



## QUARTERLY PQI SUMMARY REPORT

*2ND QUARTER*  
*October, November, December 2007*



Submitted by:

Best Practices Team  
Case Record Review Team  
PQI Coordinator  
Program Director

## OUTLINE QUARTERLY PQI SUMMARY REPORT

Quarter: 2nd 2007Date: Feb. 15, 2008**I. INTERNAL MONITORING PROCESSES****A. Service Delivery (Best Practices Team)**

1. Barriers & Opportunities
  - a. Productivity and Census Summary
  - b. Interpreter's Utilization
  - c. Facility Safety Checklist
  - d. Waiting Lists for Services
2. Human Resource Utilization Training, Supervision
  - a. CIT Productivity/Assignment
  - b. Training Report Summary

**B. Risk Management Summary (Best Practices Team)**

1. Services & Practices
  - a. Expected Outcomes/Indicators
  - b. Data Analysis Summary
    1. Restrictive Behavioral Management Interventions
    2. Risk Assessments of self/other Harm Summary
  - c. Corrective Action Summary
2. Client Grievance, Incidents, Accidents Summary
  - a. Expected Outcomes/Indicators
  - b. Data Analysis Summary
    1. Client/Family Grievances Summary
    2. Incident Summary
  - c. Corrective Action Summary
3. External Review Summary (If Applicable)
  - a. Expected Outcomes/Indicators
  - b. Review Results Summary
  - c. Corrective Action Summary

**C. Case Record Review Summary (Case Record Review Team)**

1. Number and/or Percentage of Cases Reviewed
2. Case Record Review Summary
  - a. Expected Outcomes/Indicators
  - b. Review Summary
    1. Required Documentation Compliance Summary (Paperwork)
    2. Standards of Practice Summary (Program)
    3. Confidentiality/HIPAA Compliance Summary
3. Corrective Action Summary

**II. PERFORMANCE EVALUATION SUMMARY (Best Practices team)****A. Outcome Measures Analysis & Summary**

1. Expected Outcomes/Indicators
2. Data Analysis & Aggregate Report

**B. Consumer Satisfaction Analysis & Summary**

1. Expected Outcomes/Indicators
2. Data Analysis and Aggregate Report

**III. FEEDBACK & CORRECTIVE ACTION SUMMARY (PQI Director, Program Director, Assistant Program Director)****A. Trends, Needs, Opportunities Summary****B. Corrective Action Summary (Trainings, Forms, Policies & Procedures, Revisions, etc.)**

## **SECTION I. INTERNAL MONITORING PROCESS**

### **A. Service Delivery**

- Barriers & Opportunities
- Human Resources Utilization, Training, & Supervision

### **B. Risk Management**

- Services & Practices
- Client Grievances & Incidents Summary
- External Review Summary

### **C. Case Record Review**

**QUARTERLY PQI SUMMARY REPORT  
October, November, December 2007**

**I. INTERNAL MONITORING PROCESS**

**A. Service Delivery**

<b>BARRIERS AND OPPORTUNITIES</b>
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**PRODUCTIVITY AND CENSUS:**

**Exhibit I A-1 Outpatient YTD Productivity**

Source	4 <sup>th</sup>	14 <sup>th</sup>	19E	19W	Agency
<i>Staff Time Sheets*</i>	105.17%	63.30%	Included in 19W	76.32%	81.60%
<i>FYTD Contract Utilization**</i>	54.13%	43.12%	45.98%	62.77%	51.50%

\* 100% = Productivity Requirement

\*\* 25% per Quarter = Budget Requirement

**NOTE:**

- Some time sheets may not be recorded.
- 19E and 19W have been combined for productivity reporting because the same personnel work in both districts.
- All districts billed more than 50% in non-sanctions billing but only the 4<sup>th</sup> District and the 19W District met budget requirements for sanctions billing.

