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INFORMATION MEMORANDUM

To: State Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act.

Subject: Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies.

Purpose: To provide State title IV-B and IV-E child welfare agencies with information to establish and maintain CQI systems and to provide information on claiming allowable federal financial participation costs for CQI.

Legal and Related References: Public Law (Pub. L.) 110-351, Sections 422(b)(14), 422(c), 434(d), 471(a)(7), 471(a)(22) and 474(a)(3) of the Social Security Act (the Act); 45 CFR 1355.32, 45 CFR 1355.34(c)(3), 45 CFR 1355.52-53 and 45 CFR 1357.15; ACYF-CB-PI-10-11; ACYF-CB-IM-12-04, Child Welfare Policy Manual (CWPM) 8.1B Q/A 1 and CWPM 8.1H Q/A 9 and 10.

Background:
Existing regulations require States to describe the quality assurance (QA) system the State has in place to "regularly assess the quality of services under the Child and Family Services Plan (CFSP) and assure that there will be measures to address identified problems" as part of the CFSP (45 CFR 1357.15(u)). In addition to the CFSP requirement, title IV-E requires title IV-E agencies to monitor and conduct periodic evaluations of activities conducted under the title IV-E program and to implement standards to ensure that children in foster care are provided quality services that protect the safety and health of such children (sections 471(a)(7) and 471(a)(22) of the Act), respectively.

In accordance with 45 CFR 1355.34(c)(3), in the first round of the Child and Family Services Reviews (CFSR) the Children's Bureau (CB) found that 31 States met basic requirements for identifiable QA systems that evaluated the quality of services and improvements at the time of the CFSR onsite review. This number increased to 40 States in the second round of the CFSR. However, CB later found that in the course of the program improvement plan phase, many State QA systems needed extensive refinements to assess and measure improvements on an ongoing basis specifically with regard to CFSR outcomes and systemic factors. Further, for various

reasons some States have dismantled aspects of their QA systems upon completion of their second round CFSR measurement periods.

During this interim period while we consider how to revise the CFSR process, States are advised to maintain their QA systems and enhance them through a continuous quality improvement approach. A continuous quality improvement approach allows States to measure the quality of services provided by determining the impact those services have on child and family level outcomes and functioning and the effectiveness of processes and systems in operation in the State and/or required by Federal law.

We believe that such an approach will better position States to work towards and/or demonstrate that they are able to meet positive outcomes for children, youth and families and compliance with Federal title IV-B and title IV-E requirements. In addition, in response to the April 2011 Federal Register notice [76 FR 18677] requesting public comments in improving the process of reviewing titles IV-B and IV-E through the CFSR, States and other stakeholders suggested a strengthening of States' overarching QA systems to encompass continuous quality improvement (CQI) methods. Commenters suggested that such systems should play a prominent role in federal monitoring of conformity with title IV-B and IV-E requirements and in State-driven assessment, refinement, and improvement. We believe that this suggestion has merit and is another reason for States to develop well-functioning CQI systems.

This information memorandum does not establish requirements, but is intended to provide States with CB's current view on a framework for a well-functioning State CQI system for child welfare that would also meet existing federal requirements for QA, periodic evaluation and delivery of quality services. CB intends to provide consultation and technical assistance to States with the goal of ensuring that States are able to have well-functioning CQI systems that meet their needs and are in place prior to the next round of reviews.

This framework for CQI does not apply to Indian Tribes. CB plans to consult with Indian Tribes operating title IV-B and/or IV-E programs around developing CQI systems that meet Tribal needs. However, Indian Tribes are encouraged to review their ability for self-assessment and self-improvement through CQI and to partner with CB so that we can assist those Tribal agencies that would like to implement or enhance their CQI capacities.

Functional Components and Definition of a CQI System

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. 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 throughout the process."[1]

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[1] "Using Continuous Quality Improvement to Improve Child Welfare Practice – A Framework for Implementation", Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement", May 2005.

