County of San Diego

Continuous Quality Improvement

Program Manual

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Philosophy of Continuous Quality Improvement in
San Diego County Child Welfare Services

CQI Background & Philosophy

San Diego Child Welfare Services (CWS) first began focusing on Quality Assurance in 2006 when the Quality Assurance Supervisor position was developed. This group began to create some of the processes and tools that remain in place today to ensure we are meeting outcomes for children and families and providing quality case practice.

San Diego County Child Welfare Services (CWS) began shifting from Quality Assurance (QA) to Continuous Quality Improvement (CQI) in 2012. Implementation of Safety-Organized Practice, development of the Safety Enhanced Together (SET) practice framework along with national and statewide momentum made it clear that we needed a qualitative review process that was not just about looking back but making sure the work we had already done was our best. We wanted a process that would support our SET practice framework and help us develop and grow as a learning organization. The goal for CQI in San Diego is to evaluate and identify what is working well and build upon our strengths as a child welfare system as well as recognize where improvements are needed and strategically implement necessary changes to our practice.

Continuous Quality Improvement supports the practice of Appreciative Inquiry by helping us focus on the areas we are doing well; CQI can help identify when staff are doing well and help us spread and grow those practices throughout our system. CQI relies on shared responsibility for data and outcomes at all levels of staff. It is not just one person's job to make sure we are checking our data. Workers, supervisors, and managers all have the responsibility to input quality data and to know about data and outcomes. CQI also helps us have more transparency by partnering with families, youth, and other key stakeholders to take a look at how we improve our system and using their feedback as another means to evaluate our work.

A CQI approach will focus on identifying the root causes of problems or contributing factors to strengths, developing interventions to reduce or eliminate these causes or further improve upon strengths, and taking action to correct the processes with a continuous feedback loop to make and maintain positive changes in policy and case practice. Ownership for continuous improvement is essential at all levels of staff and it is necessary for the entire Child Welfare team to place a high value on teamwork, collaboration, and communication.

The basis for the shift to the CQI process from the QA System in 2012 came when the Administration for Children and Families (ACF) issued an **Information Memorandum** mandating the development of CQI. The memorandum explains the QA systems from State to State needed an upgrade as QA focused on past performance and compliance whereas CQI is proactive and quality centered.   Below are the links to the memorandum that defines and outlines the functional components of the CQI process and the **SET Practice Framework.**

Roles and Responsibilities

San Diego's Continuous Quality Improvement Structure

Continuous Quality Improvement Policy Analyst Duties

General Description

A Continuous Quality Improvement (CQI) Policy Analyst (PA) is assigned to each Child Welfare Services (CWS) Region and to selected Centralized CWS programs. CQI Policy Analysts are an integral part of the CWS CQI process providing solution focused planning and support in response to qualitative and quantitative findings.

The role of the CQI PA is to ensure that policies and practices are correctly followed and that best practices and the SET practice framework are used in providing services to children and families. They are responsible for activities that support and monitor the implementation of SET practice framework, including activities that ensure the accuracy of operational and outcome data. The CQI PA acts as a mentor and coach to support regional / program staff, highlights best practices, and focuses on areas for improvement. They are an essential link in the communication feedback loop between staff at all levels, identifying opportunities for cross threading and integration.

Knowledge Base:

The CQI PA has a strong understanding of and ability to interpret and mentor staff on:
- Child Welfare Services policies, procedures, and promising practices
- County, State, and Federal mandates and outcome measures including the Operational Incentive Plan, Operations Plan and System Improvement Plan measures
- The Safety Enhanced Together (SET) Practice Framework and Safety-Organized Practice (SOP)
- Safe Measures
- Data Analysis

Primary Responsibilities

- Promote SET framework
- Understand and communicate practice/data issues, to identify best practices, and to mitigate risk while monitoring interventions.

- Integrate those CQI findings into training, coaching and mentoring for regional / program staff and to support the skill development of staff at all levels to support CQI.
- Identify root causes of outcomes, testing hypotheses, and identifying interventions.
- Conduct qualitative and quantitative referral and case reviews to identify best practices and improvement areas.
- Preparation and Analysis of Key Data Reports (KDR) while educating managers, supervisors and workers on trends, outcomes, best practice and lessons learned.
- Promote full utilization of Safe Measures.
- Communicate and expand best practice to support improved outcomes.
- Attend trainings as required.

