The Evolution of Performance Improvement: Recipes for Success

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Evanston Adolescent Day School

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Social Worker
Evanston Adolescent Day School

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Social Worker
Evanston Adolescent Day School
Program Overview

• A private therapeutic day school

• Approved by the Illinois State Board of Education and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

• Operates year round
Population Served

- Ages 12 – 19
- Identified as having ED, LD, OHI (However, primary focus is ED)

Students served present with the following diagnoses

- Anxiety Disorders (OCD, GAD)
- Major Depression
- Bipolar Disorder
- Attention Deficit Hyperactivity Disorder
- Some Psychotic Disorders
Program Philosophy

- Students can make academic progress while working on emotional issues
- Adolescents can benefit from structure and support to remain safe and to achieve optimum level of functioning
- Using “here and now” approach to issues
- The milieu is a microcosm of the community where one can practice coping skills and adaptive behaviors
- Educational and clinical interventions are highly individualized based on strengths and needs
Goals of the Program

- Students will demonstrate academic performance that is commensurate with their intellectual ability
- Improve student attendance
- Students will increase coping skills and adaptive behaviors
- Help students to improve executive functioning
- Facilitate student centered post-secondary planning
- Facilitate reintegration
- Facilitate and support the improvement of family relationships
- Promote student empowerment, autonomy and use of self advocacy skills
- Teach and model interpersonal effectiveness skills
Improving Students Ability to Manage the Demands of School
Performance Improvement Plan

- Changes in Depressive Symptoms
- Attendance
- Academic Credit

Intake BDI-II Score

- DBT/CBT Group Therapy
- Family Involvement
- Milieu Therapy
- Individualized Instruction
- Study Hall

- BDI-II Score Quarterly Review
- Number of Credits Earned/Semester
- IEP Goal Quarterly Review

Staff Training
F.A.D.E.

- Focus
- Analyze
- Develop
- Execute & Evaluate
**F. A. D. E. Process**

- Evolution of measuring performance improvement
- Our “recipe”
  - Identify the issue
  - Start a Committee
  - Work the model
  - Evaluate
  - Repeat
  - Begin again

Performance Improvement is not a single linear process!
Current Areas of Focus

- Measurement of Changes in Depressive Symptoms - BDI-II
- Credit Completion per semester
- Attendance
- Family Involvement
Identifying Goals

- Based on Individual needs of currently enrolled students
- Determined by evidenced based practices available
- Outcome driven
- Measurable
Data Collection

- Collect background information and review available research
- Identify the baseline
- Quarterly assessment of quantitative and qualitative data
- Emphasis on committee and program staff accountability
Current Interventions

- DBT/CBT
- Group therapy daily
- Family therapy/ parent support group as individually indicated
- Milieu therapy
- Individualized educational intervention, such as referral for study hall

Interventions are
1. Individualized
2. Multi-leveled
3. Co-Occurring
Evaluation Process

• Information and outcomes reviewed at least quarterly, more as indicated by the identified committee
• Scorecard
• Areas with low “scores” are re-evaluated and staff training needs are assessed
• **Staff training initiated**
• Re-evaluation
Digital learning standards in Illinois schools are being redefined to increase student access to and knowledge of technology as a means to enhance the learning process. In order to comply with the state’s five year plan to enhance digital age learning, we will increase use of integrated technology in the Adolescent Day School learning environment.

<table>
<thead>
<tr>
<th>FOCUS ISSUE/DATA</th>
<th>ANALYZE ANALYSIS/OPPORTUNITY FOR IMPROVEMENT?</th>
<th>DEVELOP ACTION PLAN</th>
<th>EXECUTE/EVALUATE RESPONSIBILITY/PERFORMANCE MEASURES/FOLLOWUP</th>
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</thead>
</table>
| 1. Explore and promote understanding of ISBE learning standards applicable to technology.  
2. Identify areas of non-compliance with the above named standards.  
3. Inventory of current technology to inform a needs assessment of technology  
4. Collect information on the uses of technology/digital media in other public and private educational institutions  
5. Research resources & grants | 1. Create a technology committee  
2. Seek organization/department support needed to acquire and install technology.  
3. Draft a technology proposal and distribute to key stakeholders if indicated.  
4. Identify, acquire, and utilize new technology such as hardware, software, online resources, and other forms of digital media. | Review Outcomes on quarterly basis  
Tasks accomplished  
New Technology acquired-hardware software etc.  
Observations of technology used in the EDS learning environment  
Technology Committee  
Carole Hynes  
Jennifer Rose  
Jamie Halloran  
Patrick McKenna  
Esther Moon  
Sasha Von Varga  
Regina Roallos |
## FOCUS