Similarly, Bickman and Nosser describe CQI as involving the —use of assessment, feedback and application of information to improve services" in a proactive manner by continuously evaluating process and outcomes and the link between them to change services.[2] This interplay of process and outcomes has a specific focus within child welfare as the outcomes of safety, permanency and well-being are paramount. States undertake a multitude of processes to achieve these outcomes and the measurement of both is critical to the CQI approach articulated in this information memorandum.

Throughout this IM, —stakeholders" are defined as courts, tribes, families, youth, caregivers, contracted providers, other public entities, community partners, and individuals within the child welfare organization including administrators, caseworkers, supervisors, and program, policy, and training staff.

The Children's Bureau considers the following five components as essential to a State having a functioning CQI system in child welfare: an administrative structure to oversee effective CQI system functioning; quality data collection; a method for conducting ongoing case reviews; a process for the analysis and dissemination of quality data on all performance measures; and, a process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process.

The domains and measures that the State tracks to determine the status and progress of their programs are central to a functional CQI system. As part of the preparation activities for the next round of the CFSR, CB intends to publish a specific set of measures for monitoring and will share that information with States at a later time. In the interim, the existing CFSR items and indicators related to safety, permanency and well-being and the particular areas of concern found in the State's prior reviews and PIPs are a useful starting point for ongoing measurement. States should also consider information issued recently by the CB regarding the promotion of social and emotional well-being of children known to the child welfare system.[3] In particular, we note that all States struggled in areas associated with 1) achieving timely permanency and 2) ensuring that children and families needs are assessed comprehensively and reassessed on an ongoing basis to inform the delivery of quality and effective services that will demonstrate improved child and family functioning. Along with assuring safety, these areas are at the heart of the child welfare agency's mission and therefore deserve consideration for inclusion in a CQI system.[4]

We advise States to examine the following CQI functional components, consider the State's ability to meet these functional components, and as needed, discuss and seek assistance from CB to develop the following components:

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[2] Bickman, L. & Nosser, K. (1999) Meeting the challenges in the delivery of child and adolescent mental health services in the next millennium: The continuous quality improvement approach. *Applied and Preventive Psychology*, 8:247-255.

[3] ACYF-CB-IM-12-04, —Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services" issued April 17, 2012 and available at http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

[4] For a national perspective, see the —Federal Child and Family Services Reviews Aggregate Report Round 2" issued December 2011 and available at http://www.acf.hhs.gov/programs/cb/cwmonitoring/results/fcfsr_report.pdf

I. Foundational Administrative Structure

It is important for States to have strong administrative oversight to ensure that their CQI system is functioning effectively and consistently, and is adhering to the process established by the agency's leadership. A functioning CQI system will ensure that:

- The State applies the CQI process consistently across the State and the single State agency has oversight and authority over the implementation of the CQI system; there is a systemic approach to review, modify, and implement any validated CQI process.
- The State establishes written and consistent CQI standards and requirements for the State, counties, and any other public agencies operating title IV-E programs on behalf of the State, as well as any private agencies with case management responsibilities.
- There is an approved training process for CQI staff, including any contractor or stakeholder staff conducting CQI activities.
- There are written policies, procedures, and practices for the CQI process even when the State contracts out any portion of the CQI process.
- There is evidence of capacity and resources to sustain an ongoing CQI process, including designated CQI staff or CQI contractor staff.

II. Quality Data Collection

Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of CQI systems. For data to be considered ―quality" it must be accurate, complete, timely, and consistent in definition and usage across the entire State. It is important for States to use data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes. States that meet the quality data collection component will be able to demonstrate the ability to input, collect, and extract quality data from various sources, including the Statewide Automated Child Welfare Information System (SACWIS) or other information management systems, case reviews, and other sources of data. States will also be able to ensure that data quality is maintained as the State submits data to Federal databases or reports, such as the Adoption and Foster Care Analysis Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) National Youth in Transition Database (NYTD), the Child and Family Services Plan, among others. A functioning CQI system will ensure that:

- The State's case level data shows that the instruments and ratings are completed in a way that is consistent with the instrument instructions and consistent across reviewers.
- There is a clear process that the State uses to collect and extract accurate quantitative and qualitative data, and the process is consistently and properly implemented across the entire State. The collection and extracting processes are documented, and an audit mechanism is in place to verify that the process is being followed.
- There is a clear process that the State uses to identify and resolve data quality issues and informs CB as appropriate regarding data quality issues. For example, there are processes to: identify if data are being under-/over-reported and/or not being entered into

the State's information system; evaluate if data entry is reliable or unreliable, and if unreliable, why; (e.g. clarity of instructions, definitions, and/or data entry screens).