Duties and Activities:

- Collaboration with Policy, Data, and Centralized CQI.
- Attendance and participation at the following meetings to make meeting productive:
  1. CQI Workgroup meetings
  2. CQI Steering Committee meetings
- Develop and implement a standardized CQI Policy Manual with clear processes, tools, and trainings.
- Create and implement case review tools, tracking tools, and other tools to support practices.
- Analyzing data and communicating results to identify and mitigate risks while monitoring interventions.
- Facilitate the following:
  1. Multidisciplinary Team (MDT) Case Consultation meetings/or Adoptions Case Consults and document results.
  2. Department of Justice (DOJ) Committee Meeting
  3. Facilitate CQI/Data work groups in region / program
- Research and respond to program inquiries from CWS managers and staff; such as high risk and high profile case review ("deep dives").
- Train and interpret policies and program protocols to PSW's including performing consultation on cases.
- Coordinate with other regional CWS offices / programs as appropriate.
- Participate in program development and planning.
- Participate in unit and staff meetings, case consultations.

- Provide training, coaching, and mentoring to staff re: policy, CQI, and data.
- Research, interpret, and prepare summaries on related policies and procedures.
- Facilitate cross region / program sharing of tools and resources.
- Identify trends, facilitate discussions to improve performance, identify risks, and implement mitigation plans.
- Facilitate regional/program sharing of concerns and problem solving of practice, tracking and reporting issues.

Centralized Continuous Quality Improvement Unit Duties

General Description

The centralized Continuous Quality Improvement (CQI) Unit is part of Child Welfare Services' Policy & Program Support. The unit consists of a PSS, and six Senior Protective Services Workers. The centralized unit is an integral part of the CWS CQI process and supports the SET practice framework by providing solution focused planning and support to management in response to qualitative and quantitative findings after analyzing county-wide data.

Knowledge Base:

- Experience and a thorough understanding of the principles of child abuse investigation and casework practice
- Strong knowledge of Child Welfare Services policies and procedures
- Excellent written and verbal communication
- Possess the ability to objectively analyze data and cases and maintain strict confidentiality when conducting referral and case reviews
- A working knowledge of various computer software programs: CWS/CMS, Excel, Safe Measures
- The ability to prioritize workload, administer assignments and respond to requests in a timely manner
- Knowledge of promising/best practices in child welfare
- Ability to evaluate and promote best practice
- Ability to work under firm deadlines
- Consultation, planning and problem solving skills
- Excellent collaboration and political acumen
- Ability to work independently and as part of a multi-disciplinary team
- Willingness to assume a wide range of duties
- Ability to recognize opportunities for cross threading and integration

Primary Responsibilities& Duties

- Collaboration with Policy, Data, and CQI PA's
- Attendance at monthly CQI Workgroup meetings and at quarterly CQI Steering Committee meetings
- Develop and implement a standardized CQI Policy Manual with clear processes, tools, and trainings
- Create and implement case review tools, tracking tools, and other tools to support practices
- Complete CFSR case reviews using the CFSR Case Review Tool, as needed
- Complete case and referral reviews using the SET Case Review and Referral Review Tools
- Complete Management Assignments/Projects and provide timely responses
- Prepare study results, deep dive analysis and reports
- Utilize tools to assist in improving and enhancing casework practice
- Participate in program development and planning
- Facilitate/and participate in unit and staff meetings, case reviews, conferences, work groups, and task forces
- Provide support and training to social work Regional/Program staff related to best practice and the enhancement of casework
- Attend monthly Centralized CQI and Regional CQI Policy Analyst meetings as appropriate/requested
- Assist in the research, interpretation, and preparation of summaries on various policies and procedures
- Provide administrative support and perform related work as required
- Assist with evaluations of strategies, interventions, and contracted services
- Work with the Data Unit and Regional CQI Policy Analysts to coordinate CQI activities countywide
- Integrate CQI findings into training, coaching and mentoring for regional / program staff and to support the skill development of staff at all levels to support CQI
- Promote full utilization of Safe Measures
- Communicate and expand best practice to support improved outcomes

Data Unit Roles

The CWS Data Unit collects and analyzes county wide data to identify trends and support the CQI process. The Data Unit produces regular monthly and quarterly data reports to assist the Director, Deputy Directors and Regional Managers in evaluating and responding to regional and program trends to continually improve best practice. Some of the duties the Data Unit routinely performs are:

- Develop, analyze, and distribute reports to the CWS Director and other executive staff, CWS operations staff, and HHSA regional staff to support planning, continuous quality improvement, and best practices.

