Performance and Quality Improvement Annual Report 2019-2020

OUR VISION:

Focus on Youth is the chosen provider of quality foster care, adoption, and mental health services to children, families, and helping professionals.

OUR MISSION:

Improve the lives of children by providing strengths-based foster care, adoption, and mental health services that promote the permanency, safety, and well-being of youth.

Section One- Introduction

The Performance and Quality Improvement (PQI) annual report is for all stakeholders, including clients, staff, community members, board members, funders and any individual who is interested in the great work that we do. PQI in an integral part of our organization that works to advance efficient, effective service delivery, effective management practices, and achievement of strategic and program goals. Focus on Youth is always open and willing for new opportunities to change and grow. The goal of this report is to demonstrate our commitment to the clients we serve, our transparency for when things do not go as well as planned, and desire to receive feedback from others.

Accomplishments and opportunities for improvement are important factors we want to communicate to our stakeholders. Goals and targets are not always accomplished. At Focus on Youth, we seek to learn and grow from our experiences. As you read through this report, when you see progress that is not up to our expectations, there will always be a plan for how to address the challenge. Being able to take ownership of our shortcomings and work to improve them is an underlying philosophy of our organization. We use a simple icon system for our outputs and outcomes: a red circle means that we are more than 20% from our target and an improvement plan may be required, a yellow circle means that we are within 20% of our target and on track, and a green circle means that we are on or above target. This system will give you a quick look at our performance.

●	Stop - not on track to target
●	Slow – on track to target
●	Go – on target
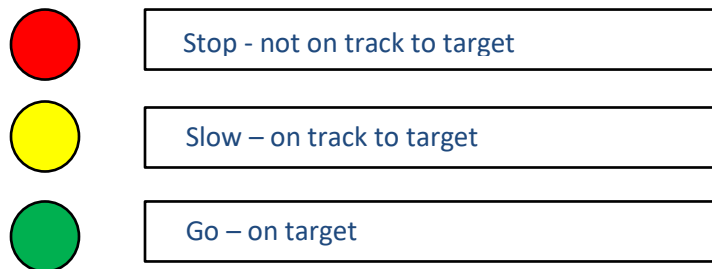
Section Two – Outputs

Focuses on Youth's outputs are simple numeric measurements of productivity. The outputs represents a certain number of services provided to a certain number of people by our staff and do not necessarily mean that clients are feeling better, children are in safer homes or that consumers are spending and saving more wisely. Later in the PQI Report, these measurements of actual client improvement will be discussed and reviewed.

Foster Care Number of Referrals

Chart (bar graph) — Foster Care Number of Referrals by fiscal year (FY09–FY20), y-axis 0 to 3500.
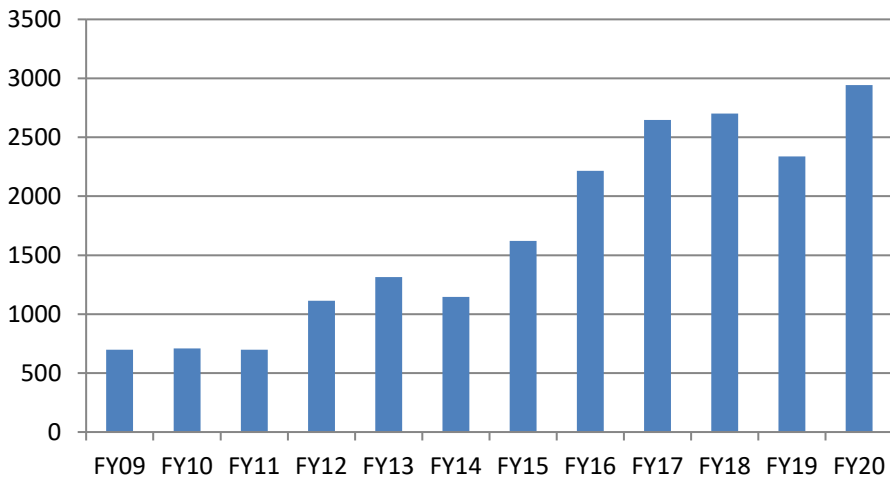
On Target

The number of referrals was above target. Referrals exceeded target by 12%. Focus on Youth expanded the diversity of referral sources.

Plan

We continue to work on increasing the number of referrals by seeking new opportunities and collaborations. COVID-19 impacted the number of referrals received.
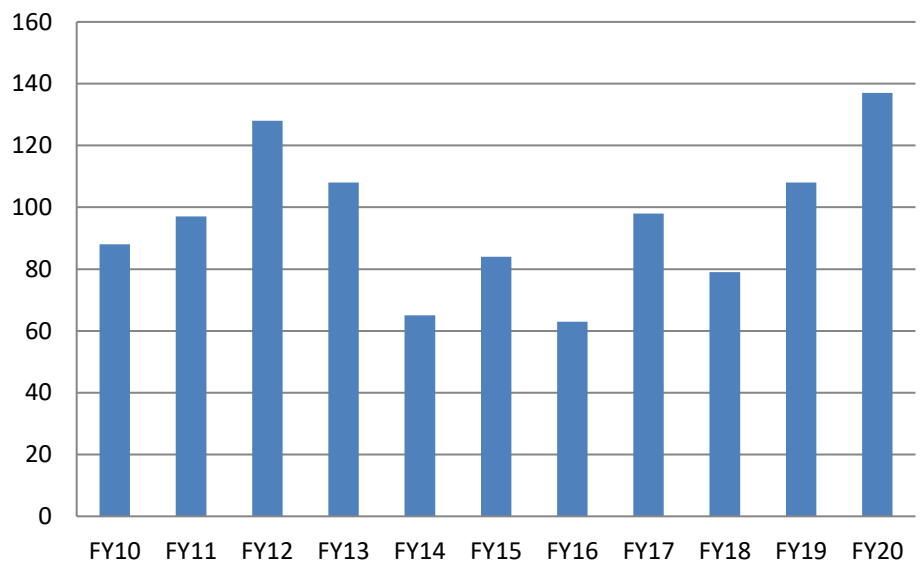
On Target

The number of placed foster youth was on target. Placement average was 22% above Focus on Youth's target.

Plan

Continue to keep our referral submission rate of 16% or above. Recruit homes and increase bed availability for youth that are being referred.

Number of Placements per Fiscal Year

Chart (bar graph) — Number of Placements per Fiscal Year (FY10–FY20), y-axis 0 to 160.
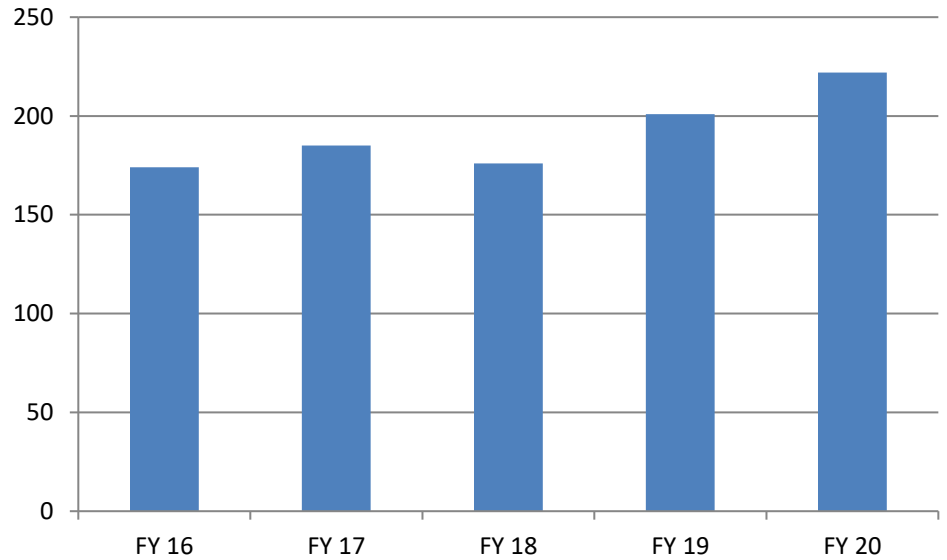
On Target