- There is a process in the State for the collection of quantitative and qualitative data that addresses key issues important to the State and demonstrates how the State is functioning on systemic factors, such as training staff and resource parents, functioning of the case review system, and service array.
- The State monitors existing federal requirements or guidelines and uses appropriate quality utilities and tools to ensure that data is accurate, including, but not limited to:
  o The most recent AFCARS Assessment Review findings documents and/or AFCARS Improvement Plan (AIP), if applicable, indicates whether the State is accurately collecting, mapping, and extracting the AFCARS data in accordance with the requirements in the AFCARS regulation at 45 CFR 1355.40 and steps the State is to take to correct its AFCARS collection. This includes steps to improve the accuracy of the data through ongoing training, oversight, and incorporation into a quality assurance process.
  o The most recent NCANDS data, or other safety data that impact the outcome indicators being measured, meet any CB quality guidelines.
  o The most recent data profile used for the CFSR accurately reports the status of the child welfare program as indicated by data errors falling below acceptable thresholds.
  o NYTD data meets the regulatory requirements at 45 CFR 1356.80 – 86 and other CB quality guidelines.

III. Case Record Review Data and Process

In addition to collecting and analyzing quantitative data, it is also critical that State CQI systems have an *ongoing* case review component that includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases. Case reviews are important to provide States with an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes. A CQI system will ensure that:

- The State reviews cases of children based on a sampling universe of children statewide who are/were recently in foster care and children statewide who are/were served in their own homes. Samples should be sufficiently large enough to make statistical inferences about the population served by the State. The universe of cases reviewed will also include the title IV-B and IV-E child population directly served by the State agency, or served through title IV-E agreements (e.g. with Indian Tribes, juvenile justice, or mental health agencies).
- The sample is stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, such as varying geographic areas of the State, as appropriate.
- The State conducts case reviews on a schedule that takes into consideration representation of the populations served by the State, including the largest metropolitan area, and the significance of other demographic and practice issues.

- Case reviews collect specific case-level data that provides context and addresses agency performance.
- Case reviews are able to detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.
- Case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
- Case reviews are conducted by staff who go through a uniform and consistent training process and whom the State determines are qualified to conduct reviews, with a preference for staff and stakeholders with direct service experience.
- The process prevents reviewer conflict-of-interest and promotes third-party (unbiased) review of cases, i.e. cases are not reviewed by caseworker or supervisor responsible for cases or who had previous involvement in the cases, as well as those who may have a personal interest in the case.
- Policies, written manuals, and instructions exist to assist in standardizing completion of the instruments and the implementation of the case review process.
- Inter-rater reliability procedures are implemented to ensure consistency of case ratings among reviewers.
- There is a process for conducting ad hoc/special reviews targeting specific domains when analysis and other data warrant such reviews.

IV. Analysis and Dissemination of Quality Data

Although most States have the ability to collect data from a variety of sources, States have varying capacities to track, organize, process, and regularly analyze information and results. A functioning CQI system will ensure that:

- The State has consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate) .
- The State has a defined process in place for analyzing data (both quantitative and qualitative), and the State provides training to staff and determines that they are qualified to conduct such analyses.
- The State aggregates Statewide and local data and makes it available to stakeholders for analysis.
- Agency decision makers, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.
- The State translates results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and the State disseminates results through understandable or reader-friendly reports, websites, etc.

<u>V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process</u>

Collecting information and analyzing results are important steps in CQI; however, *how* States use this information is a critical component to driving change within the organization and is key to improving outcomes for children and families. A functioning CQI system will ensure that:

- Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.
- Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.
- Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.
- The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.

