

AGENCY WIDE CQI MEETING
EXECUTIVE SUMMARY
4TH QUARTER – FY2015

On 7/31/15, 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 4th quarter of FY 2015 with year-end totals 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, Street Outreach, TLP, Redeploy, Second Chance, JSOP, Hope House, Treatment (Solutions Counseling, Child First and Medicaid), YSB Child Development Center, LADD, Hispanics Services, Foster Care, Licensing, Intact Family Services, SOC, Specialized Foster care, Parenting Program and M.I.S.T.E.R.

A. UNUSUAL INCIDENTS, ACCIDENTS AND GRIEVEANCES (UIR’s):

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total FY 15
FC – Aurora	13	31	35	18	97
FC – Glen Ellyn	39	34	3	14	90
FC – Ottawa/Princeton	26	24	22	14	86
FC – Rockford	14	23	11	7	55
Spec-FC (New 4 th Quarter)	0	0	0	10	10
Intact Family Services	11	7	7	10	35
Licensing	9	7	7	13	36
Parenting	0	0	0	0	0
Treatment	9	3	5	3	20
RHY/TLP/SOP	9	7	8	4	28
Redeploy/Juvenile Justice	1	3	1	0	5
Hispanic Services	0	2	1	0	3
Administration	2	5	7	3	17
Hope House	0	1	1	0	2
Office Support	0	2	3	0	5
Totals	133	149	111	96	489

Summary:

In comparing the number of UIR’s reported from the 3rd quarter to the 4th quarter, it is noted that the number has slightly decreased. The majority of the UIR’s are reported from Child Welfare services. A significant trend noted in the Child Welfare services, specifically Foster Care, was that the reported UIR’s involve neglect/abuse situations and runaway/missing teens. The teams noted this trend and are implementing casework practices that include increased contact with the clients with a concentration of tailoring their services to meet their needs, and attempting to minimize triggers that lead to disruptive behaviors. The Licensing Unit identified a trend of more investigations involving inadequate supervision and discipline. They are looking into providing training to foster parents regarding appropriate discipline and supervision.

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 3rd Quarter to the 4th Quarter. The largest program based on the reported number of clients remains the Foster Care program with a 4th Quarter end of 476 children in care, including 35 specialized children. During the 4th quarter, a new Specialized Foster Care team was formed with an initial caseload of 42. 20 new specialized foster families transferred to the agency, and 8 new specialized foster homes were recruited. The Foster Care Program continues to struggle, across all teams, with meeting the Dashboard goal of Weekly Child-Parent Visits on Return Home cases. The program has developed a Quality Improvement Plan to address this issue, as well as all measures within the Dashboard, including permanency as only one team met or exceeded the established goal.

See table below regarding the number of permanencies achieved by the agency:

Child Welfare-Foster Care Permanencies FY 15	Totals
Reunifications	94
Adoption	73
Guardianship	16
Independence/Emancipation	7
After Care	56
Totals	246

The Intact Family Services program ended the FY 15 by exceeding its goal (90%) of Families Remaining Intact at 97.62%, 82 families served remained intact during services.

The Treatment Program reports total clients served in the 4th quarter were 208, down from 264 in the 3rd quarter. The Program reports CANS are not being submitted on time, and the goal of trauma symptom reduction was not met. Moving forward, data entry will not be closing clients until all paperwork is submitted. The team is to more closely assess clients at case closing, including the CANS and CGAS for more accurate assessment of trauma symptom reduction.

The Hispanic Services program enrolled 36 more participants for food stamps for a total of 54 in the 4th quarter. This was due to an increase in seasonal migrant workers from Texas. The increased participation is also due to the outreach efforts of the program's participation at health fairs, Cinco De Mayo event, radio, and distribution of flyers.

The Youth Outreach/Homeless Youth (RHY/TLP/SOP) programs reported a decrease in meeting their programs goals from the previous quarter. The team discussed that over the summer months they experience difficulty reaching the youth clients as they are not as accessible compared to the school year. The team discussed that parents are often the barrier to reaching the youth during the summer months and will look at ways to better engage the parents.

The Parenting Program reports 66 face to face intakes this quarter compared to 70 in last quarter. They reported an 80% Graduation Rate for Traditional only.

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 ReDeploy/Second Chance-Juvenile Justice programs reports an 88% success rate across these areas with more participants completing the program. The team is in agreement that the information measured does not quite suit their needs and is working to identify goals that will assist them in reducing the number of juveniles sentenced to the Illinois Department of Juvenile Justice.

C. SURVEYS:

Program	1 st Quarter	2 nd Quarter	3rd Quarter	4th Quarter	Totals
FC – Aurora	43	8	18	12	81
FC – Glen Ellyn	0	12	12	0	24
FC – Ottawa/Princeton	62	55	34	24	175
FC – Rockford	8	23	27	5	63
Intact Family Services	11	12	17	17	57
Licensing	-	25	37	28	90
Parenting	45	62	5	56	168
Treatment	39	92	107	117	355
RHY/TLP/SOP	5	44	71	54	174
Redeploy/Juvenile Justice	-	3	12	15	30
Hispanic Services	0	12	0	10	22
Hope House	0	6	0	0	6
Totals	213	354	340	338	1245

Summary:

Surveys continue to be distributed and completed across the programs with generally positive comments towards the work being done at YSBIV. All programs reported implementing consistent efforts at ensuring the surveys are distributed to the clients. Several programs are reviewing their surveys and updating the content. In reviewing survey results, a recent focus has been examining responses for areas of improvement in addition to celebrating the positive responses.

