

Quality Improvement Annual Report
Fiscal Year 2023 (July 1, 2022-June 30, 2023)
August 2023



Status of FY23 Quality Improvement Goals

FY 2023 Quality Improvement Goals

1. *Strengthen internal residential data sharing process to ensure monthly QI data goes out to RTC leadership by the 15th of the month.*

Achieved - Monthly reports are distributed to residential supervisors, clinical and division directors as well as executive leadership between the 13th and 15th of the month. Data includes FTC compliance, FASP Timeliness, PHR data, PYA data, Incidents data and Length of Stay meeting summaries.

2. *Begin preparations for the upcoming Council on Accreditation recertification process. Activities include but are not limited to reviewing existing programs and updating necessary manuals and documentation; reviewing standards and distinguishing which are applicable to new and to existing programs.*

In Process / On Track - The COA accreditation process is underway. Preliminary Self Study was submitted in July 2023 and QIDM is working with programs to prepare for the Self Study due date (September 2023) and On-Site Review (November 2023).

3. *Participate in the development and implementation of performance targets and service definitions for the updated ACS Foster Care Scorecard based on the outcome of the ACS Family Foster Care RFP, and ensure programs are prepared for new requirements and compliance activities of EFFC (Enhanced Family Foster Care) contracts.*

Tabled / Continued – ACS has repeatedly postponed the workgroup with agencies for Scorecard revisions. CV is tracking existing metrics in the meantime.

4. *Resume agency-wide monthly Social Work Orientation to build capacity around child welfare and casework practice.*

Achieved - Social Work Orientation resumed in February 2023 and has been scheduled monthly. The schedule has been designed to follow Cohorts A and Cohorts B of CVOT to allow new staff to seamlessly receive necessary training at the beginning of their CV tenure. Due to the COVID-19 related lapse, SWO has been open to all existing staff who may have missed out and to those who feel they may need a refresher.

5. *Residential programs will strengthen collaborative efforts to increase Family Engagement adherence measures to within the 60-79% threshold (yellow).*

Partially achieved – Scores have improved but are not universally at the target threshold across divisions. This goal will be carried forward to FY24.

6. *Resume monthly cottage permanency reviews.*

Achieved - Reviews resumed in October 2022. The review meetings are scheduled on a monthly basis. They are chaired by Chief Program Officer and include participation from the VP of

Residential Programs, Division Director and Clinical Leadership as well as the case worker, individual therapist, aftercare teams, and personnel from other support areas.

7. *Continue to enhance custom reporting capacity in MyEvolv.*

In Progress / On Track – The IT Department has expanded capacity in this area using SQL report writer based on feedback from program areas. Further development is needed to fully operationalize custom reporting and get all managers and relevant staff on board.

QI Committee Activities

- The Quality Improvement Committee has continued to meet on a quarterly basis. QIDM has provided reports to the QI Committee to allow for review and greater discussion around areas of strength and those areas in need of improvement within programmatic and administrative departments. Some key areas highlighted were the need to strengthen documentation practices across all child welfare divisions as well as ensuring that staff are equipped with technology and credentials necessary to timely and properly access NYS and NYC databases to complete their work.
- During FY23 there were no Medicaid Compliance concerns or fraud presented to the QI committee. The January 2023 Medicaid Compliance report highlighted that in May and June 2022, during routine oversight of personnel serving in our OASAS substance abuse outpatient program, we identified coding errors in some of our claims. We notified OASAS and the MCO payors for these claims, rectified the billing, and determined, in consultation with oversight partners, that no additional action was required.
- QIDM has continued to support programs agency-wide via a host of quality improvement and compliance monitoring activities. Continued QI activities include but are not limited to: FASP timeliness, Family Team Conference compliance, Permanency Hearing Report submissions and timeliness monitoring, Incident report completion, restraint reporting, PIP/CAP tracking, and case record reviews. QIDM also continues to support fidelity to the campus' Integrated Treatment Model (ITM) through adherence measures and increased Environmental Observations.
- MyEvolv- OneTeam meetings which include representation from IT, Netsmart, Residential, CFTSS, Finance and QIDM have continued throughout FY23. Some key areas that have been improved during this fiscal year include updating of evaluation and assessment forms built into the system in order to better align with OMH regulations, and updating of RAISE progress note templates to reflect OASAS' most recent treatment planning guidance. In addition to the listed improvements, the most recent project has focused on the development of a referral system within MyEvolv to ensure more seamless internal and external referral processes.

FY 2023 Ultimate Outcomes

The following pages reflect each agency program’s achievement in core service delivery goals as jointly defined by the programs and QIDM, as well as the total number served in each program.