**ISSUE/DATA**

1. Family involvement in treatment has been shown to increase patient’s likelihood of success in treatment and therefore is a requirement of the program.
2. In order to optimize success for students, the committee is examining the factors effecting parent involvement in programming with a goal of increasing attendance at parent’s group and family therapy.

## ANALYZE

**ANALYSIS/OPPORTUNITY FOR IMPROVEMENT?**

1. Review parent group and family therapy attendance.
2. Track attendance monthly

## DEVELOP

**ACTION PLAN**

1. Phone interviews conducted and questionnaire to be distributed by Social Work Intern.
2. Create a needs assessment report and distribute to staff.
3. Develop an intervention and examine the need to modify programming based on data.

## EXECUTE/EVALUATE

**RESPONSIBILITY/PERFORMANCE MEASURES/FOLLOWUP**

- Review Outcomes on a monthly basis
- Parent Group Attendance
- Family Therapy Attendance

**Committee**
- Jennifer Rose, LCSW
- Jamie Halloran, LCSW
- Patrick McKenna, & Esther Moon

**Educational Specialists**
<table>
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| 1. It often takes students several semesters to earn academic credit prolonging their academic career and time in treatment.  
2. Students with Chronic Academic underachievement who are not earning credit may be at risk for additional social emotional or self-esteem issues.  
3. Goal is to increase percentage of students earning credit to a minimum of 78% per semester. | 1. Identify students with repeated Incompletes for consecutive semesters or more than one incomplete during the last grading period.  
2. Track academic progress and grades for identified students  
3. Assess possible factors effecting academic achievement  
   a. family involvement  
b. therapy and med compliance  
c. use of study hall  
d. outside academic supports  
e. attendance  
f. homework completion  
4. Track percentages of students who are earning credit in each class each semester and those who are not. | 1. Conduct Analysis of Credit Completion at the end of each semester and monitor changes  
2. Review IEP goals and accommodations for students.  
3. Refer student for additional educational supports i.e. study hall, tutoring etc.  
4. Notices sent to family include midterm progress report and grade report.  
5. Maintain consistent communication with between ADS staff and families i.e. if student is in danger of not earning credit, monthly progress meetings will be held. | Review Monthly  
Student Participation/Work completion  
Attendance  
Family involvement  
Study Hall Attendance  
Monthly contact between parent and teacher  
Committee  
Adolescent Day School Staff |

Committee/Group: Adolescent Day School  
Date or Timeframe: 2010-2011  
Academic Credit Updated (9/2010)
# PERFORMANCE IMPROVEMENT REPORT

**Committee/Group:** Adolescent Day School  
**Date or Timeframe:** 2010-2011  
**Attendance Updated:** (9/10)

## FOCUS

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| 1. a. Students are often admitted for problems with poor attendance  
  b. Poor attendance prevents students from accessing an education and treatment  
  c. Students are unable to make academic or therapeutic progress if not attending. |

## ANALYZE

<table>
<thead>
<tr>
<th>ANALYSIS/OPPORTUNITY FOR IMPROVEMENT?</th>
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</table>
| 1. Review attendance policy and procedures  
  2. Track attendance for identified students  
  3. Assess factors effecting attendance  
   a. family involvement  
   b. medication change  
   c. outside therapy |

## DEVELOP

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
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</thead>
</table>
| Develop and implement tx plan  
Quarterly review of IEP benchmarks  
Send 5 day notice to student, family & school district after 5 consecutive absences  
Refer student/family for additional social services interventions if indicated  
Develop Functional Behavioral Assessment |