- Respond to ad-hoc data requests from the HHSA Director, other HHSA programs, other County departments, the Board of Supervisors, and outside organizations.
- Produce and distribute regular monthly/quarterly reports to managers and/or regional staff.
- Provide program evaluation support for the Cultural Broker Program, the Family Integrated Treatment Program, and Families as Partners Program, Safety-Organized Practice, and other programs as necessary.
- Coordinate research requests made to Child Welfare.
- Participate in workgroups/projects with data needs.
- Provide measure development and tracking support for the County's System Improvement Plan (SIP) with the State.
- Provide data support to the Contracts unit.
- Participate in PPS business planning.
- Provide data support to CWS Admin and regions for the County's Operations Plan.
- Attend monthly CQI meetings.

Regional Staff and Management Roles

One of the necessary elements of an effective CQI system is active inclusion and participation of staff at all levels of the agency. Line staff, supervisors, and regional management all play important roles in the CQI system.

Role of the Social Worker:
- Support and implement SET
- Ensure documentation is entered correctly and timely for all referrals and cases.
- Use Safe Measures regularly to track compliance and outcome measures for referrals/cases.
- Discuss Safe Measures in your supervision with your supervisor at least once per month.
- Participate in coaching with your supervisor and/or other coaches to enhance your skills.
- Work closely with your CQI Policy Analyst to participate in regional/program CQI teams to look at trends and practice issues throughout the

region/program, helping to identify the reasons for observed trends and practices, and problem solve for potential interventions and solutions.

Role of the Supervisor:
- Review workers' referrals and cases to ensure that information entered into CWS/CMS is accurate and timely.
- Review referrals and cases of staff and provide feedback regarding accurate documentation and case decision making.
- Provide support and participate in coaching with staff and/or work with CQI PA on coaching staff.
- Use Safe Measures regularly to track both compliance measures and outcomes measures for your workers individually, and your unit as a whole. Discuss Safe Measures in supervision with your workers, and in your own supervision with your manager.
- Help workers learn how to use Safe Measures.
- Work closely with your CQI Policy Analyst to participate in regional/program CQI teams to look at trends and practice issues throughout the region/program.
- Ensure workers are in compliance with regulations.

Role of the Manager:
- Understand and articulate the role of CQI for supervisors and staff.
- Review the Key Data Reports on a monthly basis and other important data trends for the region/program.
- Support regional/program CQI teams for ongoing review of regional/program data.
- Provide and support coaching for staff and supervisors.
- Discuss Safe Measures in supervision with supervisors at least once a month.
- Participate in the CQI Steering Committee to shape the role of CQI throughout CWS.

Collaboration

A thorough CQI process includes collaboration between staff members on all levels. A constant and smooth flow of communication is essential for a successful CQI team. Different CQI collaborations include the following:

- **CQI Project Collaborations** – To create a transparent flow of communication, project proposals will be shared at the monthly CQI Workgroup meetings, prior to the project starting, so that a shared vision and plan can be developed. As

projects are assigned to the SPSWs in the Centralized CQI Unit, it may be necessary for the SPSW to complete the project with input and participation from one or more CQI PAs. When participation from the CQI PA is needed, the CQI manager will request approval from the regional manager.