Program Name	Youth Served	Outcomes	Totals	Comments
Transformative Mentoring Initiatives	89	Employed Youth	47%	6 mentoring programs
		Youth Avoided re-arrest	84%	
Child and Family Treatment and Support Services (CFTSS)	61	Prevented Hospitalization	90%	
Education & Employment Center	189	Youth received job search resources	153	
		Youth received job readiness skills	52	
Empower House	9	Increased school attendance	89%	
		Reduced AWOL	89%	
		Discharged to community or lower level of care	50%	
Family Foster Care	339	Meet combined ACS Permanency Targets (KinGAP & Adoptions)	64%	Adoption 12/21-51% KinGAP 11/15- 73%
FCAP/Alternatives to Detention (ATD)	33	Youth remained in community (avoided placement)	85%	
FCAP/Non-Secure Detention	87	Youth discharged to community (avoided placement)	34%	
Health Home Care Management	406	Prevented Hospitalization	94%	
Inwood-Maya’s Place	187	Youth exit to TIL or housing upon discharge	80%	
		Enrolled in college, GED or educational/vocational program	51%	
		Youth Employed	48%	
Inwood- Victory House	23	Youth exit to TIL or housing upon discharge	50%	
		Enrolled in college, GED or educational/vocational program	83%	
		Youth Employed	74%	

Program Name	Youth Served	Outcomes	Totals	Comments
Inwood PPP-AOBH	7	Youth enrolled in college, GED or educational program	100%	
Inwood- CAPP/Teen Choice	1882	Making Proud Choice- indiv counseling 167, Group counseling -110, Crisis services-198	100%	Total DYCD enrollment target= 1200
Inwood-PRIME	724	Youth enrolled in afterschool programming	100%	
Inwood-Drew Hamilton	392	Afterschool/Teen Programming; Participants in mixed age group	100%	
Immigration Relocation Project*	310	Legal consultation	185	*Program started 3/16/23
		Families relocated	19	
		Know Your Rights workshops	73	
Jackson Rapid Intervention Center (JRIC)	105	Severity of symptoms reduced	100%	
		Return to same or lower level of care (prevent hosp or step ups)	99%	
		Length of stay 21 days or less	89%	
Life's Bridges (TLP)	10	Youth obtained permanent housing upon exit from program	83%	
Preventive Services- Functional Family Therapy	60	Youth remained in family home during services	98%	data reflects various model adaptations
		Youth employed or in school	100%	
		Youth with no arrests	100%	
Preventive Services- Multisystemic Therapy	180	Youth remained in family home during services	81%	data reflects various model adaptations
		Youth employed or in school	80%	
		Youth with no arrests	76%	
Residential Treatment Center- Child Welfare	116	Youth leave care for permanency or step-down to community	88%	
Residential Treatment Center- Juvenile Justice	27	Youth released to community or lower level of care upon discharge	83%	Avg LOS 7 months
		Youth discharged within 8 months (reduce length of stay)	72%	
The Sanctuary (Shelter)	105	Youth discharged with stable housing/exit plan	96%	
The Sanctuary (Hotline)	287	Referrals or information provided on calls when requested	100%	

Program Name	Youth Served	Outcomes	Totals	Comments
Transformative Mentoring Initiatives	89	Employed Youth	47%	
		Youth Avoided re-arrest	84%	
RAISE Program*		Eligible youth actively enrolled	86%	*Data reflects numbers since program re-opening in April 2023. Total served for entire fiscal year= 29 ^too soon for completion data
		Successful Completion	N/A^	
		Engaged and model adherent youth (earned 165 RAISE bucks)	100%	
		Youth admitted to RTC assessed for program eligibility	39%	
STEP Aftercare	23	Youth remained in home or community setting during services (prevent return to res care)	100%	
Stepping Stones/Transitional Housing	17	Youth obtained permanent housing upon exit from program	77%	
Unidos por un Sueño - Therapeutic GH	8	Avg. length of Stay in program (Days)	88	
Unidos por un Sueño - Staff Secure	28	Avg. length of Stay in program (Days)	67	
Unidos por un Sueño-Shelter	1114	Avg. length of Stay in program (Days)	31	
WAY Home (Aftercare)	10	Youth remained in stable discharge setting (maintain housing/prevent return to care)	100%	
		Youth graduated or currently enrolled and earning credits	100%	
		Youth avoided contact w/criminal justice system	95%	
		Youth 17+ are working at least part-time	80%	
WAY to Success (Scholarship)	118	Youth maintained stable housing and engaged in goal attainment	100%	
Total served	6,956			

FY 2024 Quality Improvement Goals

1. Residential programs will continue to improve Family Engagement practice in order to increase family bonding and permanency discharges, and reach the yellow threshold (60-79%) in the ITM Adherence metrics.
2. Children's Village will participate in the development and implementation of performance targets and service definitions for the updated ACS Foster Care Scorecard in support of the new requirements and activities of new Enhanced Family Foster Care (EFFC) contracts.
3. Improve demographic data collection capacity within MyEvolv system, in order to better track and address disparate outcomes among marginalized groups as part of the agency's ongoing focus on equity and undoing racism.
4. Complete COA re-accreditation cycle on schedule by March 2024.
5. Resume the annual Length of Stay in Residential Treatment report in order to track permanency outcomes and improve practice.
6. Support Family Enrichment Center programs in developing data collection and reporting tools, in order to build evidence for the efficacy of primary prevention.
7. Assist ACS preventive programs (MST and FFT) with improving tracking and oversight tools in order to strengthen overall case practice and support staff development.
8. Enhance QIDM support for the RAISE program in accordance with OASAS regulations. QIDM will assist with monthly case record reviews, bi-weekly case conferences, and quarterly data tracking.
9. Enhance program data collection and outcome measures to further incorporate participant and family voice.