USING CONTINUOUS QUALITY IMPROVEMENT TO IMPROVE CHILD WELFARE PRACTICE

A Framework for Implementation

Development of Framework

On February 16-17, 2005, Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement convened a group of 28 national child welfare continuous quality improvement (CQI) experts. This group of experts included public child welfare administrators, supervisors, and workers; constituents served by child welfare agencies, including caregivers and young people; child welfare researchers and academics; and child welfare policymakers. (A complete list of these participants can be found in Appendix A.)

The primary goal for this meeting was to develop a comprehensive framework that would help guide the development and implementation of CQI systems in public child welfare agencies. This was accomplished over the course of these two days, as the experts shared strategies that had been successful in their own experience as well as identified common barriers to being able to implement CQI in ways they thought would be most effective.

This framework is a synthesis of these discussions and it describes how public and private child welfare agencies can develop and implement real and sustainable continuous quality improvement systems and processes to improve child welfare practice. It neither prescribes nor recommends concrete best practice models or implementation strategies, but instead identifies the key components of continuous quality improvement for child welfare.

Overview of CQI

Continuous quality improvement means different things to different people. For the purposes of this framework, continuous quality improvement (CQI) is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. And perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders[1] throughout the process.

CQI is not a time limited project or initiative. It is the ongoing process by which an agency makes decisions and evaluates its progress. Because for most agencies it is a complete transformation in the way decisions are made, creating a comprehensive and

[1] Throughout this framework, "stakeholders" are intended to include caregivers, other public entities, community partners, contracted providers, and courts.

complete CQI system takes a significant amount of time and effort. Any agency implementing CQI can expect the implementation will go through several stages of evolution and development. Thus, the implementation of CQI requires sustained and committed leadership.

While there is no single roadmap to implementing CQI in a child welfare agency, the framework that follows can be used to help agencies better understand the various aspects necessary for a comprehensive CQI system to exist. The components are not sequential, nor are they listed in order of importance. In fact, the components are inter-related and agencies will find that as they implement various aspects of CQI, they likely will address multiple components simultaneously.

Why CQI Is Important

The key to CQI lies in acknowledging and treating those closest to the work (staff, children, youth, families, and stakeholders) as the true "experts" in the work. It creates an environment in which those who are closest to the work are also actively engaged in assessing the outcomes of practices, programs, and policies, and making improvements based on those assessments. Moreover, CQI transforms organizations that are compliance-focused into true learning organizations that rely on their mission, vision, and values to constantly improve their practices.

While establishing a CQI system requires intensive leadership and commitment over time, it eventually becomes central to the way the agency does all of its work, rather than an addition to the work the agency needs to do. CQI supports practices, programs, and policies, by ensuring regular assessments of where and how improvements need to be made. It requires leadership and vision from the top-levels of the agency, but it develops into a bottom-up approach to problem identification and solution planning. Finally, a solid CQI system supports organization-wide initiatives such as the development and implementation of Program Improvement Plans, case reviews, COA accreditation processes, and other critical initiatives.

Key Principles

There are several underlying principles for CQI in public child welfare. These principles express the overarching values that must guide all policies, programs, practices, tools, infrastructure, and supports for CQI. They are interrelated and work together in a dynamic way. They are not ordered in priority, as all are equally important to an effective CQI system.

1. Data and information include both quantitative and qualitative sources and are gathered both formally and informally. People involved with and in the system have valuable input and CQI seeks to use all available sources of information, including, but not limited to, input from children, youth, and families, stakeholder input, staff feedback, personal experiences, and MIS reports.

2. Data and measurement are not ends unto themselves. The purpose of collecting, analyzing, and monitoring data and information is to identify trends and anomalies that can guide and improve (but not dictate) practice at all

levels of child welfare. Most importantly, data and information must be used to tell stories about what is happening in practice and policy.

3. Staff are in this work because they are committed to improving outcomes for children and families; the system must support them in this work. CQI can support staff in improving their practice to ultimately improve the system for children and families.

4. People often say "if it ain't broke, don't fix it," but CQI emphasizes that all processes, even if they are not "broken," can be improved. When it comes to working with children and families, we cannot afford to wait until things are broken before we try to make them better.

