

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY

AGENCY WIDE CQI MEETING  
EXECUTIVE SUMMARY  
4TH QUARTER (APRIL, MAY, JUNE)  
FY' 2019

On 8/16/19, an Agency Wide CQI meeting was convened to review the information and data gathered at the program level CQI quarterly meetings. All programs and most CQI Teams were represented. 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 4th Quarter of FY 2019, with a comparison to the 3rd Quarter of FY 2019, and year-end totals as compared to 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.

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, 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 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total (FY 19)		Total (FY 18)
FC – Aurora/Glen Ellyn	1	11	23	5	40		46
FC – Ottawa/Princeton	75	69	99	72	315		84
FC – Rockford	2	12	7	4	25		163
FC – Specialized	33	16	57	90	196		33
Intact Family Services	23	22	23	11	79		270
Licensing	9	8	9	7	33		61
Parenting	0	1	3	0	4		25
Treatment	0	3	3	4	10		3
RHY/TLP/HY	3	2	4	1	10		13
Redeploy/Juvenile Justice	1	2	4	4	11		16
Hispanic Services	0	0	0	0	0		1
Administration	0	3	4	1	8		0
Hope House	0	0	0	0	0		9
Office Support	0	0	1	0	1		1
<b>Totals</b>	<b>147</b>	<b>149</b>	<b>237</b>	<b>199</b>	<b>732</b>		<b>726</b>

**Summary:**

In comparing the number of UIR's reported from the 4th Quarter of FY'19 to the 3rd Quarter of FY'19, it is noted that was a slight decrease from the last quarter. The Rockford Specialized Foster Care team experienced the most UIR's. Many of the UIR's were attributed to one youth who is refusing medications, and other youth in residential setting with highly specialized needs. 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 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 health diagnoses, and will work to ensure that their services and treatment plans are appropriate. They have utilized the Department's clinical unit for staffing when appropriate. The Intact Family Services continues to see a trend of abuse/neglect incident reports, and a slight increase of the reports being indicated for the abuse/neglect.

The Licensing Unit has seen a trend with many of the investigations to be unsubstantiated.

The category of abuse/neglect and psychiatric assessment also remains a recurrent trend in the other programs.

The agency continues to experience discrepancies in 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. It was discovered in discussing UIR's in the Foster Care team meetings that often there is more than one incident reported in a UIR report, and potentially only one incident is being recorded in Data Entry. For the purpose of this report, the data reported was obtained from the CQI reports, as this number appears more accurate as to the true number of UIR's.

In comparing the year end data to the previous fiscal year, FY 2018, the total number of UIR's remains close to the same, at 732 in FY2019 compared to 726.

Two Critical Incident as defined as a serious occurrence, accident, grievance that involves a threat of harm, death or serious injury were reported in this last quarter and involved threats of harm by 2 different clients that impacted the LaSalle office and the Princeton office. Appropriate measures were taken to ensure the safety of all the staff and required the offices to be locked down for a period of time. Incidents were reviewed in the Admin Staff meeting.

## **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 3<sup>rd</sup> Quarter FY'19 to the 4th Quarter FY'19. The largest program based on the reported number of clients remains the Foster Care program with a 4th Quarter end of 350 children in care, including 24 specialized children. The Department continues to shift its focus on trying to keep families intact, creating an increase in Intact Family Services referrals. Some of the Intact Family Service teams had been on hold for new referrals due to decreased staffing and high caseloads, however those holds are now expired.

The Foster Care Program its performance in the IL DCFS Dashboards at finished the fiscal at a Level 3 but achieved a moderately high 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. The FY19 year-end totals reveals 50 children returned home, 60 children adopted, 7 children have permanent guardians, and 7 older youth achieved independence. IL DCFS continues to look at revising the Dashboard outcome measures with a shift towards more quality related outcomes versus solely compliance outcomes. The internal Corrective Action Plan that was placed in effect on 1/14/19, remains in place with the goal of improving contacts with children and caregivers in relative care and specialized care, and maintaining more detailed documentation in a timely manner. The inputting of case notes by workers is being monitored by the Program Director.