## EXECUTE/EVALUATE

<table>
<thead>
<tr>
<th>RESPONSIBILITY/PERFORMANCE MEASURES/FOLLOWUP</th>
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</thead>
</table>
| Review Outcomes on a monthly basis:  
Attendance  
Family Involvement  
Case managers  
Regina Roallos |
**EVANSTON NORTHWESTERN HEALTHCARE**  
**PERFORMANCE IMPROVEMENT REPORT**  
Committee/Group: Adolescent Day School  
Date or Timeframe: 2010-2011  
BDI-II Updated (9/2010)

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| 1. Students often enter the program with varying depressive symptoms that impact their ability to function in the educational environment.  
2. In addition to a specialized educational curriculum, group therapies, milieu therapies and family therapies, all students participate in evidence based Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy (CBT). It is imperative to monitor the efficacy of treatment and look for areas of improvement. The BDI-II is given at intake and then quarterly as part of the DBT/CBT program  
3. Our goal is to measure the changes in depressive symptoms quantitatively through use of the BDI-II, expecting a consistent decrease in scores over time. | 1. Baseline assessment of depressive symptoms recorded at intake using the Beck Depression Inventory  
2. Quantitative Data collected quarterly or more as clinically indicated. BDI-II scores tracked individually and as a whole. Mean score and changes recorded  
3. Compare increases or decreases in scores with trends in attendance and students’ ability to earn academic credit.  
4. Evaluate staff training initiatives and identify deficit areas. | 1. Develop staff training opportunities aimed at increasing staff knowledge of intervention techniques with students.  
2. Monitor efficacy of staff training via development and use of an assessment tool, staff discussion, and demonstration of ability to perform interventions/techniques.  
3. Refer students with stagnant or elevated BDI-II scores for additional supports, interventions, or outside services.  
4. Review patient’s clinical and academic treatment plans with patient and family on at least a quarterly basis.  
5. Modification of DBT/CBT curriculum as well as patient treatment based on findings. | Review Outcomes on a quarterly basis  
1. BDI-II scores for individuals as well as mean score  
2. Ongoing staff training  
3. Patient Self Report  
4. Review and compare change in depressive symptoms concurrently with student attendance and academic credits earned  
Committee  
Adolescent Day School  
Program Staff |
BDI-II Changes in Depression Scores Over Time

Quarterly Assessment
July 2009 - June 2010
## F.A.D.E Score Card

**FADE COMMITTEE: ADOLESCENT DAY SCHOOL**

**PI Scorecard 2009**

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Goal</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
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<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>YTD AVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Attendance Rate</td>
<td>80%</td>
<td>308/376</td>
<td>333/426</td>
<td>359/449</td>
<td>377/504</td>
<td>341/460</td>
<td>331/431</td>
<td>395/465</td>
<td>380/460</td>
<td>388/445</td>
<td>337/504</td>
<td>78.7%</td>
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</tr>
<tr>
<td></td>
<td>82%</td>
<td>308/376</td>
<td>333/426</td>
<td>359/449</td>
<td>377/504</td>
<td>341/460</td>
<td>331/431</td>
<td>395/465</td>
<td>380/460</td>
<td>388/445</td>
<td>337/504</td>
<td>78.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Therapy Attendance</td>
<td>98%</td>
<td>24/33</td>
<td>17/18</td>
<td>14/18</td>
<td>25/26</td>
<td>22/23</td>
<td>14/16</td>
<td>21/22</td>
<td>29/31</td>
<td>24/27</td>
<td>26/26</td>
<td>90.3%</td>
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<tr>
<td></td>
<td>73%</td>
<td>24/33</td>
<td>17/18</td>
<td>14/18</td>
<td>25/26</td>
<td>22/23</td>
<td>14/16</td>
<td>21/22</td>
<td>29/31</td>
<td>24/27</td>
<td>26/26</td>
<td>90.3%</td>
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<tr>
<td></td>
<td>7%</td>
<td>4/57</td>
<td>2/44</td>
<td>4/96</td>
<td>11/96</td>
<td>1/69</td>
<td>2/17</td>
<td>1/18</td>
<td>2/22</td>
<td>9/44</td>
<td>3/46</td>
<td>2/47</td>
<td>N/A</td>
<td>7.66%</td>
</tr>
<tr>
<td>Credit Earned-Semester</td>
<td>78%</td>
<td>13/19</td>
<td>15/19</td>
<td>15/19</td>
<td>15/19</td>
<td>15/19</td>
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<td>15/19</td>
<td>73.5%</td>
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<tr>
<td></td>
<td>68%</td>
<td>13/19</td>
<td>15/19</td>
<td>15/19</td>
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<td>15/19</td>
<td>15/19</td>
<td>15/19</td>
<td>73.5%</td>
</tr>
<tr>
<td>Brief Depression Inventory Mean (change over baseline)</td>
<td>14.6 (-1.5)</td>
<td>13.8 (-3.8)</td>
<td>12.79 (-4.9)</td>
<td>14.6 (-1.5)</td>
<td>13.8 (-3.8)</td>
<td>12.79 (-4.9)</td>
<td>14.6 (-1.5)</td>
<td>13.8 (-3.8)</td>
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<td>12.79 (-4.9)</td>
<td>14.6 (-1.5)</td>
<td>13.8 (-3.8)</td>
</tr>
</tbody>
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## FADE COMMITTEE: ADOLESCENT DAY SCHOOL
### PI Scorecard 2010