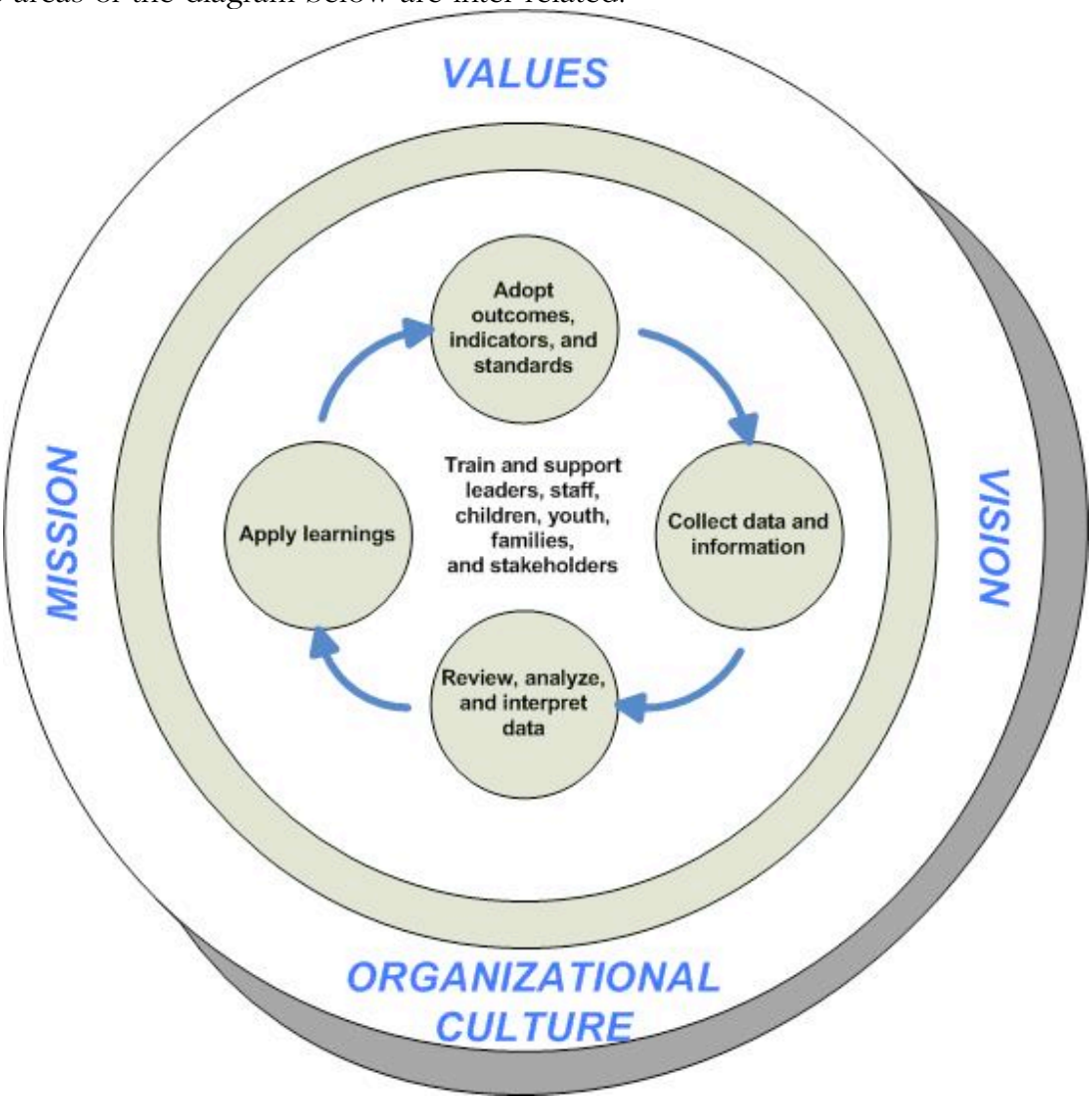
5. CQI is about constant learning, not simply quality assurance or compliance. While completion and timeliness are a part of quality, they are not all of quality. True CQI goes beyond basic compliance and focuses on continuous learning about practice and outcomes.