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. The program remains on Level 3 overall, and the agency is focusing on what they can control to impact positive changes in the data, mainly contact with children and families. The agency has also focused on ensuring the required Safety and other assessments are being completed at the required intervals. 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 for FY 2020 that will increase the number of required weekly visits to the home at the beginning of the case and has added a High Risk case category. The IL DCFS Outcomes for the Intact Family Services program have also undergone revisions, and it is anticipated that the new Dashboards may be released by October 2019. The new outcomes have been reviewed with the program supervisors.

The Treatment Program reports the total clients served in the 4<sup>th</sup> Quarter FY'19 were 293, almost the same as the 3<sup>rd</sup> Quarter. Clients who are self-pay and insurance cases make up the majority of the clients. The program reports that the goal of 70% of clients will see trauma symptom reduction was not met at 50%, and the 70% goal of successful discharged was not met at 63%. There was an increase in the number of clients who refused treatment.

The Hispanic Services program continues to meet or exceed their goals in assisting participants the SNAP and Medicaid program. The program undergoes site visits from the Immigrant Family Resource Program (IFRP) regularly, and its findings support that the program is meetings its goals as required by the funding source. The program is commended for

its efforts in providing services to an underserved community in an area where transportation is not accessible, for management of case files, and the program's outreach approaches to target their different communities.

The Youth Outreach/Runaway Homeless Youth (RHY/TLP) programs reported the following outcomes for their program goals: Permanency (90%) met 100%; Safety (95%) met 100%; Functioning (80%) met 90%; Child Welfare (90%) not met at 88%; Juvenile Justice (85%) met 100%; and Community Service (80%) at 100% with an increase of almost 50% in meeting their goal for Community Service from the previous quarter. The TLP program reports 100% in Permanency and Safety, Well-Being was 100%, goals met, and 100% in Connection with a Positive Kinship and in Community Service. The TLP program enrolled 2 new clients this past quarter.

The Parenting Program reported 54 enrolled participants anticipated to graduate in August 2019, with the classes beginning in the 4<sup>th</sup> quarter FY 2019, however 27 of these enrollees had been discharged at time of this report. Discharges were attributed to clients withdrawing from services, substance abuse issues, mental health, emotional and cognitive issues. The staff has seen an increase in the number of clients with literacy issues, and have attempted to address this with individualized help in between classes. Outcomes will be reported in the 1<sup>st</sup> Quarter of FY 2020.

Hope House met the program goal of completing 100% of all scheduled visits, and no visits were terminated before the scheduled time.

The ReDeploy/Second Chance-Juvenile Justice programs continue to see positive outcomes with 100% in Successful completion, 100% Avoid Incarceration, 100% Increased YASI scores, and 100% in Life Goal accomplishments.

### C. SURVEYS:

Program	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3rd Quarter	4th Quarter	Totals (FY'19)		Totals (FY'18)
FC –Aurora/Glen Ellyn	2	2	0	0	4		63
FC – Ottawa/Princeton	6	0	15	15	36		65
FC – Rockford	9	1	0	0	10		23
FC – Specialized	0	4	3	0	7		19
Intact Family Services	0	19	44	10	73		58
Licensing	30	0	0	8	38		27
Parenting	39	43	35	0	117		109
Treatment	106	88	58	47	299		285
RHY/TLP/HY	47	34	39	51	171		167
Redeploy/Juv. Justice	15	5	15	8	43		39
Hispanic Services	5	7	10	5	27		63
Hope House	0	0	0	0	0		8
Admin	19	7	9	12	47		26
Support Staff	0	8	19	8	35		38
<b>Totals</b>	<b>278</b>	<b>218</b>	<b>247</b>	<b>164</b>	<b>907</b>		<b>1013</b>

### 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. As well as a decrease in the overall number of surveys completed for the fiscal year as compared to last fiscal year. The greatest decrease has been seen in the Foster Care program. Due to staffing issues, this overall program has had difficulty in distributing surveys. A renewed effort with increased staffing levels needs to occur. The agency will continue to look at other ways to distribute surveys to allow for a higher return rate in this program and has implemented an on-line survey for biological parents serviced in the Foster Care program. This will continue to be monitored to see if it is a viable way to have parents participate in surveys versus paper surveys. Some teams will continue to use paper survey as their clients lack access to on-line surveys. The Licensing Department began using an on-line survey for foster parents in the 4<sup>th</sup> quarter with some success, however they are surveying a smaller pool of foster parents. The HR Department continues its efforts at increasing the number of exit interviews with employees at termination of employment.