The HR Department reports 20 exit interviews were mailed out and only 1 was completed. The HR Department will work to develop a new strategy for getting exit interviews completed including utilizing emails. The survey will be given to the staff member once they have submitted their resignation letter and prior to them leaving. It is noted that there is poor compliance once they actually leave the agency.

D. PEER/RECORD REVIEWS:

Program	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Totals
FC – Aurora	12	12	17	39	80
FC – Glen Ellyn	25	8	14	25	72
FC – Ottawa/Princeton	13	15	17	18	63
FC – Rockford	-	35	25	32	92
Intact Family Services	22	14	19	20	75
Licensing	50	23	56	49	178
Parenting	121	62	70	0	253
Treatment	47	47	38	36	168
RHY/TLP/SOP	11	30	30	30	101
Redeploy/Juvenile Justice	-	13	25	24	62
Hispanic Services	-	30	30	185	245
Administration	-	142	0	0	142
Hope House	7	19	0	0	26
Totals	308	450	341	458	1557

Summary:

The Peer Reviews continue to occur in all the programs with a review of open and closed cases. Several of the programs have updated or are in the process of updating their Peer Review forms. A majority of the programs report that the files reviews indicate most files are in compliance. The Foster Care unit noted a trend with missing pictures, fingerprints, child ID forms, birth certificates, Rights & Responsibilities, and missing documents that require printing from SACWIS. They will continue their efforts at obtaining the documentation. 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 Reasonable Efforts to Locate Relatives, CANS and monthly counseling reports. The Parenting Program trends noted were caseworkers’ failure to sign consent/release exchange of information form as the witness. The Treatment Program noted that fewer corrections were needed to the files. The team will increase number of files reviewed and include closed files.

E. IMPROVEMENT PROJECTS:

The Foster Care unit improvement projects are focusing, primarily, on reviewing its surveys and will be making recommendations for improvements. Other projects included obtaining missing birth certificates and fingerprinting for foster children.

Intact Family Services is implementing client contracts with better education to eliminate hotline calls. This team is also reviewing its survey.

The Parenting Program reports the Registration Appointment forms were modified at the suggestion of DCFS monitors to track information needed for the annual file review. Community Resource mailing was updated by in-putting emails in groups per agency in an effort to reduce cost of class notices and to increase notification to caseworkers and providers when registrations are scheduled to begin again.

The Treatment Program is seeking information on play therapy certification and/or training for therapists serving southern counties. They will also need to create play therapy rooms in the southern offices. The program is seeking to expand the Solutions Counseling to the northern office in FY16 beginning with Rockford with a new licensed clinician. All northern staff will pursue eligibility to obtain license as well.

The Redeploy/Second Chance team restarted the summer lawn maintenance program to serve youth with court-ordered community service they need to complete.

The Hispanic Service team is translating new *Client Rights* into Spanish. The team will submit for review to personnel before implementing. The team reported that the YSBIV brochure has been translated into Spanish.

Hope House is increasing efforts at outreach for their program and Children First classes. Referral copies and brochures were sent to the local courts and judges. The program supervisor presented at the Illinois Crime Prevention meeting.

The RHY/TLP/HY put together a focus group to update survey questions and eliminate repetitive sounding questions. They received good feedback from the focus group.

The Support Staff team is examining the office maintenance and first aid forms for consistency across the agency.

The YSB Child Development Center will focus on the improvements identified in their Circle of Gold QIP's.

The Administration team plans on revising the employee survey, reviewing operating policies, developing a Crisis Plan under Risk Management and develop the annual Risk Management Plan.

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, it should be noted that Residential/Group Home/Shelter UIR's have decreased, possibly due to strategies implemented for increased contact with the clients, efforts at identifying client specific triggers of negative behaviors, and modifying services to minimize these triggers. Foster Care teams should continue to review these UIR's closely and monitor strategies aimed at reducing the number of UIR's in this category. 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. There was a decrease in UIR's for staff injuries. However, all staff should be reminded to adhere to the safety policies and procedures established by the agency, and as referenced in the personnel policies and specific workplaces to minimize any potential risks to the employees and the agency.

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 contacts or plans. Each program needs to ensure that their data collection is valid and a consistent method for aggregating the data is in place. The Quality Improvement Department is assisting in collecting some data in Child Welfare as it relates to outcomes. The support from the IT Department is essential in achieving valid data collection and aggregation of the data.

Child Welfare Programs exhibiting difficulties in meeting their established goals have developed Quality Improvement Plans to address areas of concern and the progress towards improvement will be monitored closely. While for all programs, meeting numerical goals is important, most importantly is the examination of the process to achieve the established goals and develop a plan of action to improve the process.

It continues to be recommended that all programs review their surveys to ensure they are producing useful information (actionable) to improve our services. Surveys should be reviewed to ensure that the wording is correct, is the content of the question accurately stated to obtain the desired information, as well as consistent categories of answers, i.e.: Agree, Disagree, Strongly Agree, N/A or yes/no/n/a. Surveys should contain a balance of questions aimed at the following: Client Rights, Service Delivery, Inclusion in service planning, Respect. An open ended question as to any suggestions to improve services, versus only "Comments", should be added for input to YSBIV service delivery improvements.

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 integrity of the process, case files should be 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. All recommended strategies developed by the program level CQI teams should be implemented and monitored for improvements.

Respectfully submitted.

9/11/15