Statutory and regulatory requirements for quality assurance and improvement:

Titles IV-B and IV-E of the Act outline requirements related to QA and CQI in child welfare, including the following:

- Pursuant to section 471(a)(7) of the Act, the title IV-E agency is required to monitor and conduct periodic evaluations of its title IV-E program. The operation of a Statewide QA is one acceptable method for complying with section 471(a)(7) of the Act.
- A specific requirement that the title IV-E agency implement standards to ensure that children in foster care receive quality health and safety services in section 471(a)(22) of the Act. It is important to consider the full array of statutory and regulatory requirements relevant to quality health and safety services for children in foster care, including those related to screening, assessment and provision of medical, mental health and early intervention services as indicated in ACYF-CB-IM-12-04.
- Title IV-B regulations require State agencies to utilize QA to regularly assess the quality of services under the CFSP and assure there will be measures to address identified problems. A description of this system must be a part of the State's CFSP (45 CFR 1357.15(u)).
- Monitoring of the requirements of section 471(a)(22) of the Act and 45 CFR 1357.15(u) have been a focus of the CFSR since its inception (45 CFR 1355.34(c)(3)). ACF's expectations have been that the QA system is: (1) identifiable; (2) in place in all jurisdictions covered by the CFSP; (3) able to evaluate the adequacy and quality of services under the CFSP and able to identify the strengths and needs of the service delivery system; (4) able to provide reports to administrators on the evaluated services and needs for improvement, and (5) able to evaluate measures used to address identified problems.

Allowable title IV-B and title IV-E costs related to CQI

Title IV-E agencies may claim the costs of a quality assurance system as title IV-E administration for costs that are associated with title IV-E eligible cases and functions. Such costs must be allocated to all benefiting programs and identified in the State's cost allocation plan (CAP) (CWPM 8.1B Q/A 15).

It should be noted that existing law and policy, while not specific to CQI, permits title IV-B and IV-E agencies to share the costs in implementing and maintaining these activities with the Federal government:

- The title IV-E agency can claim title IV-E training funds for short term training relative to child welfare related CQI and program improvement consistent with a CFSR or other monitoring activities for costs associated with title IV-E eligible cases on allowable topics (see CWPM 8.1H Q/As generally). The allocation of a CQI system must be included in an approved cost allocation plan. The rate of claiming may vary depending on the training topic, when training is claimed (see) and the individuals trained (see section 474(a)(3)(B) of the Act, Public Law 110-351 sec 203(b) and ACYF-CB-PI-10-11 Section L; and, CWPM 8.1H Q/A 9 & 10).
- Appropriate costs associated with the planning, designing, developing, implementing, maintaining and operating a SACWIS that incorporates both data and functionality of CQI components are considered necessary for the proper and efficient administration of the title IV-E State plan (45 CFR 1355.52 and 1355.53). As such, allowable costs can be claimed at SACWIS levels, i.e. allocated entirely to title IV-E, in accordance with the Title IV-E agency's APD for these systems. As such, allowable costs can be claimed at SACWIS levels in accordance with the State's APD for compliant systems. States that do not have a SACWIS may claim costs at the 50% administrative rate for information system costs related to CQI in accordance with the State's APD (45 CFR 1356.60(d)).
- Title IV-B subpart 1 funds can be used to support a CQI system in child welfare because CQI activities are considered title IV-B program and not administrative costs (sections 422(b)(14) and 422(c)(1) of the Act).
- Title IV-B subpart 2 funds can be used to support a CQI system in child welfare because CQI activities are considered title IV-B program and not administrative costs (section 434(d) of the Act and 45 CFR 1357.32(h)).

For example, a State could submit a title IV-B training plan and an associated provision in its cost allocation plan for short-term CQI training for: (1) caseworkers, supervisors and CQI/QA staff of the title IV-E agency; (2) caseworkers, supervisors and CQI/QA staff of State-approved or licensed child welfare agencies providing services to children under the title IV-E programs; and (3) attorneys, judges, child care institution staff, and resource parents who will be participating in CQI/QA activities at the 75%, or other rate depending on the federal fiscal year (section 203(b) of P.L. 110-351). Training topics could include conducting case reviews, interpreting data results and integrating results into practice improvement among other topics. The allowable costs for providing short-term training would be allocated to title IV-E, title IV-B and other benefiting programs by the equitable means chosen by the State and approved in a cost allocation plan, e.g. applying an eligibility rate. Additionally, a State could claim the costs of

short-term training of persons who are employed by a private agency to carry out CQI activities on behalf of the title IV-E agency as title IV-E administrative costs at the 50% rate (45 CFR 1356.60(b)).