The number of clients served was on target and continues to increase quarterly. We were able to serve more through new collaborations.
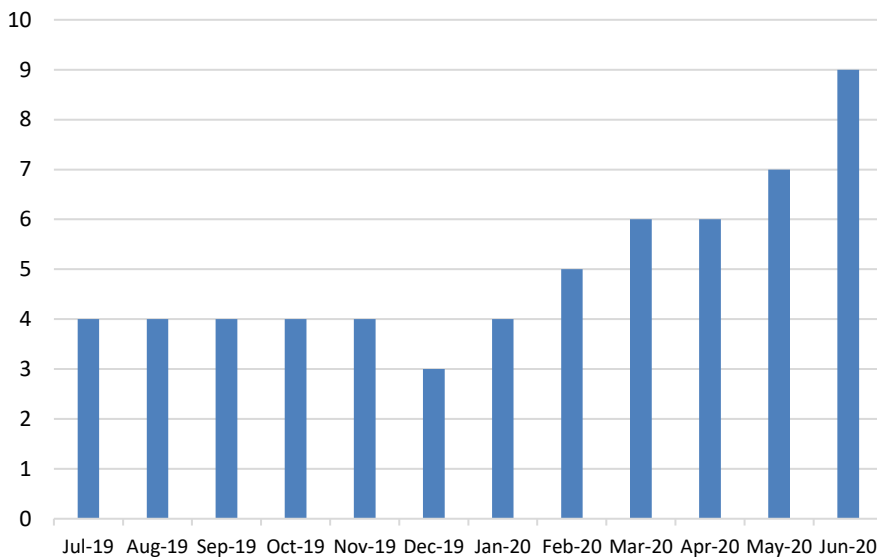
Plan

We hope to continue increasing the number of clients we serve to provide youth the permanency, safety, and well-being they need.

Foster Care Number of Clients Served

Year	Clients
FY 16	~174
FY 17	~185
FY 18	~176
FY 19	~201
FY 20	~222

Bridges Number of Clients

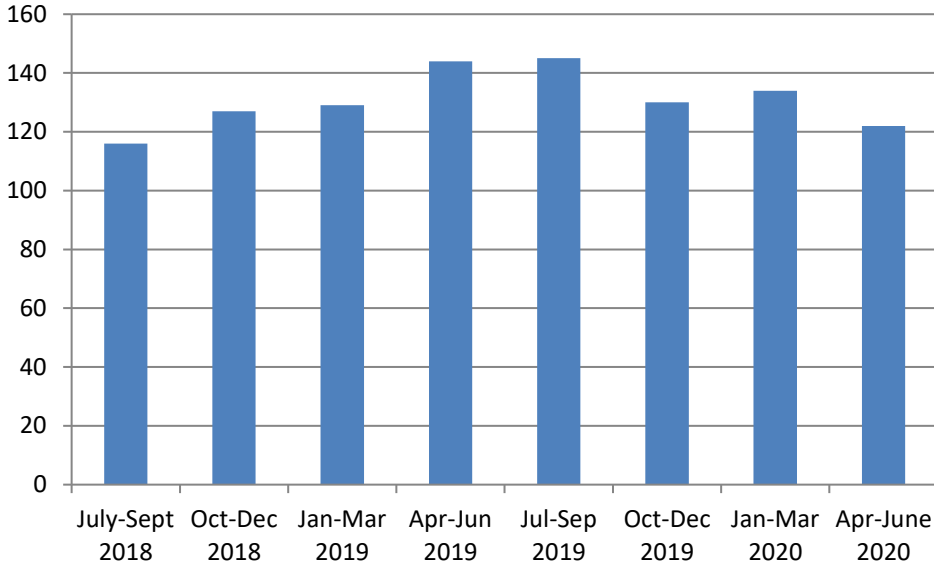| Month	Clients
Jul-19	4
Aug-19	4
Sep-19	4
Oct-19	4
Nov-19	4
Dec-19	3
Jan-20	4
Feb-20	5
Mar-20	6
Apr-20	6
May-20	7
Jun-20	9

On Target

The number of Bridges clients was on target for the year. As this is still a newer program, we continue to be able to assist more young adults.

Plan

Maintain 7 young adults in our Bridges program. Help young adults to complete the application process sooner to be able to serve the needs of more.

Behavioral Health Clients Served

Chart: Behavioral Health Clients Served

Period	Clients
July-Sept 2018	116
Oct-Dec 2018	127
Jan-Mar 2019	129
Apr-Jun 2019	144
Jul-Sep 2019	145
Oct-Dec 2019	130
Jan-Mar 2020	134
Apr-June 2020	122

Below Target
The number of clients that have been receiving behavioral health services decreased 21% YTD.

🔴

Plan
We hope to continue to increase the number of clients we serve by improving our number of behavioral health employees to meet the needs of youth and families.
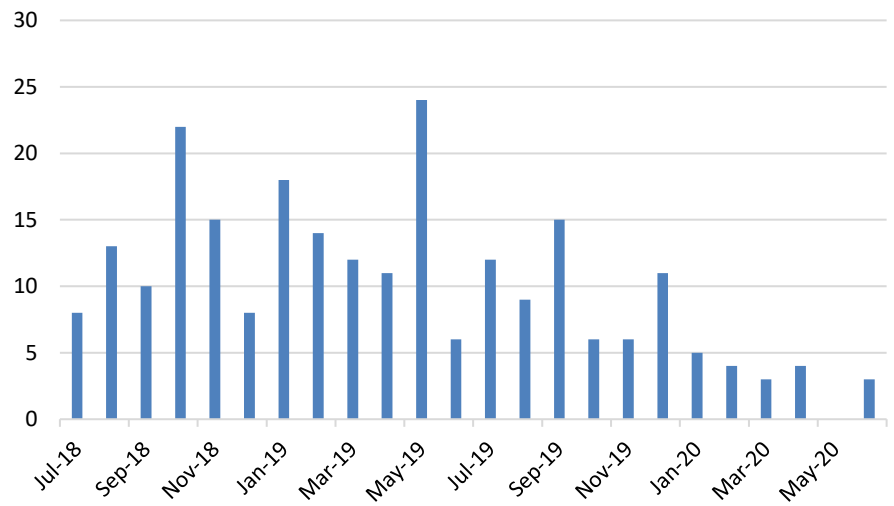
Below Target
The number of referrals accepted decreased due to staffing shortage and COVID-19 factors, such as implementation of Telehealth.

🔴

Plan
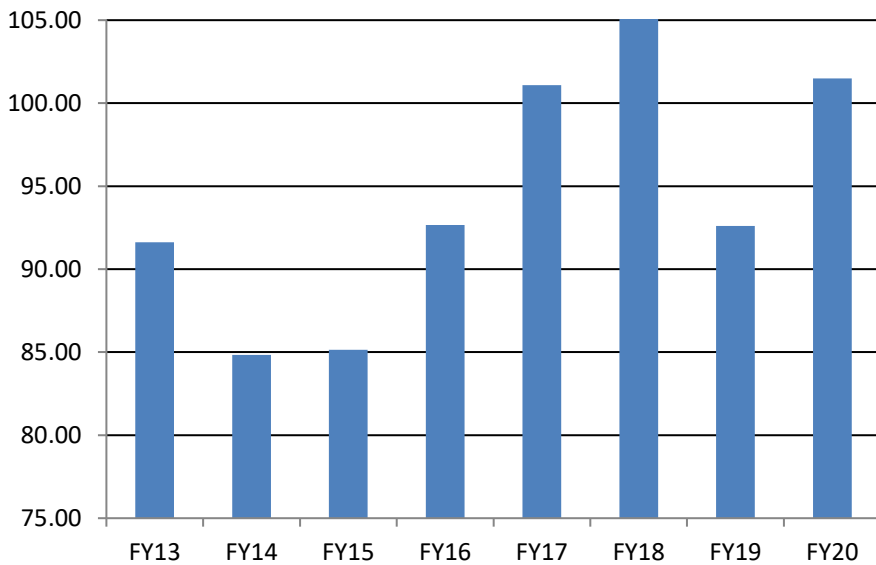We will improve client accessibility to care, productivity, processes, and continue to increase our positive reputation within the community.