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<tr>
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<th>YTD AVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Attendance Rate</td>
<td>80%</td>
<td>83%</td>
<td>83%</td>
<td>79%</td>
<td>75%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>75%</td>
<td>83%</td>
<td>85%</td>
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</tr>
<tr>
<td>Family Therapy Attendance</td>
<td>98%</td>
<td>84%</td>
<td>97%</td>
<td>81%</td>
<td>76%</td>
<td>81%</td>
<td>82%</td>
<td>72%</td>
<td>90%</td>
<td>89%</td>
<td>83%</td>
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</tr>
<tr>
<td>Parents' Group Attendance</td>
<td>20%</td>
<td>23%</td>
<td>10%</td>
<td>14%</td>
<td>13.6%</td>
<td>19%</td>
<td>8.8%</td>
<td>5.5%</td>
<td>12.5%</td>
<td>7%</td>
<td>15%</td>
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</tr>
<tr>
<td>Credit Earned-Semester</td>
<td>78%</td>
<td>30%</td>
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<td>62%</td>
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<tr>
<td>BDI % of students with a decrease depressive symptoms ***</td>
<td>100%</td>
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*Scores compared to previous measure*
Student Vignette

Johnny is a 15 year old sophomore boy from Libertyville. He resides with his mother, father and 2 siblings. Johnny is the eldest child in the family. He presents with OCD, Social Anxiety and Depression. In the milieu, he appears defensive and confrontational. Generally, his affect is labile and his mood is anxious. He can be passive aggressive and hostile when he is dysregulated. Further, he is needy and lacks self-esteem. Nonetheless, he is motivated to feel better. Some of Johnny’s strengths include having above average intelligence and being a talented writer.

• Application of the PI model
# EVANSTON NORTHWESTERN HEALTHCARE
## FADE COMMITTEE:
### ADOLESCENT DAY SCHOOL
#### 2010

**Johnny**

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<td>80%</td>
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<tr>
<td>Family Therapy Attendance</td>
<td>95%</td>
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<tr>
<td>Parents’ Group Attendance</td>
<td>2</td>
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<tr>
<td>Homework Completion</td>
<td>95%</td>
<td></td>
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<tr>
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<tr>
<td>Monthly parent teacher contact</td>
<td>Y/N</td>
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* a = attendance modified due to approved student vacations
  b = attendance modified due to teacher institute day
  c = attendance modified due to student hospitalization
Challenges: Why We Aren’t Perfect

- Integrating learning throughout the various aspects of program and at home.

- Parent Involvement

- Monitoring Changes in emotional through only one tool, i.e. BDI-II

- Effectiveness of individual interventions unclear due to multi-leveled approach

- Integration of clinical and educational interventions

- Lack access to some of the resources, such as computer-based learning that the larger public schools have to assist students in their treatment and Interventions
Ideas For the Future

• Technology Committee

• Transition Class

• Integrating DBT/CBT into complete program

• Increase Parent Education

• Implementation of other measures for tracking of data
Where To Go From Here...
Contact Information

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