**Exhibit I A-2 Residential YTD Census**

	GH & SA	RHY	DCFS	DYS	RHY TLP	TLP	Agency
<i>Budget</i>	26	4	12.5	14	8	20	84.5
<i>Average</i>	26	.01	9.81	15.17	0	16.94	67.93

**Exhibit I A-3 Interpreter's Utilization Report**

# Presentations Made	# Sessions Translated	# Documents Translated	# Trainings Conducted
0	60	90	2

**FACILITY SAFETY CHECKLIST:**

*Beginning in the third quarter 2007-08, data from this checklist will be reported.*

**SERVICES WAITING LISTS:**

At the end of the quarter, the 14<sup>th</sup> and 19E districts had either no waiting lists or short, manageable waiting lists for outpatient services (substance abuse counseling, mental health counseling, & case management). The 4<sup>th</sup> district had waiting lists for all three of these services. 19W had waiting lists for substance abuse counseling and mental health counseling.

There were either short, manageable waiting lists or no waiting lists for our residential services at the end of the quarter.

**HUMAN RESOURCE UTILIZATION, TRAINING, AND SUPERVISION**

***CIT & CONTRACT COUNSELORS PRODUCTIVITY & / or ASSIGNMENT:***

CIT's are optimally utilized given their level of training. 4<sup>th</sup> & 19E Districts rely on contract counselors for a substantial portion of counseling services.

***TRAINING REPORT SUMMARY:***

**Exhibit IA-4 COA Training Report Summary**

COA Training Module	<i>Training Report Summary</i>	
	# Hours	Avg. # Attending
New Employee	11	12
Medical	.5	1
RCYCP	24	7
Residential	12.5	9.33
CIT	11	5
Other	15.5	4.67
<b>TOTALS:</b>	<b>91</b>	<b>7.81*</b>

\* Most were group in-service

**Exhibit 1A-5 Employee Training Evaluation Summary**

Training	<i>Evaluation Summary (1-5 Scale)</i>			
	Experience	Facilitator	Learning	Overall
CIT	4.70	4.73	4.70	4.69
Residential	4.10	4.17	4.10	4.11
New Employee	4.51	4.47	4.51	4.46
Services	5.00	4.00	5.00	5.00
RCYCP	4.76	4.68	4.76	5.00
Medical	5.00	5.00	5.00	5.00
Other	4.62	4.83	4.62	4.42
<b>Totals:</b>	<b>4.45</b>	<b>4.47</b>	<b>4.45</b>	<b>4.44</b>

**B. Risk Management Summary**

**SERVICES AND PRACTICES**

**STANDARD OF PRACTICE INDICATORS:**

- 4 transports to JDC per quarter
- All suicide risk assessments will be in compliance with policies and procedures

**DATA ANALYSIS / SUMMARY:**

**Exhibit I B-1 Restrictive BMI's**

<b>Restrictive Behavior Management Interventions</b>					
<b># Physical Intervention (MAB)</b>	<b>#Reviewed</b>	<b># Mechanical Restraint</b>	<b>#Reviewed</b>	<b># Transports to JDC</b>	<b>#Reviewed</b>
None	na	0	na	5	na

*\*These are new areas of PQI reporting. Data should be available in the 3<sup>rd</sup> Quarter PQI report.*

**Exhibit I B-2 Risk Assessment Analysis**

<b>Harm Risk Assessment</b>	
<b># Suicide Risk Assessments</b>	<b># P&amp;P Compliance</b>
2	Data not available*

*\*These are new areas of PQI reporting. Data should be available in the 3<sup>rd</sup> Quarter PQI report.*

**CORRECTIVE ACTION SUMMARY:**

*Program supervisor and area managers will need to review the Suicide Risk Assessments Policy & Procedures with staff.*

**CLIENT GRIEVANCES AND INCIDENTS SUMMARY**

**STANDARD OF PRACTICE INDICATORS:**

- **Grievances**  
A 65% “satisfactory” response rate will be indicated by clients of the grievance investigation .
- **Incidents**  
There will be 90% compliance with DYS/ADAP/DCFS requirements.