Behavioral Health Number of Accepted Referrals

Chart: Behavioral Health Number of Accepted Referrals (Jul-18 through May-20)

Average Number of Children in Care

FY	Average
FY13	~91.5
FY14	~84.8
FY15	~85.0
FY16	~92.7
FY17	~101.0
FY18	105.00
FY19	~92.7
FY20	~101.5

Y-axis: 75.00, 80.00, 85.00, 90.00, 95.00, 100.00, 105.00

On Target
The average number of children in care was above target. This average was 3% above target. Target was achieved by an increase in the number of foster homes.

Plan
The goal is to continue increasing bed availability for placements by increasing recruitment efforts and licensed homes.

On Target
The number of trauma trainings decreased by 24% from the previous year. Due to COVID-19 in-person trainings were cancelled.

Plan
Improve overall competency in trauma-informed practice and service delivery. Offer trauma-informed trainings for staff and caregivers to meet the needs of clients, stakeholders, and community partners.

Training Institute Number of Trauma Trainings

FY	Number
FY17	~63
FY18	~86
FY19	~112
FY20	~85

Y-axis: 0, 20, 40, 60, 80, 100, 120
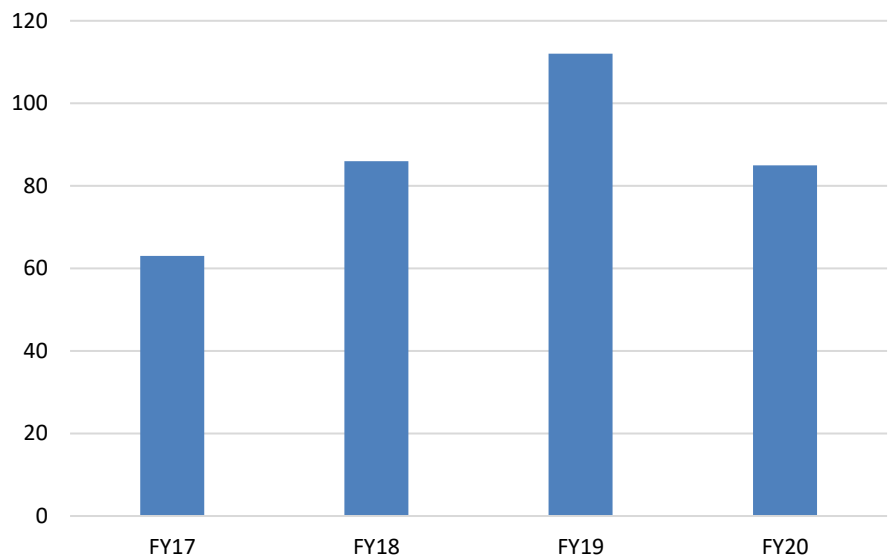
Section Three – Outcomes

Client outcomes show a sustainable change that demonstrates interventions are working and clients are getting better. Outcomes are measured on a monthly, quarterly, and annual basis and measured using different tools. Focus on Youth identifies client outcome trends and develops improvement plans as needed.

Foster Care Outcomes

The Child and Adolescent Needs and Strengths (CANS) Assessment is a tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allot for the monitoring of outcomes of series. The CANS assessment gathers information on child/youth's and parents/caregivers' needs and strengths. Strengths are the child/youth's assets: areas in life where he or she is doing well or has an interest or ability. Needs are areas where a child/youth requires help or serious intervention. Care providers use an assessment process to get to know the child/youth and families with whom they work with and to understand their strengths and needs. The CANS helps care providers decide which of a child/youth's needs are the most important to address in a treatment or service planning. The CANS also helps identify strengths, which can be the basis of a treatment or service plan.

The CANS is made of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. The provider gives a number rating to each of these items. These ratings help the provider, child/youth and family understand where intensive or immediate action is most needed, and where a child/youth has assets that could be a major part of the treatment or service plan. Finally, the CANS can be used to monitor outcomes. Focus on Youth' CANS data outcomes are generated comparing an initial assessment against a discharge assessment.

Focus on Youth monitors data outcomes from all the domains within the CANS assessment. However, below you will find a description of the domains that are our primary focus. The CANS assessment tools are completed by the agency Youth Specialist for each child at intake and discharge. The data reported is for the CANS Comprehensive 5+, used for children ages 5 and above. The tables and figures in the report include only records which contain valid data for associated variables. Each domain has a data outcomes table that shows the mean scores based on all children with intake and discharge scores within a two-year period. Positive client outcomes are determined when the mean score is above zero.

Problem Severity: Each tool contains a Child Behavior/Emotional Needs subscale and a Child Risk Factors subscale. Problem severity is based on the total of the scores for both subscales. A higher sum score of all the factors assessed on each subscale indicates more severe problems. Problem severity diminishment occurs when the mean scores at discharge are lower than the mean scores at intake. The table shows mean differences in CANS Child Behavior/Emotional Needs and Child Risk Behavior subscales categories between intake and discharge.

PROBLEM SEVERITY DIMINISHMENT

CHILD STRENGTHS GAIN
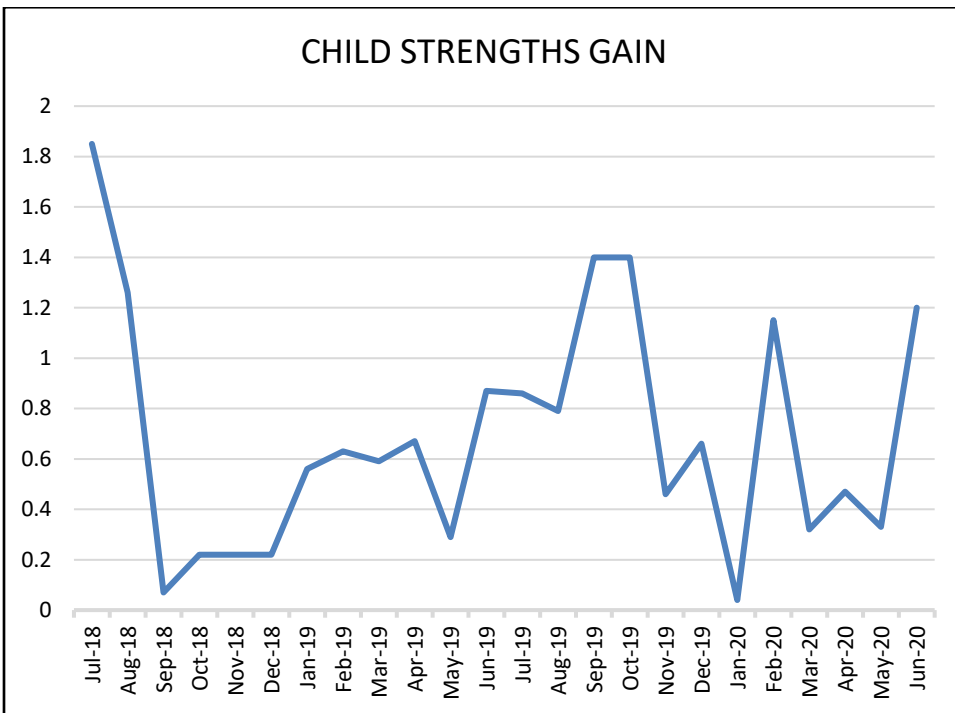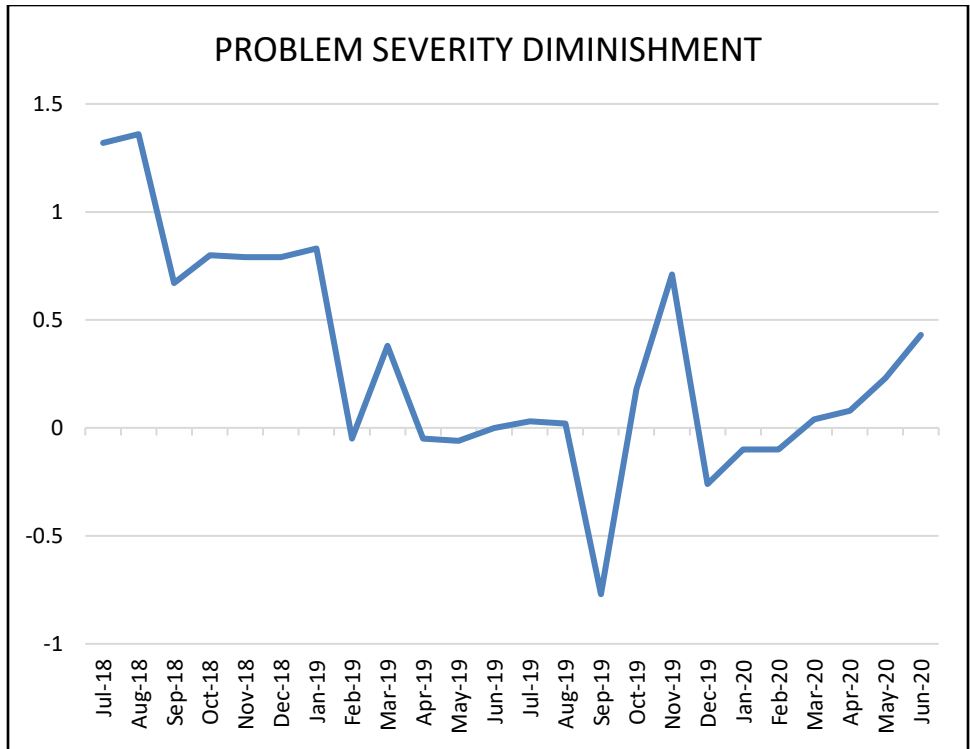
Child Strengths Gain: Each tool contains a Child Strengths subscale. Child Strengths is based on the scores from this subscale. A higher score indicates fewer strengths. Child Strengths Gains occurs when the mean scores at discharge are lower than the mean scores at intake. The table shows the mean differences in CANS Child Strengths subscales categories between intake and discharge.

