.

The Treatment Program reports the total clients served in the 3rd Quarter FY'21 was 259. Clients who are self-pay and insurance cases make up the majority of the clients. The program reports that the goal of the 70% goal of successful discharged was met at 74%. The IM-CANS data tracking system in the process of making changes and reduction in trauma outcomes are not available this quarter. The program continues to offer services through tele-therapy for those that prefer this as well as in-person therapy.

The Hispanic Services program contract established goals have been revised with a new Dashboard in assisting participants the SNAP and Medicaid program. The program has met and exceeded many of the goals despite obstacles with COVID 19. They provided drive up services for many clients, or meeting with the clients where they are as opposed to the office, as the clients generally have limited access to technology for virtual services. The program has been creative in its approach to mass outreach with recently being involved in COVID 19 vaccination events to provide outreach the community and targeting flyers in more commonly visited businesses such grocery stores and laundry mats. This has proven successful. The program underwent a site visit on 3/18/21 from the Immigrant Family Resource Program (IFRP), and its findings supported that the program is doing well despite the barriers of COVID and recommends more mass outreach events as the restrictions are eased with the COVID pandemic.

The Youth Outreach/Runaway Homeless Youth (RHY/TLP) programs reported the following outcomes for their program goals: Permanency (90%) met at 90%; Safety (95%) met at 96%; Functioning (80%) met at 88%; Child Welfare (90%) met at 90%; Juvenile Justice (85%) met at 90%; and Community Service (80%) at 90%.

The TLP program reports meeting the goals in Permanency, Safety, Well-Being, and in Community Service at 100%. It did not meet the goal of Connections with positive kinship with 44% which may be impacted by COVID 19 pandemic.

The Parenting Program reported 48 participants had been initially enrolled in the program this last quarter. Of the 48 enrolled 39 clients graduated as anticipated, resulting in an 81% graduation rate. Of the 39 graduates, 79% saw an increase in knowledge based on pre and post-tests. 9 Clients were discharged from the program for poor attendance, substance abuse issues and suspected abuse/neglect. The staff continues to see an increase in the number of clients with literacy issues and have attempted to address this with individualized help in between classes. This program has adapted its services to provide many of the classes virtually through Zoom and other technology. They reported the graduates were very creative with planning virtual graduation ceremony and made it very special. With the graduation being virtual, it allowed more support people for the client to attend.

Hope House met the program goals of completing of all scheduled visits at 96%, and 96% of the visits were not terminated before the scheduled time. This program has seen a decrease in court referrals and appears directly related to COVID 19 restrictions on face to face contacts, as the restrictions ease up, it is hopeful more referrals will be received.

The ReDeploy/Second Chance-Juvenile Justice program reports the following outcomes 60% in Successful completion, 90% Avoid Incarceration, 60% Increased YASI scores (improved functioning), and 60% in Life Goal accomplishments. The COVID 19 pandemic appeared to have an adverse effect on the youth served in this program. These clients have extensive criminal, at risk and oppositional behaviors. With the pandemic, there continued to be weekly contact with the youth virtually, but they seemed to struggle with not having the one on one personal contact. These outcomes should improve with COVID restrictions being eased and lifted.

The LADD Afterschool program has not been operating with the COVID 19 pandemic as schools were not operating in-person learning for much of the time, and this program is on hold.

C. SURVEYS:

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Totals (FY'21)	
FC –Aurora		COA	0		0	
FC – Ottawa/Princeton			0		0	
FC – Rockford		Surveys	0		0	
FC – Crystal Lake			0		0	
Intact Family Services		Completed	13		13	
Licensing	13		27		40	
Parenting		By	38		38	
Treatment			16		16	
RHY/TLP/HY		Clients	8		8	
Redeploy/Juv. Justice			8		8	
Hispanic Services			0		0	
Hope House			2		2	
Admin			6		6	
Support Staff			0		0	
Totals	13	255	118		386	

Summary:

Survey distribution slowed quite significantly during the pandemic, as the surveys are often distributed in person. The COA survey was distributed to a large quantity of clients from every program however it was limited to on-line completion, and many clients struggled to access them. Despite this barrier, the agency did receive 255 client survey with very generous and positive ratings for the agency's services.