*(These indicators began in October, 2007)*

**DATA ANALYSIS SUMMARY:**

**Exhibit I B-3 Type and Nature of Grievances for All Programs**

TYPE		NATURE					
Facility	5	Maintenance	4				
Services/Programs	6	Program/Schedule	8			Racial/Ethnic	1
Staff	49	Staff Behavior	46	Rule Violation	5	Threats	1
Other Client	6	Aggression	0	Sexual	1	Slander	0
<b>TOTAL</b>	<b>66</b>						

**Exhibit I B-4 Quarterly Comparisons of Grievances**

	1 <sup>ST</sup> QUARTER	2 <sup>ND</sup> QUARTER	3 <sup>RD</sup> QUARTER	4 <sup>TH</sup> QUARTER
<b>2006-07</b>	<b>32 (14 Staff)</b>	<b>15 (10 staff)</b>	<b>12 (10 staff)</b>	<b>51 (31 staff)</b>
<b>2007-08</b>	<b>63 (49 Staff)</b>	<b>66 (49 staff)</b>		

**CORRECTIVE ACTION SUMMARY:**

*The instruction manual and new grievance forms were made available in December, 2007 for suggested changes and revisions.*

*Beginning in the third quarter 2007-08, Exhibit I B3 will be revised to include “satisfied” or “dissatisfied” client responses.*

**Exhibit I B-5 Type and Number of Incident Reports for All Programs**

DYS / OADAP / DCFS Serious		# P&P Compliance	DYS / OADAP / DCFS Other		# P&P Compliance
Death	0	0	AWOL	4	4
Neglect			Assault/Aggression	9	4
- Off-Site Current	1	1	Sexual Misconduct	4	1
- Off-Site History	0	0	Contraband	7	5
- On-Site	1	1	Suicide Assessment or Suicide Threat	2	0
Physical Abuse			Medical	2	0
- Off-Site Current	2	2	Medication	4	2
- Off-Site History	3	3	Theft	0	0
- On-Site	0	0	Aftercare Violation	0	0
Sexual Abuse			Verbal Abuse or Verbal Threat	19	9
- Off-Site Current	3	3	Disorderly or Disruptive Conduct	26	10
- Off-Site History	4	4	Rule Violation	41	19
- On-Site	0	0	Property Damage	1	0
			Other		
<b>TOTAL:</b>	<b>14</b>	<b>14</b>	<b>TOTAL:</b>	<b>109</b>	<b>44</b>
<b>INCIDENT GRAND TOTAL: 123</b>		<b>P &amp; P GRAND TOTAL: 58</b>		<b>COMPLIANCE % 47%</b>	

**NOTE:**

- In most cases the report was faxed late to DYS.
- Incidents are now consistent with the DYS types of “Serious” or “Other”.
- In-house incident reports are now incorporated into the client’s daily progress report & are no longer included in incident reporting for PQI purposes.

**Exhibit I B-6 Quarterly Comparisons of Incident Reports**

	1 <sup>ST</sup> QUARTER	2 <sup>ND</sup> QUARTER	3 <sup>RD</sup> QUARTER	4 <sup>TH</sup> QUARTER
2006-07	91	97	82	195
2007-08	214	123		

***CORRECTIVE ACTION SUMMARY:***

*Beginning in this quarter 2007-08, Exhibit I B-5 indicates compliance with Policy & Procedures..*

**EXTERNAL REVIEW SUMMARY**

**STANDARD OF PRACTICE INDICATORS:**

- *Three (3) or less correctable deficiencies per external review and corrective actions completed within time frames as specified per review.*

**Exhibit I B-7 External Review Summary**

Date	Source	Deficiencies	Corrective Actions
Oct. 1,2,3, 2007	DYS Contract Monitoring Visit for outpatient (all districts) & shelter	none	n/a

**CORRECTIVE ACTION SUMMARY:** N/A

**C. Case Record Review Summary**

**STANDARD OF PRACTICE INDICATORS:**

- *Indicators for case record reviews are 90% correct for all categories.*

**DATA ANALYSIS SUMMARY:**

**Exhibit I C-1 Case Record Review Summary**

District / Program	Review Categories								
	Required Documentation			Confidentiality HIPAA			Standard of Practice		
	# items	# correct	%	# items	# correct	%	# items	# correct	%
4 <sup>th</sup>	106	99	93	4	3	75	80	75	94
14 <sup>th</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
19 <sup>th</sup>	159	134	84	6	3	50	120	102	85
GH/SA	848	777	92	32	25	78	1202	919	76
Shelter	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>TOTALS:</b>	<b>1113</b>	<b>1010</b>	<b>91%</b>	<b>42</b>	<b>31</b>	<b>74%</b>	<b>1402</b>	<b>1096</b>	<b>78%</b>