Planned Permanency Caregiver Strengths Attainment: Each tool contains a Planned Permanency Caregiver Strengths and Needs subscale. Caregiver strengths and needs are based on the scores from this subscale. A lower score indicates a caregiver with more strengths and a higher score indicates a caregiver with more needs. Caregiver strengths attainment is measured by lower mean scores at discharge than at intake. The table show mean differences in CANS Planned Permanency Caregiver Strengths Attainment subscale category between intake and discharge.

PLANNED PERMANENCY CAREGIVER STRENGTHS ATTAINMENT

CHILD LIFE DOMAIN FUNCTIONING
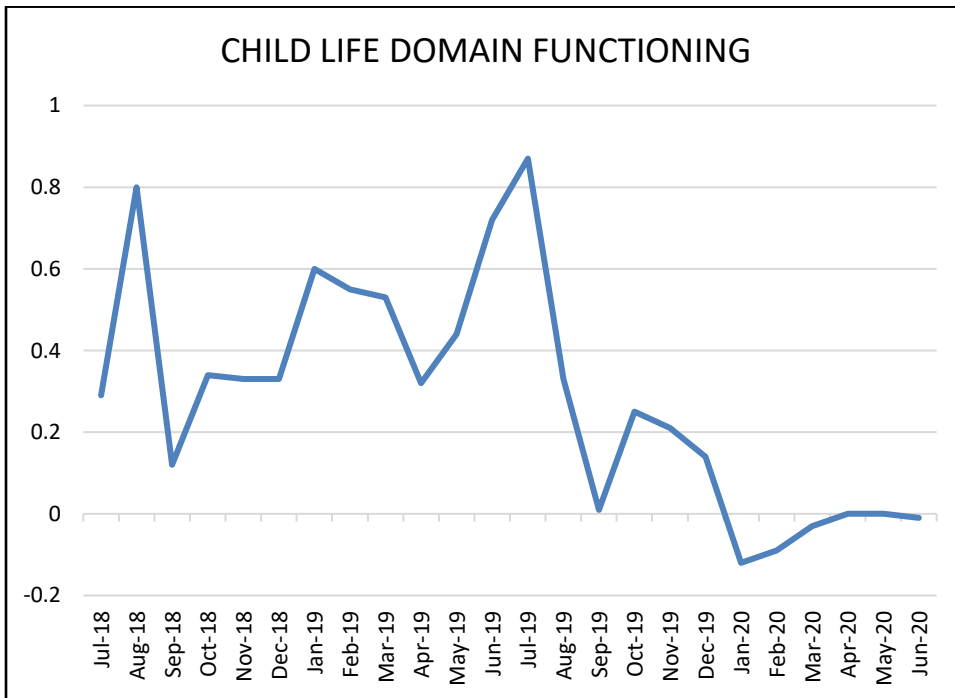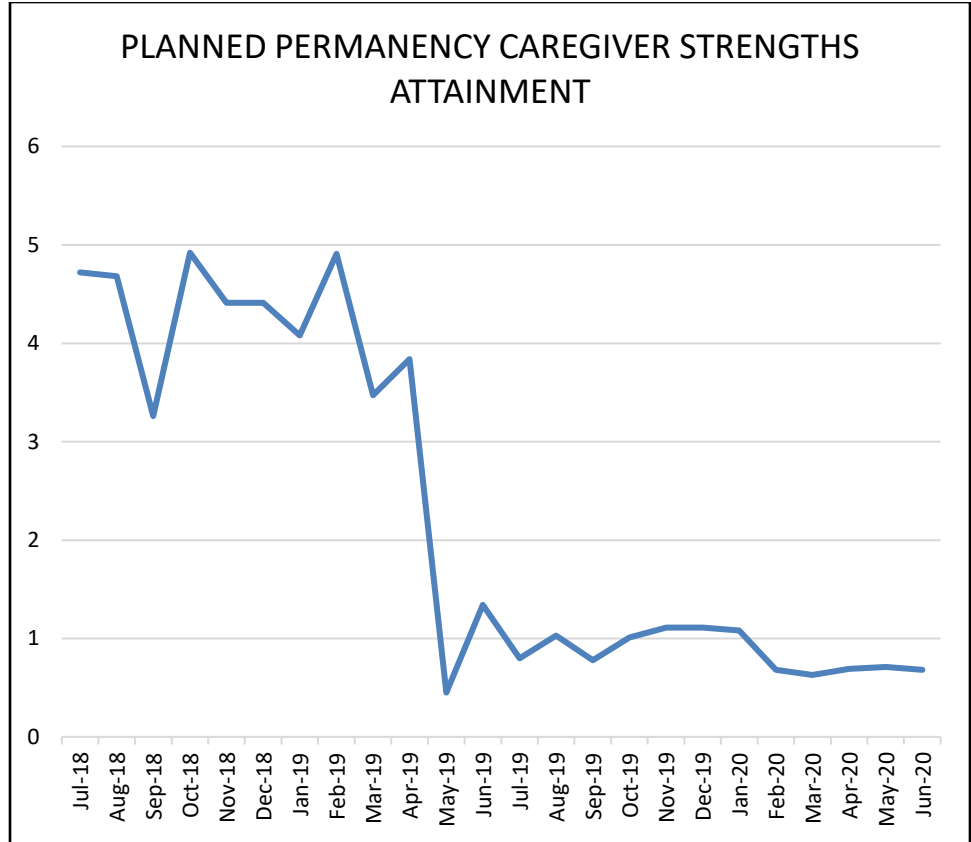
**Child Life Domain**: Each tool contains a Life Domain Functioning subscale. Life functioning outcomes are based on the scores from this subscale. A lower score indicates a more positive life functioning outcome. Positive life functioning is measured by lower mean scores at discharge than at intake. The table shows mean differences in CANS Life Domain Functioning subscale category between intake and discharge.