- **CQI Awards** – CQI Awards are one way to utilize Appreciative Inquiry and help spread best practice. CQI Awards are presented differently in each region / program, and examples of such can be found in the CQI Tips section on SharePoint.
- **CQI Workgroup** – Meets monthly with the CQI Manager, Centralized CQI Unit, CQI PA's, and Policy Manager to discuss and plan CQI activities, CQI projects, future project ideas, feedback related to CQI processes, CQI training, and other CQI planning activities as needed.
- **CQI Learning Circle** – This is a topic driven group involving the Centralized CQI PSS, Centralized CQI SPSWs, and CQI PA's. The learning circle is guided by CQI issues that are identified in the workgroup meetings.
- **CQI Steering Committee** – Meets quarterly after the CWS Managers' Program Integrity Meeting. The Committee consists of the Centralized CQI Unit, PPS DD, all CWS Managers, and CQI PAs. The steering committee is responsible for discussing and planning the direction, implementation, and activities involving CQI in San Diego County Child Welfare Services.
- **Regional CQI PA Learning Circle** – This is an informal meeting involving the regional CQI PAs. This meeting is scheduled by a CQI PA, and serves as a support session for the CQI PAs.
- **Centralized CQI Unit Meeting** – This meeting involves the CQI Unit PSS and the CQI SPSWs and occurs on a regular monthly basis to discuss projects and operations within the centralized unit.
- **Data/ CQI Meeting** – Occurs bi-weekly with the PPS Managers, Data Unit, and Centralized CQI Unit to discuss data requests received, Federal and State Data and CQI updates, research requests, Ad Hoc reports, and other centralized functions.
- **Data Unit Meeting** – Occurs monthly with the CQI Manager and the Data Unit to discuss projects and operations within the Data Unit.
- **Regional CQI Teams** – The use of and analysis of data is a shared responsibility at all levels, from line staff to upper management. Regional CQI teams are formed as a method to share and discuss data trends in the regions / program. Each region / program will have a CQI Team including all levels of protective services staff (PSW, SPSW, PSS, and Regional Manager) and can include staff from the Centralized CQI Unit. CQI Teams may change members depending on the focus of the group, and they may meet briefly or for multiple times over an extended period of time depending on the issue of the focus. This team will:
  1. Meet routinely (at least quarterly) to discuss trends and share ideas for improving practice. The frequency of the meetings (monthly, quarterly, etc) depends on the topic and trend being evaluated. These meetings can lead to the formation of special topic teams.

2. Give input and have the opportunity to attend/lead Regional CQI Teams that focus on specific areas of strength or concerns that need improvement.

The CQI PA is responsible for:

1. Identifying team members
2. Disseminating information regarding trends and the CQI processes
3. Coordinating/leading/facilitating Regional CQI Teams to ensure accurate information is shared with staff.
4. Helping create special topic teams.

Regional CQI Teams can be formatted as discussions that focus on the strengths that are contributing to an outstanding measure, as well as areas needed for improvement. Teams should use an Appreciative Inquiry approach when analyzing regional data (see Tips & Links to Resources section for guidance on this approach). As trends are observed and tracked in each region/program by the CQI PAs, there may be trends that need to be analyzed at a deeper level to determine if an intervention can improve practice within the region/program.

The team's purpose is to develop an action plan with the goal of improving practice through the implementation of the plan. This type of collaboration is an example of using data to drive our practice in child welfare, and the process can be developed in different phases:

Teaming Phase: In the Teaming Phase, the CQI PA will provide the team with an overview of regional statistics, using data gathered from Safe Measures and other sources. This will be presented in various ways to the team, using a strengths based approach, with a strong emphasis on areas that are going well in the region/program. The teaming phase should occur in the format of an open discussion. Teams will be encouraged to use the data provided to them to seek solutions where improvements are needed. Some examples of improvement areas are:

- Pending referrals in a particular unit
- SIP measures where a region/program is not meeting the standard
- CFSR measures where a region/program is not meeting the standard
- OIP measures where a region/program is not meeting the goal

Assessment Phase: CQI Teams will define the problem they have identified through the use of available data from the CQI PA, Safe Measures, or other sources. The team will identify the scope of the problem (baseline). The team will discuss and analyze factors that have contributed to the undesired measure or outcome. As the facilitator of this process, the CQI PA may want to structure this phase in the format of a mapping, focusing

on the strengths that are present in the region/program. This is also the phase where data can be gathered and hypotheses can be discussed and tested.

Planning Phase (or "preparation phase"?): After the problem has been fully assessed by the team, the team will use solution focused strategies to determine the most effective way to implement change. This will involve the creation of action steps and objectives. The SMART formula will be used to formulate an action plan. SMART goals include information that is:

- Specific
- Measurable
- Achievable
- Relevant
- Time Sensitive

For the action plan, the team must determine what elements need to be tracked in order to monitor the issue and who will track those measures. Teams should consider if the Plan, Do, Study, Act (PDSA) methodology is appropriate for testing out ideas in their action plan. For more information on this methodology, refer to the resources section in this manual.