**CORRECTIVE ACTION SUMMARY:**

*Program supervisor and area managers will need to review Confidentiality/HIPPA and Standard of Practice requirements with staff.*

## **SECTION II. PERFORMANCE EVALUATION SUMMARY**

- A. Outcome Measures Summary**
- B. Consumer Satisfaction Summary**

**PERFORMANCE EVALUATION SUMMARY**

**B. Outcome Measures Analysis & Summary**

**OUTCOME MEASURES SUMMARY**

*Expected Outcomes*

- 70% improvement from pre to post for SA Counseling, treatment programs and mentoring services.
- 70% will successfully complete case management services.

**DATA ANALYSIS: Counseling, Substance Abuse, Group Living, Shelter, and Mentoring Services**

**Exhibit II A-1 SASSI-A2 Summary**

District	Improvement Rates		
	#Clients	% (alcohol) FVA Improve.	% (drugs) FVOD Improve.
4 <sup>th</sup>	7	86%	86%
14 <sup>th</sup>	3	100%	100%
19 <sup>th</sup> W	2	100%	100%
SA	0	N/A	N/A
<b>TOTALS:</b>	<b>12</b>	<b>92%</b>	<b>92%</b>

**Exhibit II A-2 Health Dynamics Inventory Summary and GAF**

District / Program	HDI Self Response Improvement Rates				HDI Parent Response Improvement Rates				GAF	
	# Clients	MOR	GSYMP	GIM	# Parents	MOR	GSYMP	GIM	# Clients	% Improve
4 <sup>th</sup>	12	83%	67%	83%	10	67%	78%	78%	4	50%
14 <sup>th</sup>	5	100%	100%	80%	5	80%	60%	60%	1	100%
19 <sup>th</sup> E	(No Data)	(No Data)	(No Data)	(No Data)	(No Data)	(No Data)	(No Data)	(No Data)	(No Data)	(No Data)
19 <sup>th</sup> W	6	33%	83%	67%	5	67%	67%	67%	(No Data)	(No Data)
GH	3	0%	67%	67%	2	0%	100%	0%	(No Data)	(No Data)
SA	0	N/A	N/A	N/A	0	N/A	N/A	N/A	1	100%
<b>AGENCY TOTAL:</b>	<b>26</b>	<b>65%</b>	<b>77%</b>	<b>77%</b>	<b>22</b>	<b>67%</b>	<b>72%</b>	<b>67%</b>	<b>6</b>	<b>67%</b>

**Exhibit II A-3: Adolescent Anger Rating Score (AARS) Summary**

District/Program	<i>Improvement Rates</i>				
	# Clients	Instrumental Anger	Reactive Anger	Anger Control	Total Anger
4 <sup>th</sup>	8	75%	63%	50%	75%
14 <sup>th</sup>	1	0%	0%	100%	0%
19 <sup>th</sup> E	(NA)				
19 <sup>th</sup> W	1	0%	100%	0%	0%
GH	2	50%	50%	0%	50%
SA	2	100%	100%	100%	100%
<b>AGENCY TOTAL:</b>	<b>14</b>	<b>64%</b>	<b>64%</b>	<b>50%</b>	<b>64%</b>

**Exhibit II A-4: Carlson Personality Scale (CPS) Summary**

Program	<i>Improvement Rates</i>				
	# Clients	Chemical Abuse	Thought Disturbance	Anti-social Tendencies	Self-Deprecation
GH	0	N/A	N/A	N/A	N/A
SA	3	100%	67%	67%	100%
<b>AGENCY TOTAL:</b>	<b>3</b>	<b>100%</b>	<b>67%</b>	<b>67%</b>	<b>100%</b>