Child and Family Services Reviews (CFSRs) are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. These assessments are to ensure conformity with title IV-B and IV-E child welfare requirements using a framework to assess safety, permanency, and well-being outcomes and systemic factors. Also, it determines what is happening to children and families as they are engaged in child welfare services and assist states in helping children and families achieve positive outcomes. Focus on Youth integrates the CFSR outcome measures into our overall PQI system and ongoing monitoring to support federal, state, and public child welfare requirements. Outcome measures include permanency in 12 months, re-entry to foster care, placement stability, maltreatment, and timeliness of investigations. Well-being data is monitored through quarterly case reviews. Data only represents foster youth served by Focus on Youth.

Safety Indicator 1: Maltreatment in Foster Care: This measure is defined as, of all children in foster care during a 12-month period, what is the rate of victimization per 100,000 days of foster care (8 days in care + and 0-17 years old). Focus on Youth did not have any victimization of foster children in our care.

Safety Item Measure 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statues. Focus on Youth responded to all reports received and face-to face- contact with the child(ren) were made within the three-day time frame required.

P1: Permanency in 12 months for Children Entering Foster Care: This measure is defined as, of all the children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care (discharge to permanency is discharge to reunification with parents or primary caretakers; living with other relative(s), adoption, guardianship)(0-17 yrs. old; 8+ days in care; if child re-enters within 12-month period, this indicator will uses the first episode reported)? The national standard is 40.50%. Focus on Youth averaged 83.6%, which exceeded our annual goal.

Permanency in 12 Months for Children Entering Foster Care
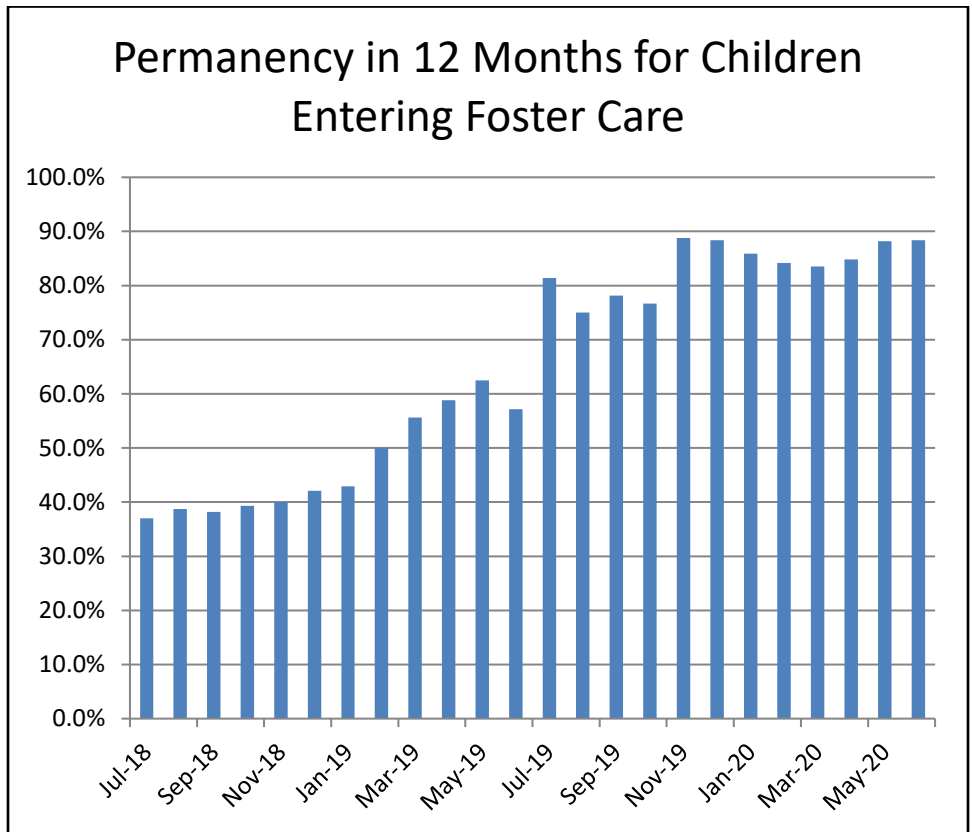
Re-Entry to Foster Care in 12 Months
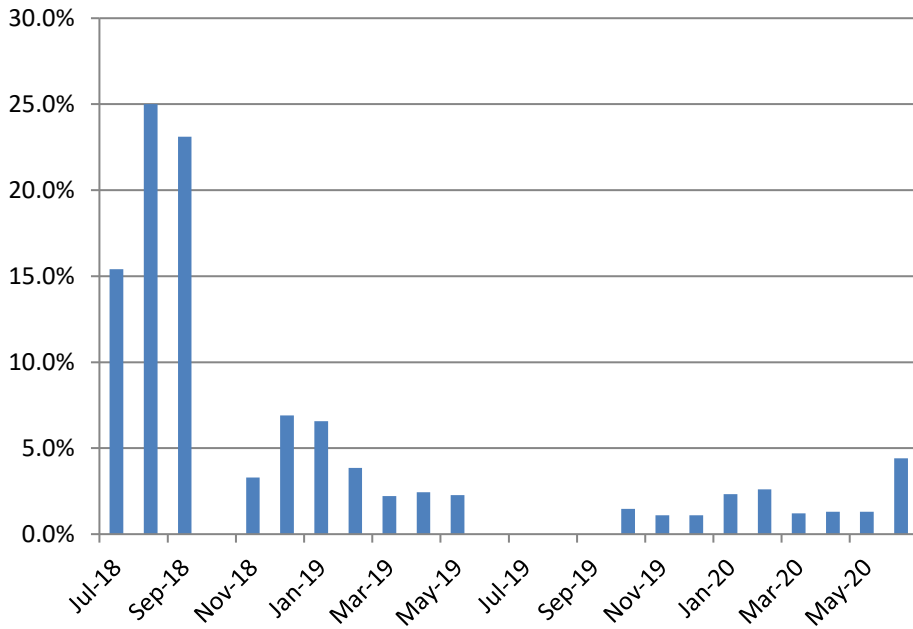
P4: Re-Entry to Foster Care in 12 Months: This measure is defined as, of all children who entered foster care in 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months of their discharge (8+ days in care; 0-17 years old; if child re-enters multiple times within 12 months of their discharge, only the first reported re-entry is selected)? The national standard is 8.30%. Focus on Youth averaged 1.40%, which was lower than the national and state average.

P5: Placement Stability: Focus on Youth (FOY) defines this measure as, of all the children who disrupted from a FOY home and were placed out of the FOY network. Out of FOY network means the child left FOY and moved to another private or public agency home. Data represents children of all ages. FOY averaged 0.01%, which met our annual goal of 1.00%.

Federal and state looks at the number of placement moves per 1,000 days of foster care.