Implementation Phase: The action plan will be communicated to the rest of the unit or region/program through the regional manager, CQI PA or the unit's PSS. A contact person, typically the CQI PA but could also be a team member from the Centralized CQI Unit, will be identified to the rest of the team so that implementation can be monitored and assessed over time. Other factors that need to be monitored include:

- Fiscal impact of implementation
- Workload impact
- Fidelity

<u>Tracking Phase:</u> After the plan is implemented, the team will arrange for measures, data, and outcomes tracking to be done. This can be completed in several ways, one of which is to include the CQI Unit to help assess for improvement. The Centralized CQI Unit can assist in evaluating the practice after the intervention to determine if an improvement has been made. Teams will evaluate work that has been completed using the new implementation, to see if the desired outcome has been met. Adjustments to the implementation can be made, and the implementation can continue until the desired outcomes are achieved.

TAP-IT Diagram
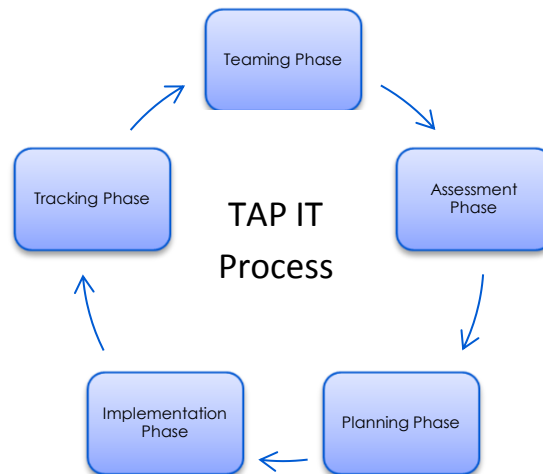
In addition to specific project collaboration opportunities, there are regular CQI workgroup meetings, steering committees, CQI learning circles, and peer coaching opportunities. CQI members (CQI PSS, CQI Manager, Centralized CQI, and CQI PAs) are to provide any meeting agenda items to the meeting contact person.

Communication

CQI involves all levels of employees and functions. Open and clear communication within and between groups is essential for effectively working together to improve outcomes. The foundation principle for communication at all levels is that respect and transparency are inherent to a CQI program in order to allow an organization and the individuals involved to be supported in learning from experiences and new information about outcomes. Some of the communication expectations are outlined here.

In order to maintain clear communications and transparency, periodic meetings will occur in the following ways:

- PPS DD & Regional DD: With regionalized operations it is critical for the executive team to have operational understanding and agreement regarding the role and process for CQI at the centralized and regional levels. Communication will occur via
    - Emails with regular updates

- WebEx meetings to obtain agreements on procedures and policy decisions affecting regional operations and CQI PA workload
- Monthly DD meetings

- CQI Manager & Regional Managers
  - All managers attend quarterly CQI Steering Committee meetings
  - CQI is an agenda item on monthly managers meeting
  - Emails with notices for regular updates and obtaining input for decisions affecting regional operations
  - WebEx meetings to obtain agreements on procedures and policy decisions affecting regional operations and CQI PA workload

- PPS & Regional CQI Policy Analyst
  - Transparency: Information should be shared freely between Centralized CQI Unit and the Regional CQI PAs in order to identify themes in practice and how best to address practice issues. This exchange of information will occur at the monthly CQI Workgroup meeting.
    - o Elevations: When a significant practice or policy issue in a region/program is identified by the Centralized CQI Unit, timely and detailed information is needed by the region/program in order to address those concerns with staff. The CQI Unit PSS will email the Regional CQI PA with the specific concerns and cc the CQI Manager and the Regional Manager to ensure that elevations are handled timely and include the chain of command for the regions/programs.
  - Feedback loops: Results from projects and routine reviews of work product will be shared on a regular basis.
    - Example: reviews conducted by the Centralized CQI Unit will be shared as each is approved by the CQI PSS. They will be sent to the CQI PA in that region/program for analysis and will be shared with the Regional Manager and regional PSS to provide feedback and coaching for the staff person.
    - Example: themes found in the regional reviews requiring focus groups and mitigation plans will be shared with the CQI PSS to inform for possibly casting a wider net and include action plans for other regions/programs or the county as a whole
    - Methods of feedback:
      - Emails
      - WebEx meetings
      - CQI Learning Circles
      - CQI Monthly meetings
    - SharePoint: A SharePoint site is available to post information. Regional CQI PAs will not be assigned work via SharePoint.
      - Data/Results from projects
      - CQI tips shared by regional CQI PAs

- Project Development: The Centralized CQI Unit will often partner with one or more Regional CQI PA's on specific projects.
The same expectations for open and transparent communication will apply here. Requests to partner with a Regional CQI PA should go directly from the CQI Manager to the CQI PA's Regional Manager for approval for the CQI PA to partner with the centralized CQI Unit for the project.