#### D. PEER/RECORD REVIEWS:

Program	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Totals (FY'19)	Totals (FY'18)
FC –Aurora/Glen Ellyn	7	18	7	13	45	98
FC – Ottawa/Princeton	11	6	16	12	45	61
FC – Rockford	12	8	0	0	20	79
FC- Specialized	6	0	3	0	9	15
Intact Family Services	6	18	16	9	49	83
Licensing	45	30	45	30	150	151
Parenting	18	6	6	8	38	210
Treatment	18	13	22	12	65	89
RHY/TLP	50	46	60	56	212	114
Redeploy/Juvenile Justice	27	7	17	12	63	44
Hispanic Services	71	85	84	87	327	266
Administration	21	23	9	12	65	40
Hope House	0	0	0	0	0	7
Totals	292	260	285	251	1088	1280

#### 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 Foster Care program has seen a significant decrease in the number of peer reviews, again due to staff shortages. The Quality Improvement Department is also doing random file audits in the various programs and will be auditing the Intact Family Service program files this coming quarter to ensure compliance with contacts and appropriate assessments.

#### E. IMPROVEMENT PROJECTS:

#### Summary:

The Foster Care unit improvement projects include implementing new case note format for home visits to ensure appropriate documentation, updating missing Child ID forms, fingerprints and annual youth photos, as the Foster Child Bill of Rights form. The Licensing Unit is going to update their CQI form to be capture data for licensing investigations, to be identify trends in the data for traditional licensed homes versus relative licensed homes.

Intact Family Services continues to work on an improved rate of contacts with schools and other collaterals. They will be reviewing cases to ensure that the post case closure daycare option is being utilized to the fullest extent. In addition, the Crystal Lake team will be looking to re-organize forms and clean out old forms as they move into their new space.

The Parenting Program reports it is working to update the prescreening forms to include caseworker supervisory review and confirmation of information. This is to address the numerous referrals with client who have active substance issues, which would exclude them from being eligible for the parenting classes. The parenting staff was often told after the fact.

The Treatment Program continues to seek in-house training opportunities for Treatment staff. They are also developing a resource cabinet for all therapist to use in the Aurora office.

The Redeploy/Second Chance started a new Life Skills group this summer. The team is also looking into starting a processing group for clients, and will need to create a project proposal. The RHY/TLP/HY programs will be working to create/update a Follow-Up form, and update the Outreach referral form to add documentation of the time.

Hispanic Services will be focusing on training and learning the new ICIRR database that was implemented on July 1, 2019.

The Support Staff they will be working on identifying track task associated with various departments represented on this team such IT, HR, Fiscal, Marketing and Development, and Office Support personnel. The IT Department is also working on updating various databases for HR and Marketing and Development.

The Admin team is looking to have the curtains replaced in the Princeton office. File cabinets need to be obtained and brought over to Princeton office. The Admin team is still looking at the space in LaSalle for the feasibility of doing some expansion work. The design and cost are currently under review. The move from Woodstock to Crystal Lake was accomplished on July 1, 2019. An inventory of the Glen Ellyn office will to be done prior to the anticipated move to the Aurora office in late November or early December.

#### **Comments/Announcements:**

An announcement was made that agency is being the COA Re-Accreditation process again with the target date of late August 2020 for the site visit. This was also announced at the Agency Gathering on July 19, 2019 in DeKalb. Information about COA and the process will be sent out to all users this month.

Surveys and their importance were discussed; as they are the best gauge on how we are doing as an agency. All staff were encouraged to keep doing the survey with staff.

The Director emphasized the importance of Team Meetings, and they should be occurring on a monthly basis. Supervisor will be handing in their Agenda's and sign in sheets to ensure they are occurring on a regular basis.

#### **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 with 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 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, and the agency has explored other means of distributing survey to obtain a higher participation in some of the programs that are struggling. The lack of staff in some programs has had an impact on this, as it is not seen as a priority given the extra duties in covering cases.

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 4<sup>th</sup> Quarter of FY'19. All recommended strategies developed by the program level CQI teams should be implemented and monitored for improvements.

Respectfully submitted,

Sherri Nestmann  
Quality Improvement Director

9/26/19