

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY
 AGENCY WIDE CQI MEETING
 EXECUTIVE SUMMARY
 3RD QUARTER (JANUARY, FEBRUARY, MARCH)
 FY' 2018

On 5/11/18, 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 process and 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 2018 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: Youth and Runaway Youth/Homeless 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
FC – Aurora	11	25	not reported		36
FC – Glen Ellyn	9	17	35		61
FC – Ottawa/Princeton	42	48	45		135
FC – Rockford	3	7	3		13
FC – Specialized	42	131	72		245
Intact Family Services	7	23	16		46
Licensing	8	5	7		20
Parenting	0	1	2		3
Treatment	4	4	2		10
RHY/TLP	6	3	2		11
Redeploy/Juvenile Justice	0	0	0		0
Hispanic Services	0	0	0		0
Administration	0	2	2		4
Hope House	1	0	0		1
Office Support	0	1	0		1
YSB Child Dev. Center	0	0	0		0
Totals	133	267	186		586

Summary:

In comparing the number of UIR's reported from the 2nd Quarter of FY'18 to the 3rd Quarter of FY'18, it is noted that the number has decreased 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 a decrease in the number of youth on run and medication refusal. The team attributes this to the youth being in more stable placements, and the residential facilities and the worker working with the youth to deflect situations that lead to unusual incident reports. Most significantly, in the Foster Care Program overall, residential incidents remain the highest category with an increase in the number of restraint incidents reported. 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 diagnoses, and will ensure that their services and treatment plans are appropriate. They will utilize the Department's clinical unit for staffing when appropriate. The Licensing Unit continues to identify a trend of investigations involving inappropriate discipline with relative and traditional foster homes, however all investigations were unsubstantiated this quarter. The agency did provide an in-house parenting class to foster parents this past quarter, focusing on positive discipline techniques. They discussed implementing a strategy of staffing cases where there are difficult behaviors with the child welfare worker, as well as with the therapist involved to provide additional support and engagement with the foster parent, therapist and the child.

The category of abuse/neglect and psychiatric assessment also remains a recurrent trend in the other programs. 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. Many of the reports are made by outside community entities, often times involving the child's school. The YSB Child Development Center continues to see no incidents/accidents that require reporting to IL DCFS.

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.

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 2nd Quarter FY'18 to the 3rd Quarter FY'18, with a slight decrease in some of the programs. The largest program based on the reported number of clients remains the Foster Care program with a 2nd Quarter end of 355 children in care, including 27 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 improved its performance in the IL DCFS Dashboards, and 3 teams achieved a Level 1 rating and 1 team achieved a Level 2 rating in February 2018, which continues require minimum monitoring by IL DCFS. The Foster Care programs permanencies continue to be tracked internally to ensure accurate data reported in the by the IL DCFS Dashboards. The current FY18 to date totals (3rd Quarter) reveals 28 children returned home, 43 children adopted, 9 children have permanent guardians, and 5 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.

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, and is reviewed and revised periodically. There has been improvement in some areas. The program overall is on Level 3, with 3 teams on Level 3 and 1 team on Level 2, as of the most recent leveling by the IL DCFS. This requires more intense monitoring by the Department. IL DCFS has also initiated a more intensive monitoring of all state-wide Intact Programs. The program has seen an increase in the number of referrals as the Department is shifting towards families remaining Intact where possible, however the cases seem more difficult, with higher levels of risk factors. This program had approximately 126 open cases in the 3rd Quarter, FY 18.

The Treatment Program reports total clients served in the 3rd Quarter were 339, a slight increase from 327 in the 2nd Quarter FY'18. Approximately 240 of these clients were self-pay and insurance cases, combined. The program reports CANS and ANSA's are now being submitted on time, but the goal of 70% will see trauma symptom reduction was not met, at 62%. The program is working on separating out their outcomes for youth and adults, as right now the data is combined. Of the 60 clients discharged in the 3rd Quarter, 58% were discharged successfully. The largest category with unsuccessful discharge were the Self-pay clients.

The Hispanic Services program signed up 60 new participants for food stamps in the current quarter, an increase over last quarter. The program was awarded the IFRP grant in November 2017, and they served 88 clients in completing medical assistance applications. The program continues its efforts in outreach and flyer distribution, as required by the grants. They are preparing for their annual review and site visit from IFRP on May 29, 2018.

The Youth Outreach/Homeless Youth (RHY/TLP) programs reported meeting many of their program goals, such as: Permanency(90%) 100%; Safety (90%) 100% the same as the previous quarter; Functioning (80%) 86% a slight increase from the 82% the previous quarter; Child Welfare (90%) 100%; Juvenile Justice (90%) 100%, an increase over the last quarter; and Community Service (80%) 86%, a significant increase over the previous quarter. The TLP program reports 100% in Permanency, Safety, and Well-Being, 100% in Connection with a positive kinship and 80% in Community Service. The team continues to track Community Service more accurately, as the RHY program struggles in this area, and feel the numbers do not reflect the work done by the client.

The Parenting Program reports 44 graduates (76%) of the 58 clients enrolled for the last set of completed classes. 14 (24%) of the clients were discharged after the start of the classes, for various reasons. 95% (42/44) of those who graduated, showed an increase in knowledge. It was noted that the 2 clients who did not see an increase in knowledge had various learning disabilities. The program staff continue to look at different ways to present materials to assist this

population in the learning process, as they have seen a trend of more clients with literacy and learning difficulties. The YSB Child Development Center is in the process of establishing outcomes for their program, and continues to maintain its Gold Circle of Quality. The program has recently been trained to use the Denver II developmental screening tool, and will be developing outcomes based off of this tool.