Placement Stability
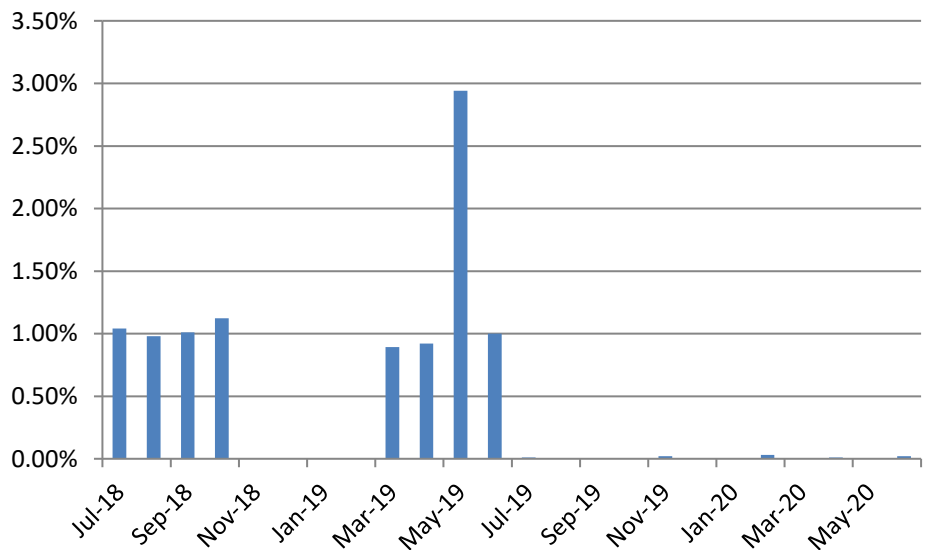
Behavioral Health Outcomes

Focus on Youth's Behavioral Health Program utilizes MyOutcomes®, a user-friendly, web-based tool for administering, scoring, and interpreting Outcome and Session Rating Scales. This is a leading web-based version of PCOMS, simplifies in person and telehealth outcome reporting, providing real-time feedback to inform and improve care. The advanced behavioral algorithms go beyond simply measuring average change. The reporting capabilities deliver more accurate client outcome reports while the standardized outcome tracking tools provide real-time analysis of client improvement.

The Outcome Rating Scale (ORS) is an ultra-brief outcome measure that enables clients to provide feedback through a Client Satisfaction Rating (CSR) on their perceptions of their progress in achieving their therapeutic goals. MyOutcomes® automatically plots each session's ORS on a continuous graph so that the therapist can determine if the trajectory of change is on course.

Key performance Indicator Definitions

Average overall (Raw) Change (ORS): Reports the difference between the Average Intake ORS sore and the Average Most Recent ORS Score. A score of 0 indicates no progress; a score of 6 or greater indicates a reliable clinical change. Data may include active clients who have not yet achieved full benefit from therapy.

Average Session Change (ORS): Reports the difference between the Average Session Target for therapy (the CSR for average last session ORS) and the Average Most Recent ORS Score. A positive number indicates that clients are experiencing greater change compared to the CSR; a negative number indicates that clients are experiencing less change than the CSR. This is a very reliable was to consider how clients are doing.

% of Clients Scoring in the Green Zone: Shows the percentage of clients reaching Session Target (Green Zone) at their last measurement. The Session target is the ORS score predicted for a given session. It reflects the amount of reliable change greater than chance, maturation, and measurement error.

Relative Effect Size (Service): Provides a measure of the effect of treatment compared with the grand mean (mean of the mean) of the effect of treatment for other clients in MyOutcomes®' extensive database with identical intake ORS scores. A positive relative effect size means an effect above average; a negative relative effect size means an effect below average. A relative effect size of 0 means the effect is average compared to the norm. A zero reflects the average performance of those individuals who started with the same ORS intact score. Values above or below zero reflect deviations from the average.

Key Performance Indicators

Average Overall (Raw) Change (ORS) :	3.9
Average Session Change (ORS):	2.1
% of Clients Scoring in the Green Zone:	76.8 %
Relative Effect Size (Service):	0
Number of clients with at least one session :	141
Average number of sessions per client :	9

Time and Treatment

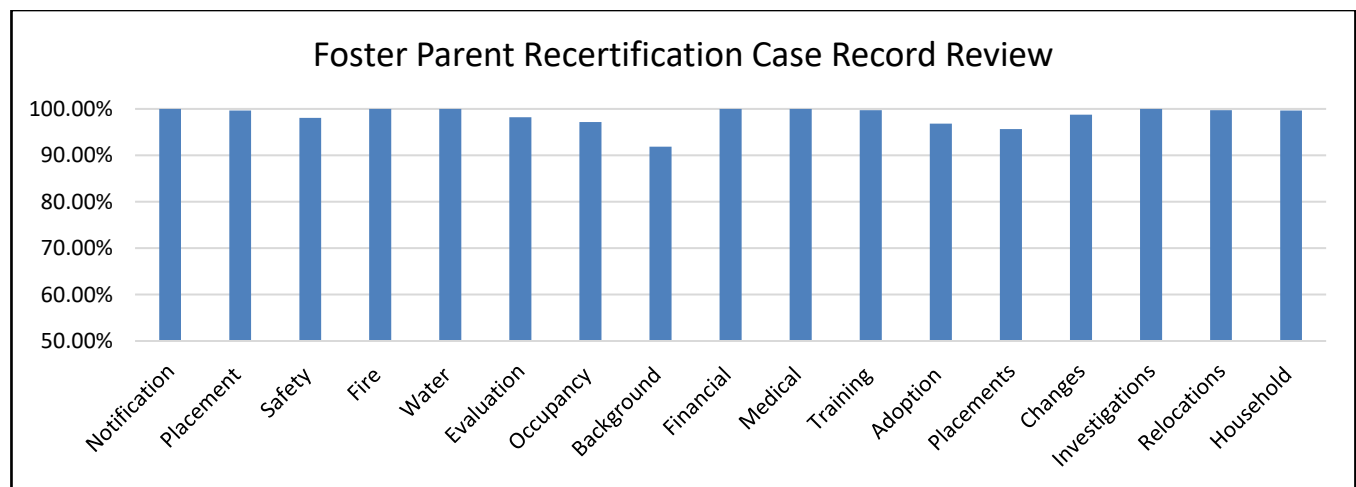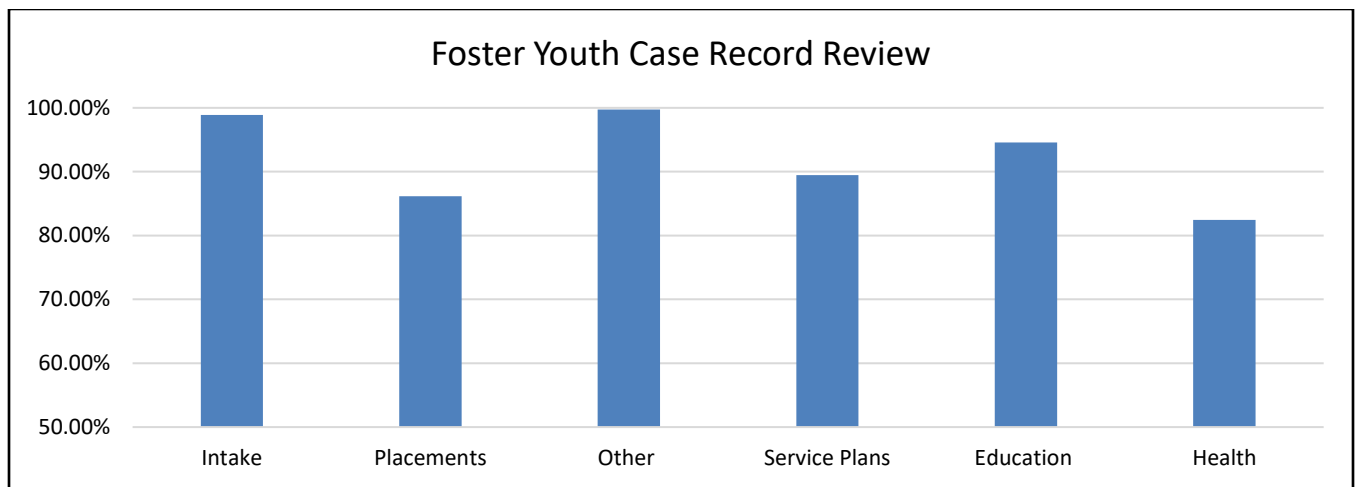|	
In Service for more than one year	71
In Service for more than two years	16
Average Treatment Duration	295.3