We encourage the State to discuss any plans for developing CQI systems, needs for technical assistance and changes to claiming CQI activities under the federal programs with their Regional Office.

/s/

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Bryan Samuels
Commissioner
Administration on Children, Youth
 and Families

Attachments:

Attachment A – Background on Continuous Quality Improvement and Agency Considerations

Attachment B – Resources for Continuous Quality Improvement

Attachment C – Regional Program Manager Contact List

Attachment A –Background on Continuous Quality Improvement & Agency Considerations

Background on Continuous Quality Improvement

The initial concepts of Continuous Quality Improvement (CQI) began in the manufacturing industry in the 1930's with the work of W. Edwards Deming and others, often referred to as Total Quality Management (TQM). TQM or CQI differs from quality assurance (QA) in that it is a way of working - it is a philosophy that focuses on continual improvement; whereas QA is essentially an evaluation of compliance. 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 throughout the process."[5]

While the exact concepts of TQM do not easily translate to public agencies, much has been written about "reformed TQM" in government. These tenets include[6]:
- Quality is defined by the customers.
- Everyone is responsible for continuously improving quality.
- Quality of process and products must be measured and then improved.
- Continuous improvement is always possible.
- Leadership must be involved.
- Cross-functional cooperation across agency subunits must be enhanced.
- Employee empowerment and teamwork is paramount.

CQI philosophy requires ongoing improvement and Deming introduced the concept of "PDSA" (Plan - Do - Study - Act) as a roadmap for improvement and testing change. Others have developed different models, such as the DAPIM (Defining, Assessing, Planning, Implementing, and Monitoring) for root cause analysis and managing change.[7]

Agency Preparation and Leadership for CQI:
It is critical for State agency leadership to provide the framework and expectations for CQI and to promote a culture within the organization that encourages and promotes CQI. In 2005, Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement convened a panel of child welfare professionals to develop a framework for CQI

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[5] Using CQI to Improve Child Welfare Practice - A Framework for Implementation, Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, 2005.
[6] Durant, Robert and Wilson, Laura, "Public Management, TQM, and Quality Improvement - Toward A Contingency Strategy", in Adapting TQM to Government - Handbook of Public Quality Management", Stupak, Ronald and Leitner, Peter (editors), Auerbach Publications, 2001.
[7] American Public Human Service Association (APHSA), Positioning Public Child Welfare Guidance, at www.ppcwg.org

practice in child welfare. The paper produced set forth several essential practices for leaders to instill a CQI culture in their agencies.[8] It is important for agency leaders to:

- Support a continuous learning environment and set clear direction and expectations for outcomes and goals.
- Be champions of CQI work, as reflected by their decision-making and communications with staff.
- Provide opportunity for staff at all levels, children, youth, families, and stakeholders to be engaged in CQI processes and activities, including advisory capacities and inclusion in informing agency strategic plans.
- Clarify and articulate values and principles within the agency and to the broader community.
- Regularly communicate and emphasize outcomes, indicators, and standards to staff, children, youth, families, and stakeholders.
- Set expectations that agency staff use results to make improvements.
- Empower supervisors and staff to implement changes in policy, practices, program, and/or training.

It is important for agency leaders to address the agency culture and climate, and to support the readiness of the workforce to accept the philosophy and concepts of CQI. It is also important for leaders to visibly model the behaviors that embrace the philosophy of CQI and moves the organization forward. To "set the stage" for CQI in the agency, it is important for leaders to:[9]

- Clearly define roles and authority of key leaders in change initiatives.
- Identify and reduce the level of "fear" and "blame" for mistakes.
- Identify and remove impediments to cross-functional communication and problem-solving.
- Improve how leaders define, communicate, and demonstrate their commitment to meet customer needs.
- Adopt policies to train, encourage, and empower employees to respond promptly and appropriately to customer issues.
- Reduce the level of bureaucratic controls that limit adoption of best practices and evidence-based improvements.
- Develop policies and resources for employees to routinely learn about best practices that are related to their work areas and to join professional associations that help support improvement and growth.
- Share key organizational performance measurements with all employees and teach them how their work processes link to the organizational performance outcomes.