- Centralized CQI Unit and the Data Unit

  - The Data Unit may provide trainings such as Safe Measures and Excel trainings as needed or as requested.
  - The CQI and Data Units attend monthly CQI workgroup meetings and bi-monthly Data Unit meetings to discuss and provide feedback on the status of projects in both units.
  - The CQI unit will regularly partner with the Data Unit to receive assistance with data processing such as spreadsheets and pivot tables to complete projects.
  - **Requests for Data** and project assistances can be communicated through email or completing the data request form.

- CQI Policy Analyst & Centralized CQI Manager
  - The Centralized CQI Manager will ensure consistency in the countywide CQI program by meeting regularly with the CQI PAs and the Centralized CQI Unit. Open dialogue between the regional CQI PAs and the CQI Manager is expected and encouraged. This will occur in the following ways:
    - Monthly CQI Workgroup meetings
    - Periodic CQI retreats
    - Group supervision with regional CQI PA
    - Individual coaching for regional CQI PA as needed/requested by the CQI PA

- CQI Policy Analyst & Regional Mgr/DD
  - Regional communication: Communication within each region/program will consist of transparent conversations regarding data and CQI processes occurring at the regional/program level. Internal communication for each region/program is critical to keep staff, supervisors, managers and executive levels aware of key CQI information. An example would be when new initiatives or data outcomes are discovered that need immediate corrective action plans and teamwork.
  - Free flowing communication and notification is expected. There will be times when the CQI PA is the first point of contact for the need to take action and other times this information will come through the Manager or

Deputy Director. The goal is for information and planning to be disseminated timely and strategically.

- The CQI PA will meet regularly with the Regional Manager (and DD as requested) for supervision and to ensure that CQI is functioning in alignment with countywide as well as regional / program expectations.

- CQI Policy Analyst & Regional PSS
   The CQI PA should function as an integral part of the supervisory team, providing support, guidance and coaching for implementation of policy and practice. Supervisors should be encouraged to utilize the support of the CQI PA and that a culture of continuous learning and development should include open sharing of information with confidence. Some of the areas include:
   - Discussing themes or trends in practice discovered in the review process and assisting in development of mitigation plans for individual staff
   - Consultation regarding investigative and case decisions
   - Coaching on staff engagement and management techniques
   - Partnering to coach units/staff on specific themes and introduction of new practices and policies

- CQI Policy Analyst & Regional Staff
   The expectation is that the CQI PA will have an open and engaging relationship with line staff. Staff should be encouraged to utilize the CQI PA for support and guidance to compliment the relationship with their direct supervisor. An atmosphere of transparency and support for acquiring new and refined information as it pertains to practice and policy should be firmly established countywide. There will be times when a CQI PA directly engages staff as well; this should be transparent and does not replace consultation with the direct supervisor. Some areas include:
   - Direct inquiries from staff
   - Coaching to specific themes
   - Feedback loops

Data Management

Data use is an important part of the CQI process. CQI can use data as a driving force behind CQI projects to identify strengths and areas for upgrade in order to improve social work practice and outcomes for children. Data is what drives discussion and data can be used as a tool to have discussions about trends identified by the data. Below are some of the key areas of data that staff should be knowledgeable of as part of a CQI system.

The Operational Plan (Ops Plan) - The Operational Plan provides the County's financial plan for the next two fiscal years. It also identifies strategic performance

goals or objectives for those two years. Below is the link to the current ops dashboards which provides up-to-date information about performance on these key goals.

San Diego County Operational Plan Dashboards

System Improvement Plan (SIP) – The purpose of the SIP is to create an operational agreement between the County and the State outlining county strategies and actions to improve the child welfare system of care. The SIP supports the State of California's Performance Improvement Plan (PIP). For the current SIP (2012-2017), San Diego County has chosen to focus two measures. One measure addresses reunification within 12 months for children entering out of home care for the first time. The second measure addresses placement stability of children in out of home care. The goal is for children   to experience two or less placements within the first year of placement. Below is the link to the current SIP dashboard which provides up-to-date information about performance on the SIP measures.