Recovery

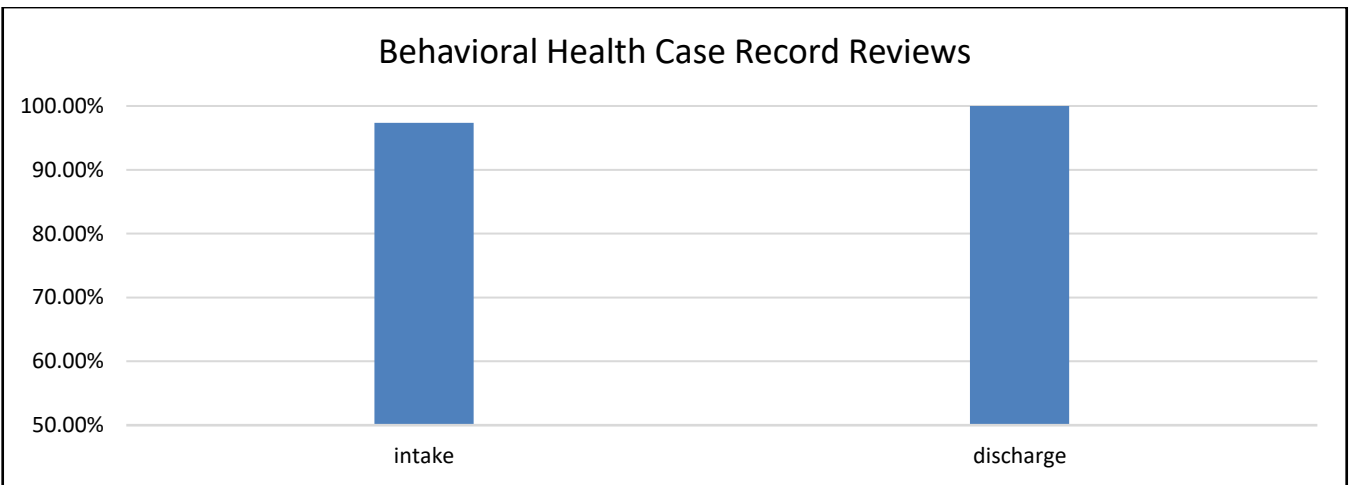|	
Number with positive change of 5 or more	56
Number above the clinical cut-off	90
Number above the clinical cut-off and / or have achieved a positive change of 5 points or more	93
Number with no change	17
Number with deteriorating change of 5 points or more	15

Healthcare Effectiveness Data and Information Set (HEDIS), created by the National Committee for Quality Assurance (NCAQA), is one of health care's most widely used performance improvement tools to ensure timely and appropriate care for clients. Focus on Youth's Behavioral Health Program regularly monitors HEDIS measures for clinical quality performance. Behavioral Health has multiple measures that include ensuring continuity of care and appropriate medication management. Focus on Youth is a member of the Ohio Children's Alliance Collaborative which monitors HEDIS outcomes to support Managed Health Care Organizations and improve care for all clients throughout Ohio. During 2018-2019 Focus on Youth's primary focus were on three HEDIS measures:

1. **Follow-up after hospitalization for mental illness.** This measure captures the percentage of clients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days of discharge. Focus on Youth's average was 85.7%. This outcome was above our annual goal. Focus on Youth strives to improve this outcome through staff training, client communication, and data cleaning.

2. **Follow-up after emergency department visit for mental illness.** This measure captures the percentage of clients 6 years of age and older who received a follow-up visit with a mental health practitioner within 7 days of date of emergency department visit. Focus on Youth's average was 87.5%. This outcome was above our annual goal. Focus on Youth strives to improve this outcome through staff training, client communication, and data cleaning.

3. **Follow-up care for children prescribed ADHD medication.** This measure captures the percentage of clients 6 years of age and older who received a follow-up visit within 30 days of newly prescribed ADHD medication. Focus on Youth's average was 91.7%. No improvement plans were required.
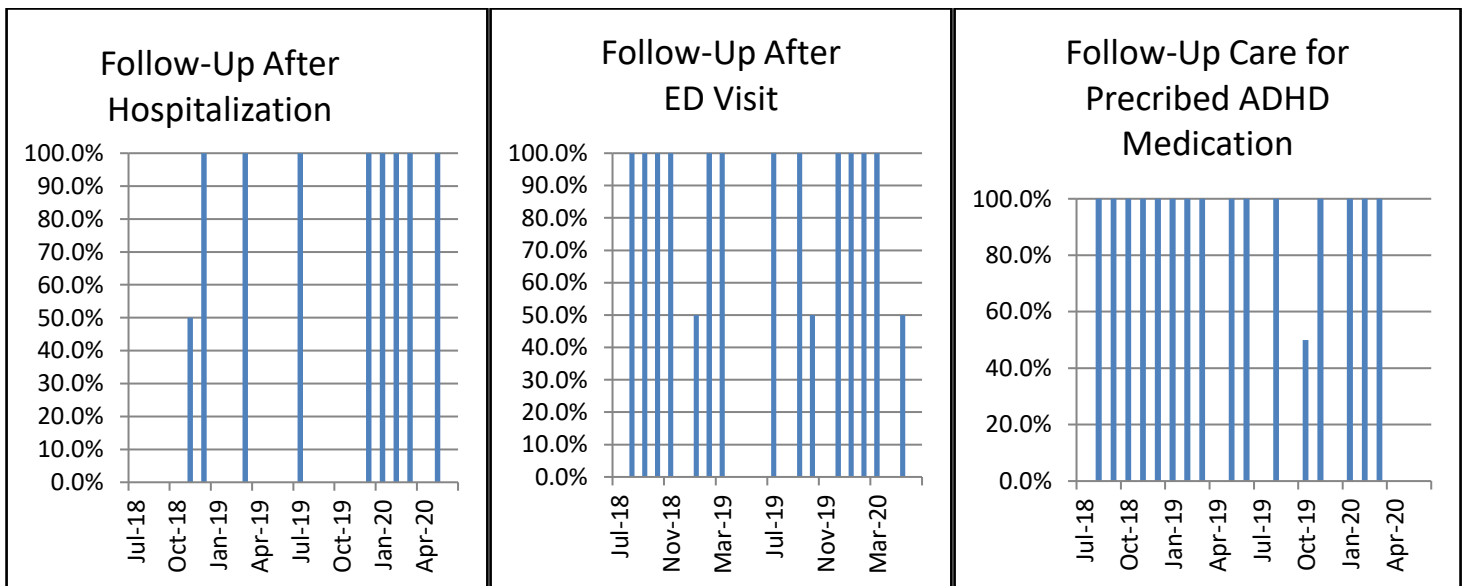
Case Record Review: Random case records are reviewed internally on a quarterly basis and are conducted by a variety of staff members from all different levels of the organization. The intent of the case reviews is to ensure that the records contain all the required information to provide service. It is an opportunity to assess the quality-of-service delivery and ensure that confidential information remains confidential. For foster care case records, Focus on Youth identifies the sections with the lowest three compliance percentages, addresses these areas in team meetings, and develop plans for improvement. Behavioral Health's target is 95% compliance in all reviewed sections. Non-compliance reports are created and distributed to programs to correct out of compliance concerns. Non-compliance often comes from unfiled documents.

Foster Youth Case Record Review

A bar chart titled "Foster Youth Case Record Review" showing compliance percentages (y-axis from 50.00% to 100.00%) for the following sections: Intake (~99%), Placements (~86%), Other (~100%), Service Plans (~89%), Education (~94%), Health (~82%).

Foster Parent Recertification Case Record Review

A bar chart titled "Foster Parent Recertification Case Record Review" showing compliance percentages (y-axis from 50.00% to 100.00%) for the following sections: Notification (~100%), Placement (~99%), Safety (~98%), Fire (~100%), Water (~100%), Evaluation (~98%), Occupancy (~97%), Background (~91%), Financial (~100%), Medical (~100%), Training (~99%), Adoption (~96%), Placements (~95%), Changes (~98%), Investigations (~100%), Relocations (~99%), Household (~99%).

