

YOUTH SERVICE BUREAU OF ILLINOIS VALLEY

AGENCY WIDE CQI MEETING

EXECUTIVE SUMMARY

2<sup>ND</sup> QUARTER (OCTOBER, NOVEMBER, DECEMBER)

FY 2018

On 2/16/18, 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 2<sup>nd</sup> 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 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total FY 18
FC – Aurora	11	25			36
FC – Glen Ellyn	9	17			26
FC – Ottawa/Princeton	42	48			90
FC – Rockford	3	7			10
FC – Specialized	42	131			173
Intact Family Services	7	23			30
Licensing	8	5			13
Parenting	0	1			0
Treatment	4	4			8
RHY/TLP	6	3			9
Redeploy/Juvenile Justice	0	0			0
Hispanic Services	0	0			0
Administration	0	2			2
Hope House	1	0			1
Office Support	0	1			1
YSB Child Dev. Center	0	0			0
<b>Totals</b>	<b>133</b>	<b>267</b>			<b>400</b>

**Summary:**

In comparing the number of UIR’s reported from the 1<sup>st</sup> Quarter of FY’18 to the 2<sup>nd</sup> Quarter of FY’18, it is noted that the number has increased, doubling since the last quarter. The majority of the UIR’s reported remain from Child Welfare Services that include Foster Care, Licensing and Intact Family Services. A significant trend noted was a large increase in the number of UIR’s from the Specialized Foster Care unit, tripling in the amount of UIR’s. The data indicated that a large portion of the UIR’s involved youth in residential/group home settings, and multiple UIR’s are being generated for one youth that can include several categories (ie: youth acting aggressive, refusing medication, attempting to runaway) during the incident, which could be documented on a single UIR incident report per episode. Of the 131 UIR’s for the Specialized Foster Care program, 71 of the UIR’s were attributed to one youth in a residential setting. Most significantly, in the Foster Care Program overall, Runaway/missing youth or threatening to run away, aggressive behaviors, medication refusal accounts for a large portion of the UIR’s. The teams will continue to step up contact with the older youth in their placement settings and with the residential facilities. The teams recognizes 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 there was a slight decrease this past quarter. The unit will be providing training to all foster parents regarding appropriate discipline, and this will be accomplished by using the Parenting Program staff. They also identified a trend that in many cases where there is inappropriate discipline in traditional homes, the family

is dealing with a child that has significant behavior issues. They discussed implementing a strategy of staffing the case 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 a decrease in their incidents/accidents that do not require reporting to IL DCFS. They have decrease by 50% over the same time frame from last fiscal year. 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:**

As reported in the Agency Wide CQI Summary report, 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 1<sup>st</sup> Quarter FY'18 to the 2<sup>nd</sup> 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 2<sup>nd</sup> Quarter end of 368 children in care, including 28 specialized children. There has been a decrease in the number of referrals as the Department shifts its focus on trying to keep families intact. The Foster Care Program improved its performance in the IL DCFS Dashboards, and all teams achieved a Level 1 rating in October 2017. The Foster Care programs permanencies continue to be tracked internally to ensure accurate data reported in the by the IL DCFS Dashboards. The Foster Care program continues to track the number and types of moves experienced by foster children to help identify any areas that the agency could improve upon to reduce moves for children. This has been helpful to see which moves were positive, ie: for permanency or more appropriate placement.

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 periodically. There has been improvement in some areas. 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 intense. This program had approximately 142 open cases in the 2<sup>nd</sup> Quarter, FY 18.

The Treatment Program reports total clients served in the 2<sup>nd</sup> Quarter were 327, a slight decrease from 336 in the 1<sup>st</sup> Quarter FY'18. Approximately 229 of these clients are self-pay or insurance cases. The Program reports CANS and ANSA's are now being submitted on time, but the goal of 70% will see trauma symptom reduction was met. The program is working on separating out their outcomes for youth and adults, as right now the data is combined. The area with the least successfully discharge is in Specialized Foster Care, clinicians are having difficulty with getting clients to attend the sessions, especially adults and teens. They will continue to work closely with caseworkers and encourage clients to attend services. They have requested that transportation obstacles be noted on the referral. The Treatment program underwent a Medicaid review in October 2017, and were given a Level 1 rating.

The Hispanic Services program signed up 49 more participants for food stamps in the current quarter, consistent with 47 in the previous quarter. The program was awarded the IFRP grant in November 2017, and they served 47 clients in completing medical assistance applications. The program continues its efforts in outreach and flyer distribution, as required by the grants.