The ReDeploy/Second Chance-Juvenile Justice programs continue to see excellent outcomes with 100% in Successful completion, 67% Avoid Incarceration, 78% Increased YASI scores, and 89% Life Goal accomplishments. There was a significant increase in discharges with 9 clients. The program recently developed a Life Skills program that was widely accepted by the clients, and were very engaged in the Life Skills activities. They will continue to provide this program in the future based on the success and interest they experienced with the initial implementation and will adjust it as needed to meet the needs of this population. The program recently instituted a new evidence based parenting model, Active Parenting. All the staff have been trained and they currently presenting the class for the first time. This is the same model used in the agency parenting program, and has proven to be successful in its outcomes.

C. SURVEYS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4th Quarter	Totals (FY'18)
FC – Aurora	0	18	0		18
FC – Glen Ellyn	11	5	6		22
FC – Ottawa/Princeton	20	18	14		52
FC – Rockford	9	6	8		23
FC – Specialized	11	7	0		18
Intact Family Services	11	18	8		37
Licensing	8	8	6		22
Parenting	28	35	46		109
Treatment	88	103	64		255
RHY/TLP/SOP	48	38	31		117
Redeploy/Juv. Justice	6	6	10		22
Hispanic Services	0	24	29		53
Hope House	3	2	0		5
Admin	4	5	10		19
YSB Child Dev. Center	0	23	0		23
Support Staff	14	6	7		27
Totals	261	322	239		822

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. Emphasis will be made to ensure distribution of surveys on a regular basis for all programs. The HR Department continues to explore strategies as to the best way to increase completion of the employee exit survey at termination of employment, and has seen an increase. The Support Staff is now targeting different programs each quarter to survey regarding office needs and understanding of office procedures, with the intent to have a higher participation in the surveys.

D. PEER/RECORD REVIEWS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter	Totals FY'18
FC – Aurora	10	10	9		29
FC – Glen Ellyn	23	20	14		57
FC – Ottawa/Princeton	21	15	14		50
FC – Rockford	22	26	19		67
FC- Specialized	4	3	8		15
Intact Family Services	23	9	29		61
Licensing	46	27	48		121
Parenting	35	54	78		167
Treatment	31	13	31		75
RHY/TLP	28	32	19		79
Redeploy/Juvenile Justice	6	7	18		31
Hispanic Services	44	61	78		183
Administration	12	10	5		27
Hope House	3	3	0		6
YSB Child Dev. Center	23	0	0		23
Totals	331	290	370		991

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 files reviews indicate most files are in compliance. The Quality Improvement Department is also doing random file audits in the programs, and recently completed an audit in the Intact Family Services Program.

The following programs continue to see the following trends: The Foster Care unit noted a trend of improvement with missing pictures, fingerprints, child ID forms, and birth certificates. They continue to work on the missing documents that require printing from SACWIS. The Licensing unit noted a trend of missing documentation for the 590-A. They will continue the strategy to bring the file when going on home visit to ensure necessary records are up to date. The Intact Family Services program continues to note missing documentation for Home Safety Checklists, and printing documentation from the SACWIS. The Parenting Program noted missing reports that need to be completed at the initial phase of the course, mid-term and final. They are working to correct this, procedurally. The Treatment Program, RHY and ReDeploy did not note any 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 purchasing bins for foster childrens' belongings, completing the necessary IL DCFS trainings, focusing on Child and Family Team meetings and ensuring surveys are distributed more efficiently. All Foster Care teams continue to focus on the statewide IL DCFS Health Care and Immunization Compliance Improvement project for all children and youth in care. The Licensing Unit is working 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 is working on an improved rate 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 continue to seek funding opportunities to enhance the program, especially in the area of post-graduation follow up. The program's goal is to provide post-graduation group meetings to enhance to the success of the client.

The Treatment Program continues to work on proving appearances of the offices and ensuring appropriate space is available for therapy. They will be scheduling a SASS training in the next quarter. The Northern area office initiated a Peer Mentoring group among the therapists, and has proved helpful thus far.

The Redeploy/Second Chance will continue to offer the Life Skills group, and will continue to adjust the program with new tasks and added curriculum based on the needs of the clients and the observed participation of the clients and their feedback. This will be an on-going project, and can hopefully, in the future, be offered to other clients from various programs that could benefit from this group.

The Hispanic Services team is working to prepare for the upcoming IFRP site visit and audit.

Hope House continues its efforts at marketing this program, and is reaching out to the local law firms to inform them of the program. The program has seen an improvement in the number of referrals coming to the program.

The RHY/TLP/HY programs will be scheduling their focus groups to obtain feedback on improving the program, and will be implementing the new Stabilization Plan. The TLP program will be working on scheduling new activities that do not require the need for transporting the clients.

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 will be installed over the next 2 quarters in the area offices. The Administration team is exploring ways to better facilitate the submission of

timesheets with electronic signatures. The agency Operating Policy is undergoing a complete review, and is almost completed.

The agency continues to look at beneficial trainings for staff. A Domestic Violence training will be offered on 5/19/18 in DeKalb. This is a mandatory training for all child welfare workers, and open to all agency staff.

Active Shooter Training has been arranged for all offices with the local police departments. The Glen Ellyn and Woodstock office has completed their training, with positive feedback from the staff. The Ottawa office training is scheduled for June 8th, and the Aurora office will be on June 19th. The Rockford office will tentatively have their training in July 2018, as we are finalizing the arrangements this month.

Trauma Informed Care/Therapeutic Crisis Intervention training is being provided to all 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 will be conducted on 5/23/18 in Ottawa, more dates will be scheduled to accommodate all staff.

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 agency has recently revised the UIR policy to ensure consistency in reporting incidents, both internally and with the IL DCFS per policy and procedure. 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 evolving, and 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, 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

5/15/18