

Lutheran Child and Family Services of Illinois

Key Performance Indicators (KPIs) for
Lutherbrook Children's Center

Selection of KPIs

- State Mandates
- Growing Federal Expectations
- Benchmarking Data
- At Lutherbrook an evolution of utilizing meaningful data from benchmarking to CQI
- Asking the Question: “How do we know that our program is successful?”
- Advocating for appropriate levels of care, including Residential

Building Bridges Initiative

- **Incorporated philosophies to create goal:**

- Youth-Guided
- Family-Directed
- Continually -Improving
- Community -Connected
- Evidence- Based
- Integral Part of System of Care
- Cultural-Competence

Lutherbrook Goal

To partner with youth, families, and communities to build strengths that result in an enduring experience of belonging and well being

Partnering

- Youth Surveys
 - Safety
 - Family Involvement
 - Cultural Belonging
 - Skills
 - Involvement in Future Planning
- Treatment Opportunity Days (example – engagement with psychotropic hospitals)
- Medicaid Utilization
- Fiscal solvency
- Occupancy

Strengths

- Restraint free days
- Staff Retention
- Cottage Cleanliness
- Employee Safety

Belonging

- Discharged to Less Restrictive Setting
- Discharged to Family Setting
- Sustained Favorable Discharges
- Negative Discharge Rate
- Median Length of Stay

Means of Sharing

- PQI Form
- LBK Wall
- Youth Council
- All Staff Training
- Community Program Council
- Share with Community Law Enforcement



Lutheran Child and Family Services of Illinois

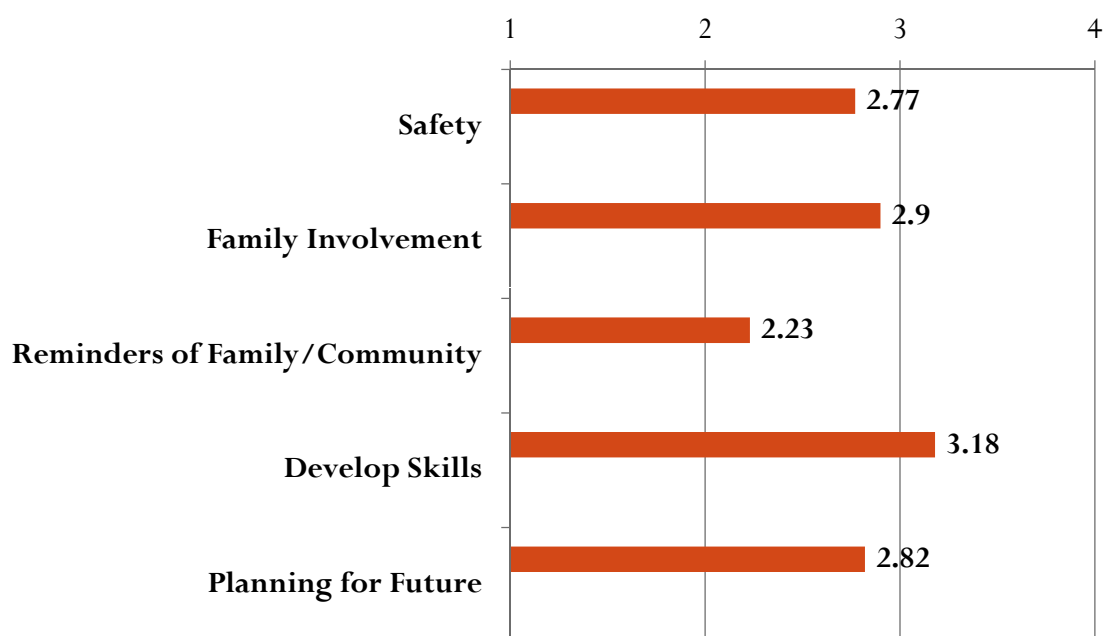
Performance and Quality Improvement
QUALITY INDICATOR DATA REPORT FORM