Foster Parent Initial Case Record Review

Categories (left to right): Application, Compliance, Medical, Training, Criminal Checks, Safety, Fire, Water, Occupancy, References, Background Checks, Financa, Interviews, Approval, Placements, Adoption, Changes, Invesitgations, Relocation, Household

Y-axis: 50.00% to 100.00%

Behavioral Health Peer Case Record Review

Category	Approximate Value
ASSESSMENTS	90%
SERVICE PLANS	86%
OUTCOMES	91%
NOTES	98%
DISCHARGE	95%

Y-axis: 50.00% to 100.00%

Behavioral Health Case Record Reviews

Category	Approximate Value
intake	97%
discharge	100%

Y-axis: 50.00% to 100.00%

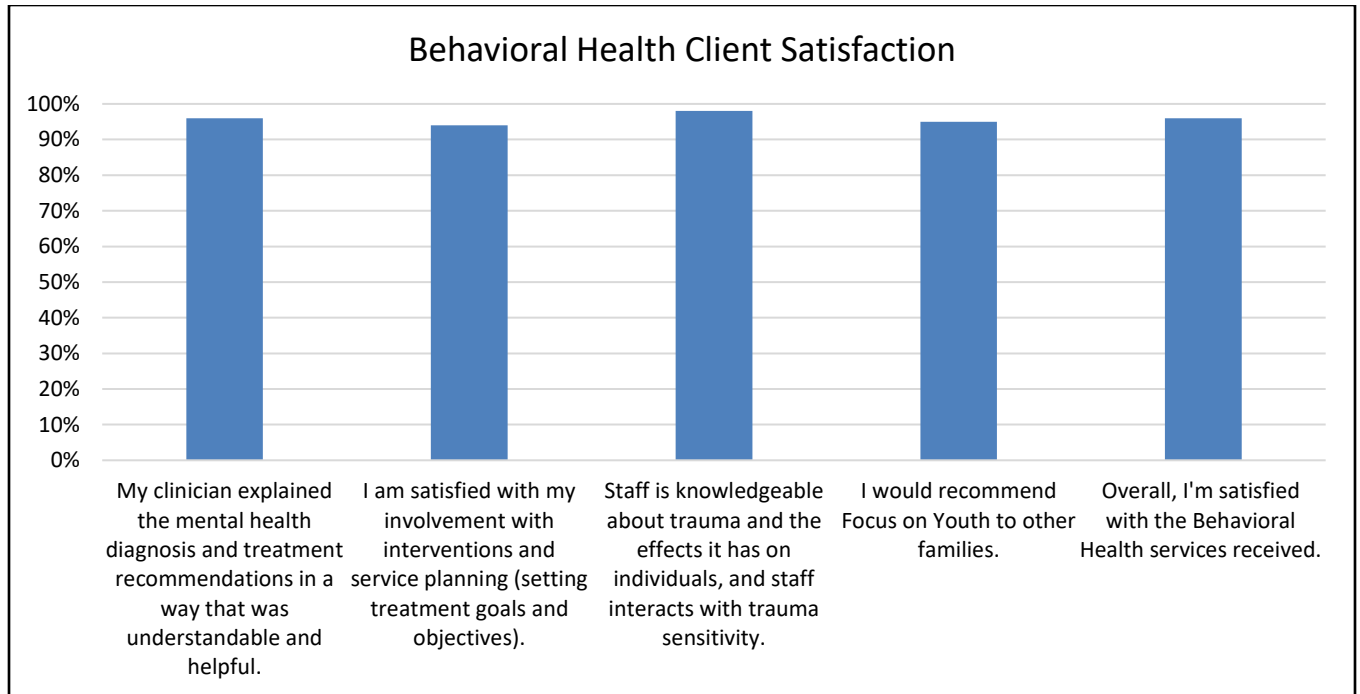**Caregiver and Behavioral Health Satisfaction:** Client satisfaction is very important to achieving our mission at Focus on Youth. Our goal is to get as many participants as possible. Some of the most valuable information we receive is through the comment questions of our surveys. There are always ways to improve. Based on responses Focus on Youth will be working on making sure foster families are aware of their youth specialist's supervisor for additional support and communication, addressing the importance of quality home visits, providing foster families with feedback and encouragement, and additional training around legal rights and protections.

Caregvier Satisfaction Survey

Question	Value
I would recommend Focus on Youth, Inc for foster care services	94%
Focus staff provides support that is culturally relevant and trauma-informed	96%
Focus staff treats me in a courteous and respectful manner	97%
The information in the trainings is useful, relevant, and helpful to me as a foster parent	100%
Helpful and responsive information was provided to my family upon placement by Focus on Youth, Inc	89%
Overall, as a foster parent, my involvement with Focus on Youth, Inc is a positive experience	90%

Caregiver Responses:

- "Our youth specialist has been an extremely helpful and nurturing social worker for us. She worked well with our family and was very accommodating."
- "Our youth specialist has been wonderful. I appreciate her going out of her way to help our family."
- "A wonderful Foster Care program, I recommend to anyone serious about becoming foster parents."
- "Our youth specialist is fantastic and has been so helpful."

Behavioral Health Client Satisfaction

A bar chart showing five survey questions, all with satisfaction rates between 90% and 100%:

- My clinician explained the mental health diagnosis and treatment recommendations in a way that was understandable and helpful. — ~96%
- I am satisfied with my involvement with interventions and service planning (setting treatment goals and objectives). — ~94%
- Staff is knowledgeable about trauma and the effects it has on individuals, and staff interacts with trauma sensitivity. — ~98%
- I would recommend Focus on Youth to other families. — ~95%
- Overall, I'm satisfied with the Behavioral Health services received. — ~96%

Behavioral Health Comments:

- "I like the thoughtful and considerate approach that the staff provides as well as the knowledge they have on trauma."
- "Our therapist is supportive, knowledgeable and we know that she has our best interest at heart."
- "I like the environment; I feel safe and comfortable here. I enjoy what I do with my therapist here. It is helpful."
- "They are accountable 100% and treat me with kindness and compassion. They don't sugar coat anything."
- "Everything possible is done to meet needs and tailor sessions to the individual child."

Future Plans: Focus on Youth hopes that you found the information contained in this report helpful. As we continue to provide quality services and positive outcomes, we look forward to working on the following items for our 2020-2021 fiscal year.

- Expanding services, incentives, and pay for performance.
- Advancing technology and information management.
- Improving safety, permanency, and well-being outcomes for children and families.
- Improving program with new innovations.
- Improve quality, efficiency, and value of service.
- Improving client accessibility to care.
- Expansion of grants and funding.
- Increase volunteer support and strengthen partnerships within the community.

Staff Acknowledgment: Data All Stars

Data All-Stars are staff members recognized for their involvement in Focus on Youth's culture of performance and quality improvement.

Andy Dodds, Administrative Assistant, received the Data All-Star award for data management in our electronic health records system. He continuously works to improve how data is inputted and collected within records. His support has helped to develop and provide improvements to quantitative and qualitative reports used by the PQI Department. Andy acquires, validates, stores, protects, and processes data to ensure accessibility, reliability, and timeliness of data for users. Assistance from Andy allows the PQI system to monitor progress toward achievement of strategic goals, manage programs and operations efficiency and effectiveness, support staff to meet program goals and have a positive impact on persons served, meet funder requirements, and promote the organization and its services throughout the community.

Sam Connellan, Youth Specialist, received the Data All-Star award for data management innovation. Her innovative idea contributed to the ability to be successful with clients, partner agencies, and played a large role in the engagement and satisfaction of employees. Talented employees, such as Sam, are motivated in staying at the forefront of their field and improve processes that contribute to the success of their organizations. She introduced an app that staff could utilize for scanning documents to improve productivity while remote working, impacting the entire organization. The PQI department is supportive of new ideas, products, processes, and procedures to achieve objectives and perform work tasks.

Contact: If you have any feedback about this report, please contact via email or phone:

Jeanie Kleiber, Performance and Quality Improvement Manager
jkleiber@focusonyouth.com or (513) 644-1030