The agency needs to see an increase in the number of surveys completed across the programs. The agency will continue to look at other ways to distribute surveys to allow for a higher return rate. The agency has implemented an on-line survey for biological parents serviced in the Foster Care program and the Intact Family Services Program in addition to paper surveys. The Licensing Department began using an on-line survey for foster parents and has seen success in process. The HR Department continues its efforts at increasing the number of exit interviews with employees at termination of employment. All programs have been requested to re-engage in the survey distribution effort.

A Training Needs Survey and A Staff Satisfaction Survey will be completed in the coming months

D. PEER/RECORD REVIEWS:

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Totals (FY'21)
FC –Aurora	0	0	7		7
FC – Ottawa/Princeton	14	0	0		14
FC – Rockford	12	0	0		12
FC- Crystal Lake	0	0	59		59
Intact Family Services	19	12	18		49
Licensing	0	0	25		25
Parenting	14	5	10		29
Treatment	41	0	41		82
RHY/TLP	20	0	28		48
Redeploy/Juvenile Justice	27	13	8		48
Hispanic Services	73	41	130		244
Administration	0	0	4		4
Hope House	0	0	0		0
Totals	220	71	330		621

Summary:

The Peer Reviews have been somewhat sporadic with COVID 19 restrictions and more staff working remotely during the earlier phases of the pandemic. They have increased in the 3rd Quarter with the expectation that they be done quarterly moving forward. Many of the programs report that the files reviews indicate most files are found to be in compliance. The Foster Care and Intact Family Services Program did show deficiencies in documentation in the files with several teams and indicated the need to print documents located with the electronic file for the paper file. This has been attributed to limited presence in the office, in person, during the pandemic. The Foster Care program has suffered staff shortages as well increased caseloads, and Peer Reviews have been slowed due to time constraints as well. Several files from each program were reviewed for the COA Virtual Site and are not reflected in the review numbers.

E. IMPROVEMENT PROJECTS:**Summary:**

The agency continued to conduct improvement activities during the pandemic through developing the long-term Strategic Plan with staff input which was finalized in August 2020 and participating in the COA re-accreditation process. The agency completed the COA self-study and surveys at the end of August 2020, and the virtual site visit for re-accreditation in mid-October 2021. COA accreditation was granted to the agency on 1/25/21, after a 20-month long process for the review of the quality of services provided by the agency. The agency passed 1099 of 1100 standards with only 1 service standard that needed further evidence to be submitted before the final accreditation was granted.

The Admin team is looking to make building improvements with the replacement of windows, doors and siding in some areas of the Ottawa Main office building, owned by the agency. The Admin team will also be looking at other options for the LaSalle and Princeton office space as staff numbers have increased in these offices.

Other teams are focusing on improving their files and finding better ways to distribute surveys. The RHY/TLP programs are looking to improve upon a procedural manual for staff. The parenting program worked at adapting their curriculum for on-line classes and continue to adjust as warranted. The ReDeploy/Second Chance program developed an after school mentoring program for their clients as they recognized many of their clients were struggling with the on-line learning. This will continue again in September 2021 as school begins again, many of the clients are behind in their learning with the pandemic.

Comments/Announcements:

The Strategic Plan will be posted on the internal website for staff to view, and the Strategic Planning Committee will begin meeting in July 2021 to review the plan and progress made to this point. Staff Driving Record Abstracts were discussed, and all staff will be requested to obtain their driving abstract as this is required by the agency for various risk management reasons and is part of agency policy.

The Staff were commended by the Director for all the efforts that have been put in by workers during this past year in the pandemic. It has been a difficult year with many challenges, and the staff's response has been wonderful in meeting the needs of the clients. The Director emphasized the importance of the CQI process and expressed his appreciation for the efforts put into the process. He offered to answer any questions, or address any concerns, none were brought forward.

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, the Foster Care unit has the highest number, and mostly pertain to youth in residential settings. Strategies remain for increased contact with the clients, efforts at identifying client specific triggers of negative behaviors, and modifying services to minimize these triggers. 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 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, and the agency has explored other means of distributing survey to obtain a higher participation in some of the programs that are struggling.

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 3rd Quarter of FY'21. All recommended strategies developed by the program level CQI teams should be implemented and monitored for improvements.

Respectfully submitted,
Sherri Nestmann
Quality Improvement Director

6/11/21