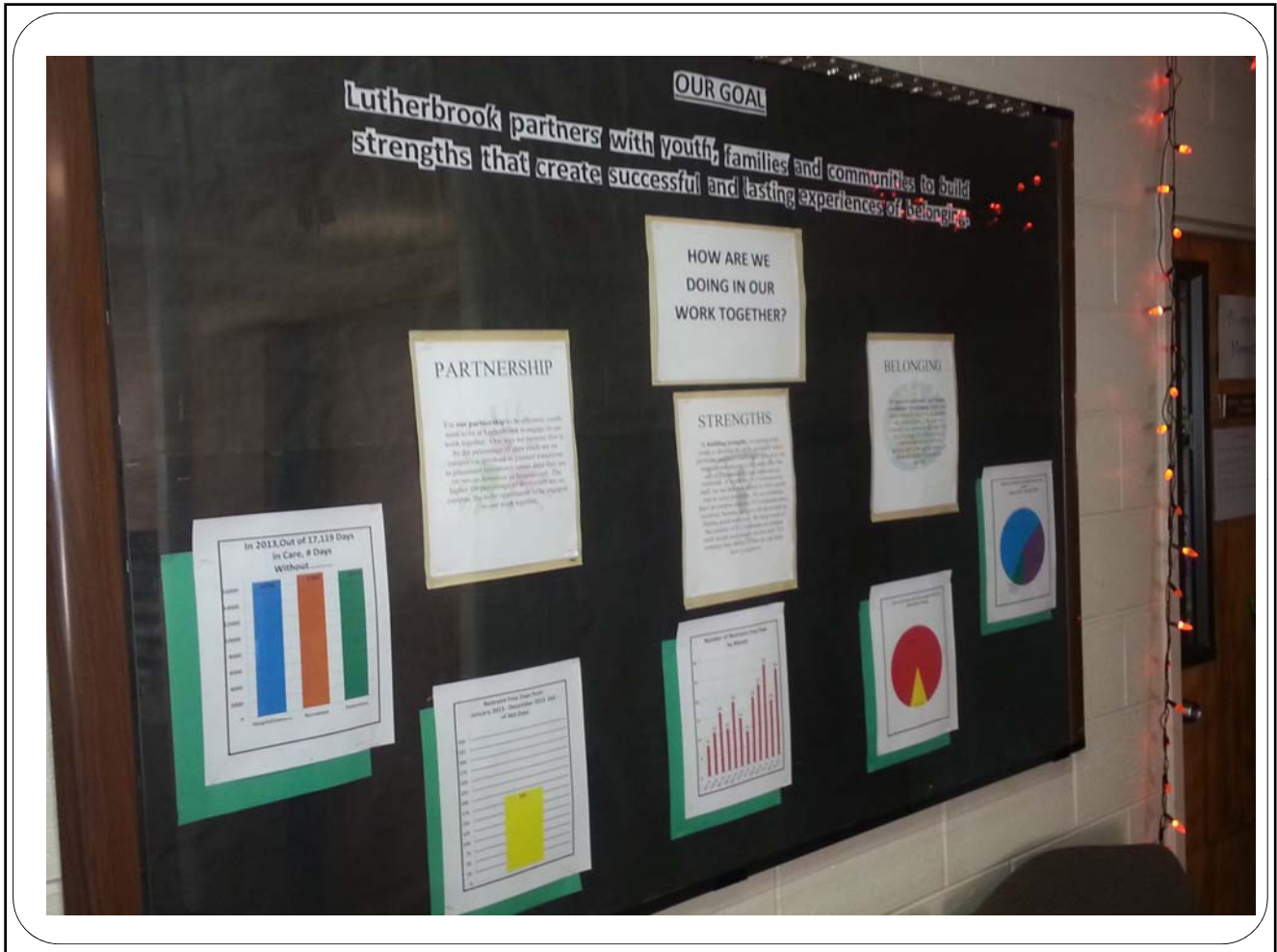
COLLINS GROUP HOME

Contract: 013006 - 402

Domain	Indicator	Type of Indicator	Goal Expectation/ Measure	FY14-Q1	FY14-Q2	FY14-Q3	FY14-Q4
Partnership Collaboration	Treatment Opportunity Days*	Output	93.50%	90.09%	97.78%	98.37%	100.00%
	Days without Hospitalizations	Output	93.50%	86%	100%	100%	100%
	Days without Detentions	Output	93.50%	92%	95%	98%	100%
	Days without Runaways	Output	93.50%	100%	100%	100%	100%
			100%/AR Medicaid/ Budgeted Medicaid				
	Medicaid Utilization*	Process		80%	88%	116%	127%
	Financial Solvency*	Output	revenue/ expenses >= 1	0.92	0.96	1.03	1.01
	Occupancy	Process	100%	90%	80%	64%	76%
Strengths	Restraint Free Days	Output	100%	100%	100%	100%	99%
	Staff Retention for Child Care Workers	Output	Trend Downward	0	3	3	4
	Cottage Cleanliness	Output	100%	100%	89%	100%	83%
	Employee Safety (workman's comp)	Process	Trend Downward	7	6	5	5
Belonging	Discharged to Less Restrictive/Community Setting	Outcome	70%	86%	50%	100%	75%
	Discharged to Less Restrictive/Family Involvement	Outcome	55%	67%	50%	50%	75%
	Weighted Sustained Favorable Discharges*	Outcome	40.00%	22%	42%	64%	67%
	Negative Discharge Rate*	Outcome	<15.5%	20%	15%	9%	8%
	Median Length of Stay	Output	less than 548 days	771	469	363	363
*FY to Date Measures							

Survey Results – 39 Youth Mean Score





Example of CQI

- In the first quarter, treatment opportunity day rate goal not achieved.
- Data exploration revealed the cause was due to youth having repeated and lengthy stays in psychiatric hospitalizations
- Team meetings resulted in identifying steps to improve this measure:
 - LBK Staff committed to connecting with hospital staff
 - Identified one (rather than several) hospital with whom to partner
 - Change in perspective – hospitals are not to fix the youth and return them
 - Pump up the involvement rather than awaiting their return
 - Protocols developed for working together
- By the next quarter, TODR rate achieved and subsequently maintained.

Example of CQI

- During a Youth Council discussion of survey results around the area of safety, the youth expressed that child care workers on cell phones made them feel less safe.
- A policy prohibiting regular cell phone usage was implemented.
- A good example of youth-driven change

Challenges/Future Direction

- Psychotropic Medications – measure utilization (goal-decrease)
- More Valid Outcome Measures (including educational – DCFS collaborating with ISBE)
- Measuring impact rather than Outcomes (success at various lengths of time post-discharge – 6 months, 1 year, etc.)
- Success of continuum of care – measures focusing on youth more so than different programs (e.g. Why different benchmarks for foster care and residential when the youth have the same challenges and ultimately the same goals?)