6. CQI is dependent upon the meaningful and active engagement of staff at all levels, children, youth, families, and stakeholders. Those who are closest to the work must be true partners in using their experiences to explain the practices underlying the data (telling the stories behind the data) and in making recommendations for improvement based on those experiences.

7. As agencies transform from compliance-focused to learning organizations, all staff must receive training, preparation, and support on how continuous quality improvement should be the way the agency does its work. The support must be consistent and come from all levels of the agency, including supervisors, managers, and leaders.

FRAMEWORK

The diagram below illustrates a complete system of CQI. It demonstrates the non-sequential nature of the components as well as the cycle of continuous improvement. All of the areas of the diagram below are inter-related.



While the framework principles provide overarching values for CQI work, the following framework components provide guidelines based on what is considered to be "best practice." The subcomponents further describe what the guidelines look like in practice.

In order to develop and sustain CQI systems that use data and information to improve child welfare practice, child welfare agencies, in partnership with staff at all levels, children, youth, families, and stakeholders should eventually implement strategies within all six of these component areas. Fully implementing – or even addressing -- all of these components will take a significant amount of time. Once all six components are in place, the agency will have created a true CQI system by which it continuously strives to improve outcomes for children, youth, and families.

Key Components

1. Organizational culture supports and actively promotes CQI.

   Subcomponents:

   A. Agency leaders support a continuous learning environment and set clear directions and expectations for outcomes and goals.

   B. Supervisors, managers, administrators, and other agency leaders are champions of continuous quality improvement work, as reflected by their decision-making and communications with staff.

   C. Dedicated CQI staff exist within the agency to facilitate the collection, analysis, and use of data and information to support practice and systemic improvements in the agency.

   D. Agency leaders provide time for staff at all levels to be engaged in CQI processes and activities.

   E. Agency strategic plans and all long-term efforts and projects include and support CQI processes.

   F. Clear communication and regular feedback occurs between agency leaders, managers, supervisors, staff, children, youth, families and stakeholders.

2. The agency adopts specific outcomes, indicators, and practice standards that are grounded in the agency's values and principles.

   Subcomponents:

   A. Agency leadership clarifies and articulates values and principles within the agency and to the broader community.

   B. Staff, children, youth, families, and stakeholders assist in the development and adoption of outcomes, indicators, and practice standards that connect to the values and principles of the agency.

   C. CQI staff, structures, and processes educate staff, children, youth, families, and stakeholders about outcomes, indicators, and standards.

   D. Agency leaders regularly communicate and emphasize outcomes, indicators, and standards to staff, children, youth, families, and stakeholders.

   E. Agencies review outcomes, indicators, and standards on a regular basis and revise them as appropriate based on learnings.

3. Agency leaders, staff, children, youth, families, and stakeholders receive training in the specific skills and abilities needed to participate actively in CQI.

   Subcomponents:

   A. Agency leaders, staff, children, youth, families, and stakeholders receive training, preparation, and support on continuous quality improvement methods, including the use of data and information to inform practice and policies and provide feedback to child welfare agencies and partners.

   B. Staff, children, youth, families, and stakeholders participate in active advisory capacities throughout the agency and their recommendations inform agency strategic plans.

   C. Agency leaders provide opportunities and resources for staff, children, youth, families, and stakeholders, to participate in joint CQI training activities.

   D. Staff with specialized responsibilities for data collection, data entry, and data analyses receive regular training and support.

4. Agencies collect qualitative and quantitative data and information from and about children, youth, families, and staff.

   Subcomponents:

   A. User-friendly information systems facilitate the collection of various types of data about children and families being served, including characteristics, experiences, and outcomes.

   B. User-friendly information systems facilitate the collection of various types of data about staff, including workload and satisfaction.

   C. Data collected from and about families and children relates to identified outcomes, indicators, standards, and their direct experiences with the system.

   D. Case reviews occur consistently and regularly.

   E. Data collection and data entry are consistent, in real time, and of reliable quality.

   F. The agency solicits regular feedback from children, youth, families, staff, and stakeholders in a manner that is sensitive to their perspectives and vulnerabilities.

5. Staff, children, youth, families, and stakeholders review, analyze, and interpret qualitative and quantitative data to inform agency practices, policies, and programs.