**Exhibit II A-5: Culture Free Self-Esteem Inventory (CFSEI) Summary**

District/Program	<i>Improvement Rates</i>						
	# Clients	Academic	General	Family	Social	Personal	Global
Tutoring 4 <sup>th</sup>	0						
14 <sup>th</sup>	0						
Mentoring 19E	0						
19W	0						
DCFS LT	0						
<b>AGENCY TOTAL:</b>	<b>0</b>						

**Exhibit II A-6 Case Management Services**

District	<i>Service &amp; Completion Report</i>								
	Electronic Monitoring			Community Service			Aftercare		
	Scheduled To Complete	Successful Completion		Scheduled To Complete	Successful Completion		Scheduled To Complete	Successful Completion	
	#	#	%	#	#	%	#	#	%
4 <sup>th</sup>	13	9	69%				1	1	100%
14 <sup>th</sup>				7	7	100%	0	0	N/A
19 <sup>th</sup> E							0	0	N/A
19 <sup>th</sup> W	33	27	82%				1	1	100%
<b>AGENCY TOTAL:</b>	<b>46</b>	<b>36</b>	<b>78%</b>	<b>7</b>	<b>7</b>	<b>100%</b>	<b>2</b>	<b>2</b>	<b>100%</b>

**NOTE:**

Successful completion of Electronic Monitoring is defined as the client not removing the monitor or the client not becoming incarcerated.

***OADAP OUTCOME MEASURES TELEPHONE CALLS:***

Data will begin being reported in the 3<sup>rd</sup> Quarter.

**C. Consumer Satisfaction Analysis & Summary**

**CONSUMER SATISFACTION SUMMARY**

***Standard of Practice Indicator:***

- The agency will average 4.0 or higher.*

**Exhibit II B-1 Client Satisfaction Survey Summary**

Consumer	Indicator & Average Rating				
	#	Staff	Service	Outcome	Facilities
Client	114	4.70	4.39	4.48	4.58
Parent	88	4.85	4.73	4.82	4.66
<b>TOTALS</b>	<b>202</b>	<b>4.76</b>	<b>4.53</b>	<b>4.61</b>	<b>4.61</b>

***MONTHLY FOLLOW-UP INTERVIEWS:***

Data will begin being reported in the 3<sup>rd</sup> Quarter.

## **SECTION III. FEEDBACK & CORRECTIVE ACTION SUMMARY**

- A. Trends, Needs, Opportunities Summary**
- B. Corrective Action Summary**

### **III. FEEDBACK & CORRECTIVE ACTION SUMMARY**

#### **A. Trends, Needs, Opportunities Summary**

##### ***PRODUCTIVITY AND CENSUS***

- According to Contract Utilization Reports, Districts 4 and 19W met productivity requirements and Districts 14 and 19E were below requirements, year to date.
- All residential programs except Group Home, Substance Abuse and DYS Shelter beds were below budget for this quarter.

##### ***GRIEVANCES & INCIDENTS***

- Grievances against staff remain the most prevalent type of grievance.
- Total number of grievances increased from last quarter.

##### ***CASE RECORD REVIEW***

- The Standard of Practice indicator was set at 90% correct for all review categories.
- Program supervisor and area managers must review Confidentiality/HIPPA and Standard of Practice requirements with staff.

#### **B. Corrective Action Summary**

##### ***RECOMMENDATIONS AND /OR ASSIGNMENTS***

- An improved Training Report is still in process and is targeted to be completed during the 3<sup>rd</sup> quarter.
- The Area Manager for 19E must submit a corrective action plan to Best Practices Team concerning implementing the HDI and implementing GAF pre/post measuring by March 15, 2008.
- All residential program supervisors will need to review the Suicide Risk Assessments Policy & Procedures with staff by March 15, 2008.
- A report for Case Management Services compliance/completion rates was developed by Kerrie Logsdon of the Best Practices Team.
- A form for guardians to give consent for clients to participate in research is still being developed.
- COA standards state that PQI needs to be on staffing agendas: PQI 6.03 - Senior managers, and department and program directors, include PQI relevant short-term and long-term goals in their work plans and keep PQI on the agenda of staff meetings. All programs must immediately start including this in their staffings.
- All programs must have on file with Mona Barker and Beth Brooks the persons designated as grievance collectors and investigators by February 29, 2008.