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[8] Using CQI To Improve Child Welfare Practice - A Framework for Implementation, Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, 2005.
[9] CQI Readiness Assessment Process and Tool, Bernie Dana, Long-Term Care Management Consultant, the American Health Care Association, and the National Center for Assisted Living, 2004.

Attachment B - Resources for Continuous Quality Improvement

This Information Memorandum (IM) provides guidance regarding the Children's Bureau's (CB) expectations in the development and effectiveness of a child welfare agency continuous quality improvement (CQI) system. The following resources are provided to guide States in this critical work. Please note that the Children's Bureau does not endorse or require these specific resources to be utilized, but offers these documents in an effort to point out the vast array of materials available to assist in improving and enhancing States' CQI processes. To build upon the Federal and State partnership, the CB Regional Office is available to assist States in identifying additional technical assistance opportunities that may further the development and/or enrichment of the States' current quality assurance system.

From the Child Welfare Information Gateway: http://www.childwelfare.gov/
    A. Continuous Quality Improvement:
       http://www.childwelfare.gov/management/reform/soc/communicate/initiative/soctoolkits/cqi.cfm#phase=cqi
    B. Approaches to Quality Improvement
       http://www.childwelfare.gov/management/practice_improvement/quality/approaches.cfm
    C. Continuous Quality Improvement Committees
       http://www.childwelfare.gov/management/practice_improvement/quality/cqi.cfm

From the National Child Welfare Resource Centers:
National Child Welfare Resource Center for Organizational Improvement:
http://muskie.usm.maine.edu/helpkids/
    A. Using Continuous Quality Improvement To Improve Child Welfare Practice, A Framework for Implementation
       http://muskie.usm.maine.edu/helpkids/rcpdfs/CQIFramework.pdf
    B. A Framework for Quality Assurance in Child Welfare
       http://muskie.usm.maine.edu/helpkids/rcpdfs/QA.pdf
    C. NRCOI Newsletter: Child Welfare Matters: ―Taking Action: Keys to using Data and Information"
       http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters10.pdf
    D. NRCOI Newsletter: Child Welfare Matters: ―Implementing Change at the local level: Strategies for Success"
       http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters8.pdf

National Child Welfare Resource Center for Permanency and Family Connections:
       http://www.nrcpfc.org/
       Quality Assurance Systems in Child Welfare
       http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Sudol_QASystemsInfoPack_5%205%2009.pdf

National Resource for Child Welfare Data and Technology:
https://www.nrccwdt.org/index.html

Books:
   A. <u>Fostering Accountability - Using Evidence to Guide and Improve Child Welfare Policy</u>,
      Testa, Mark and Poertner, John, editors, Oxford University Press, 2010 ;
               - Moore, Terry, "Results-Oriented Management - Using Evidence for Quality
               Improvement"
               - Zlotnik, Joan, "Fostering University/Agency Partnerships"
   B. <u>The Heart of Change: Real-life Stories of How People Change Their Organizations</u>,
      Kotter, John; Harvard Business Review Press, Boston MA 2002
   C. <u>The Practice of Adaptive Leadership;</u> Heifetz, Ronald; Grashow, Alexander; Linsky,
      Marty, Harvard Business Press, Boston, MA; 2009