   Subcomponents:

   A. Qualitative and quantitative methods serve as complementary approaches to understanding what is happening in practice and policy.

   B. Dedicated staff and resources lead and facilitate both qualitative and quantitative data collection and analyses.

   C. Staff, children, youth, families, and stakeholders actively participate in analyzing and interpreting data, connecting data to practice, and identifying trends and key learnings.

   D. Agencies create and release data analyses, reports, and presentations in usable formats for a variety of audiences, including staff, children, youth, families, and stakeholders.

   E. Data review and analysis is an iterative and continuous process.

6. Agencies use CQI results to improve policies, practices, and programs.

   Subcomponents:

   A. Agency leaders set expectations that agency staff use results to make improvements.

   B. Staff, children, youth, families, and stakeholders identify strengths and best practices from the analyses and prioritize these practices for implementation.

   C. Agency leaders empower supervisors and staff to advocate for, test, and implement changes in policy, practices, programs, and/or training, based on priorities of strengths and best practices.

   D. Staff, children, youth, families, and stakeholders test and implement these identified priorities.

   E. Clear and user-friendly communication channels publicize successful changes and learnings broadly across the agency and with staff, children, youth, families, and stakeholders.

For more information, contact Peter Watson, Director of the National Child Welfare Resource Center for Organizational Improvement, at pwatson@usm.maine.edu or (207) 228-8330.

Appendix A: Participants in Expert Meeting

The following individuals participated in the national Expert Meeting that developed this framework for using continuous quality improvement to improve child welfare practice.

Jen Agosti, *Child Welfare Consultant, President, JRA Consulting, Ltd.*

Pat Berckman, *Director, Salt Lake County Division of Youth Services*

Jennifer Beyers, *Research Analyst, Prevention and Family Support, Casey Family Programs*

Larry Brown, *Deputy Commissioner, Division of Development and Prevention Services, New York State Office of Child and Family Services*

Patsy Buida, *National Foster Care Specialist, Children's Bureau*

Zeinab Chahine, *Executive Deputy Commissioner, New York City Administration for Children's Services*

Carla Dal Porto, *Foster Parent Advocate, Therapeutic Childcare Supervisor*

Darlene Flowers, *Foster Care Consultant and Foster Parent, Darlene Flowers and Associates*

Katherine Guffey, *Child and Family Services Specialist, Arizona Department of Economic Security, Division for Children, Youth, and Families*

David Harmon, *Senior Manager, Downstate Quality Assurance, Illinois Department of Children and Family Services*

Sonja Heard, *Practice Improvement Implementation Supervisor, Children's Administration, Washington Department of Social and Health Services*

Bill Hindman, *Programs Administrator for Adoptions, Research, & Technology, Oklahoma Department of Human Services/Children and Family Services Division*

Dixie Horn, *Board of Directors-President, FYI: Foster Youth/Alumni of Idaho*

Niki LeProhn, *Senior Manager, Outcome Evaluation, Casey Family Programs*

Ashley Max, *Iowa Youth Connections Council, Iowa Department of Human Services*

Todd Minchey, *Southwest Regional Director, Utah Division of Child and Family Services*

Linda Mitchell, *Senior Child Welfare Specialist, U.S. Department of Health and Human Services/Children's Bureau*

Ann Morison, *Director, Standards Development and Performance Measurement, Council on Accreditation*

Mary Nelson, *Administrator, Division of Behavioral, Developmental, and Protective Services, Division of Adult , Children & Family Services Iowa Department of Human Services*

Trish Ploehn, *Deputy Director, Los Angeles County, Department of Children and Family Services*

Patsy Sellars, *Managing Director, Outcomes and Quality Improvement, Casey Family Programs*

Susan Smith, *Director, Measurement and Evaluation, Casey Family Programs*

Mark Testa, *Associate Professor & Director, Children & Family Research Center*

Denise Traina, *Supervising Mental Health Counselor, Napa County Health and Human Services*

Lynn Usher, *Kuralt Professor of Public Welfare, University of North Carolina*

Kristin Ward, *Measurement Specialist, Casey Family Programs*

Peter Watson, *Director, National Child Welfare Resource Center for Organizational Improvement*

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