The Youth Outreach/Homeless Youth (RHY/TLP) programs reported meeting many of their program goals, such as: Permanency(90%) 90%, a slight decrease from the previous quarter; Safety (90%) 100% the same as the previous quarter; Functioning (80%) 82% a slight decrease from the 84% the previous quarter; Child Welfare (90%) 90% a slight decrease from 96% in the previous quarter; Juvenile Justice(90%) 82% down from the 96% the previous quarter; and Community Service (80%) 65% the same as the previous quarter. The TLP program reports 100% in Permanency and Safety, 80% in Well-Being, 75% in Connection with a positive kinship and 100% in Community Service. The team discussed tracking 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 28 graduates (58%) of the 40 clients enrolled for the last completed classes. 12 (30%) of the clients were discharged after the start of the classes, for various reasons. 82% (23/28) of those who graduated,

showed an increase in knowledge. It was noted that the 5 clients who did not see an increase in knowledge had various learning disabilities. The program staff is looking a 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 Center achieved renewal of their daycare license in November 2017.

The ReDeploy/Second Chance-Juvenile Justice programs continue to see excellent outcomes with 100% in Successful completion, 100% Avoid Incarceration, 100% Increased YASI scores, and 100% Life Goal accomplishments, and an overall increase from 67% in all categories last quarter. There was a significant increase in successful discharges with 3 clients. The program has reduced its caseload ratio to better provide the individual, family and group therapy in caseworker and therapist teams. 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 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.

### C. SURVEYS:

Program	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3rd Quarter	4th Quarter	Totals (FY'18)
FC – Aurora	0	18			18
FC – Glen Ellyn	11	5			16
FC – Ottawa/Princeton	20	18			38
FC – Rockford	9	6			15
FC – Specialized	11	7			18
Intact Family Services	11	18			29
Licensing	8	8			16
Parenting	28	35			63
Treatment	88	103			191
RHY/TLP/SOP	48	38			86
Redeploy/Juv. Justice	6	6			12
Hispanic Services	0	24			24
Hope House	3	2			5
Admin	4	5			9
YSB Child Dev. Center	0	23			23
Support Staff	14	6			20
<b>Totals</b>	<b>261</b>	<b>322</b>			<b>583</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 increase 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. 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 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3rd Quarter	4 <sup>th</sup> Quarter	Totals FY'18
FC – Aurora	10	10			20
FC – Glen Ellyn	23	20			43
FC – Ottawa/Princeton	21	15			36
FC – Rockford	22	26			48
FC- Specialized	4	3			7
Intact Family Services	23	9			32
Licensing	46	27			73
Parenting	35	54			89
Treatment	31	13			44
RHY/TLP	28	32			60
Redeploy/Juvenile Justice	6	7			13
Hispanic Services	44	61			105
Administration	12	10			22
Hope House	3	3			6
YSB Child Dev. Center	23	0			23
<b>Totals</b>	<b>331</b>	<b>290</b>			<b>621</b>

**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 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, school contacts and monthly counseling reports. 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. The YSB Child Development Center's files were reviewed in September 2017 by DCFS. Some files were missing birth certificates. All files have been corrected.

**E. IMPROVEMENT PROJECTS:****Summary:**

The Foster Care unit improvement projects are improving completion of peer reviews, completing the necessary IL DCFS trainings and ensuring surveys are distributed more efficiently, as well ensuring case aides are part of the team meetings. 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 of CANS Assessment completion within the first 30 days of the cases, and improving their documentation to reflect whether a visit was announced or unannounced, as well as better documentation of contact with service providers.

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 created a more private and confidential space to complete their intakes in the office, technical improvements were made as well and they now have access to the computer and copy machine in this space.

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. They recently had a new sink and dishwasher installed.

The Support Staff is looking at ways to better track maintenance issues that surface from the monthly inspection list and the required drills. The Administration team is exploring ways to better facilitate the submission of timesheets with electronic signatures. The new phone system will be installed over the next 2 quarters in the area offices. The agency Operating Policy is undergoing a complete review. The Illinois Lottery Reading Room was completed in the Ottawa and is open for use, the room includes new furniture and several books for the youth to enjoy. The materials for this room were provided by the Illinois State Lottery who reached to the agency.

### **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, and the collection of accurate data.

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.

The Annual Risk Management Assessment has been completed for 2017 with an assessment of Low Risk to the agency based on multiple categories of reviewed risks.

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 2<sup>nd</sup> 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 Coordinator  
Quality Improvement Department

3/2/18