Other CQI Sources:
   A. Ensuring Quality in Contracted Child Welfare Services
      http://aspe.hhs.gov/hsp/07/CWPI/quality/index.shtml#_Toc212002228
   B Office of Planning, Research and Evaluation: The Program Manager's Guide to
      Evaluation, 2nd Edition
      http://www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/reports/pmguide/pro
      gram_managers_guide_to_eval2010.pdf
   C. National Resource Center for Community-based Child Abuse Prevention: What is
      Continuous Quality Improvement
      http://friendsnrc.org/continuous-quality-improvement
   D. Chapin Hall: Monitoring Child Welfare Programs: Performance Improvement in a CQI
      Context
      http://www.chapinhall.org/sites/default/files/old_reports/339.pdf
   E. <u>Quality Improvement and Evaluation in Child and Family Services - Managing into the
      Next Century</u>; Peter Pecora, et. al. editors; CWLA Press; 1997
      http://www.cwla.org/articles/cwjabstracts.htm
   F. American Public Human Services Association: Positioning Public Child Welfare
      Guidance; Strengthening Families in the 21st Century
      http://www.ppcwg.org/
   G. <u>Successful adoption and implementation of a comprehensive casework practice model in
      a public child welfare agency: Application of the Getting to Outcomes (GTO) model</u>,
      Anita Barbee, Dana Christensen, Becky Antle, Abraham Wanderman, Katharine Cahn;
      Children and Youth Services Review; November 2010
      http://www.journals.elsevier.com/children-and-youth-services-review/
   H. <u>CQI Readiness Assessment Process and Tool</u>, Bernie Dana, Long-Term Care
      Management Consultant, the American Health Care Association, and the National Center
      for Assisted Living, 2004.
      www.ahcancal.org/ncal/quality/Documents/cqi_rai_tool.pdf
   I. Tague, Nancy, The Quality Toolbox, ASQ Quality Press, 1995.
      http://www.asq.org
   J. Hodges, K. And Wotring, J. (2012) Outcomes management: incorporating and sustaining
      processes critical to using outcome data to guide practice improvement. *The Journal of
      Behavioral Health Services and Research. 39:2. 130-143.*
      http://www.springer.com/public+health/journal/11414

Attachment C - Regional Program Manager Contact List

I	**Region I - Boston** Bob Cavanaugh bob.cavanaugh@acf.hhs.gov JFK Federal Building, Rm. 2000 Boston, MA 02203 (617) 565-1020 **States:** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	VI	**Region VI - Dallas** Janis Brown janis.brown@acf.hhs.gov 1301 Young Street, Suite 945 Dallas, TX 75202-5433 (214) 767-8466 **States:** Arkansas, Louisiana, New Mexico, Oklahoma, Texas
II	**Region II - New York City** Junius Scott junius.scott@acf.hhs.gov 26 Federal Plaza, Rm. 4114 New York, NY 10278 (212) 264-2890 **States and Territories:** New Jersey, New York, Puerto Rico, Virgin Islands	VII	**Region VII - Kansas City** Rosalyn Wilson rosalyn.wilson@acf.hhs.gov Federal Office Building Room 349 601 E 12th Street Kansas City, MO 64106 (816) 426-3981 **States:** Iowa, Kansas, Missouri, Nebraska
III	**Region III - Philadelphia** Lisa Pearson lisa.pearson@acf.hhs.gov 150 S. Independence Mall West - Suite 864 Philadelphia, PA 19106-3499 (215) 861-4000 **States:** Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	VIII	**Region VIII - Denver** Marilyn Kennerson marilyn.kennerson@acf.hhs.gov 999 18th Street South Terrace, 4th Floor Denver, CO 80202 (303) 844-3100 **States:** Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
IV	**Region IV - Atlanta** Ruth Walker ruth.walker@acf.hhs.gov Atlanta Federal Center 61 Forsyth Street S.W. Suite 4M60 Atlanta, GA 30303 (404) 562-2900 **States:** Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee	IX	**Region IX - San Francisco** Douglas Southard douglas.southard@acf.hhs.gov 90 7th Street - 9th Floor San Francisco, CA 94103 (415) 437-8425 **States and Territories:** Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau
V	**Region V - Chicago** Angela Green angela.green@acf.hhs.gov 233 N. Michigan Avenue Suite 400 Chicago, IL 60601 (312) 353-9672 **States:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	X	**Region X - Seattle** Tina Minor tina.minor@acf.hhs.gov 2201 Sixth Avenue, Suite 300, MS-70 Seattle, WA 98121 (206) 615-3657 **States:** Alaska, Idaho, Oregon, Washington