To view the current SIP for San Diego County, click on these links:

2012-2017 System Improvement Plan measures dashboards

2012-2017 CWS Improvement Plan

Outcomes Improvement Project (OIP) – to help counties improve their performance on SIP measures, targeted funding was authorized by the state of California to provide additional funding that CWS agencies can use to provide additional resources, programs, and services for families that they identify as being crucial to meeting the SIP-identified outcomes measures. This is known as the Outcomes Improvement Project (CDSS).

Development of the Key Data Report (KDR)

The CQI PAs reported the most commonly collected measures they tracked for their region/program, using Safe Measures. The measures collected were reviewed with administration to determine which set of measures would be reported by the regions/programs, in order to maintain consistency across regions/programs. The methodology was then developed, along with the instructions to ensure that regions/programs were measuring their data in an accurate and consistent manner. The process for collecting and disseminating the KDR information is as follows:

Step	Who	Action	When
1	CQI PA	Using Safe Measures, pull the KDR measures	20TH of each month for the previous month's data (*if the 20th is not feasible then as close to it as possible). Include the extract date of data pulled.
2	CQI PA	Send regional data to the Centralized Data Unit	By the last day of the month
3	Data Unit	Compile regional data into single document	10th of the following month
4	Data Unit	Distribute data to ADD's, Managers, Centralized CQI and CQI PAs	10th of the following month

Key Data Report Instructions

The Key Data Report consists of measures taken monthly, unless otherwise noted. The CQI PA's are responsible for the collection and reporting of the regional key data measures, which include the following:

- **Reunification within 12 months -** This measure is concerned with time to reunification. It looks at all children who entered their first foster care placement and calculates the proportion who were reunified within 12 months of removal from their home. Because the measure looks forward from the start of the placement, data are not displayed for the most recent 12 months. The national goal for this outcome measure is 48.4% or more reunified within 12 months.

- **Time to investigation -** This measure looks at initiating an in-person investigation within the required timeframe.

- **Face to face contacts with children -** This measure looks at the most recent face-to-face contact made with the child within the required timeframe. Non-dependent legal guardianship cases default to a six-month contact schedule.

- **Kin placements -** This measure counts children in placements with a facility type of relative/NREFM home, open at any time during the selected month.

- **Case plan status -** This display shows the case plan status for all open cases in a given month.

- **Contacts with parents -** All parents listed on the case plan require a monthly contact. Parents who have a contact frequency waiver of 'Whereabouts Unknown' are excluded from contact requirements. We only include cases that are open for at least 30 days. Parental qualified contacts are required monthly for all open cases unless otherwise indicated in the service plan - service activity frequency.

- **FM cases open over 12 months -** This display shows the amount of time elapsed since case opening for all family maintenance (FM) cases that were open at any time during a given month.

- **FR cases open over 18 months -** This display shows the amount of time elapsed since case opening for all family reunification (FR) cases that were open at any time during a given month. Time open is calculated from the initial service component effective date until the last day of the month (if open all month) or the case closure date (if closed during the month).

- **Voluntary cases open over 6 months -** This display shows the amount of time elapsed since case opening for all cases that were open at any time during the selected timeframe. Time open is calculated from the initial service component effective date until the last day of the selected timeframe or the case closure date (if closed during the timeframe). *Use subset for dependency status and click voluntary*

- **FR cases without a placement episode -** This is a data issue display that shows cases with a Family Reunification service component without an open placement episode.

- **Referrals open over 40 days -** This display shows how much time has passed since the first contact on an open investigation. The calculation is based on the elapsed time between the date of the first contact and either the referral closure date (if closed during the month) or the end of the selected month.

- **No recurrence of maltreatment -** This measure investigates the recurrence of maltreatment within six months of substantiation. Due to the six-month follow-up window for this report, the displays are time-lagged six months from the extract date to provide full data sets.

- **Median months to reunification -** This measure is concerned with time to reunification. It looks at all children who were reunified during a year and shows the percentage of children who were in foster care for less than 12 months before being reunified. Time is calculated by subtracting the removal date from the episode end date and then dividing by 30.4375.

- **Reunification within 12 months -** This measure is concerned with time to reunification. It looks at all children who entered their first foster care placement and calculates the proportion who were reunified within 12 months of removal from their home. Because the measure looks forward from the start of the placement, data are not displayed for the most recent 12 months.

- **Reentry following reunification -** This display shows the number of children who had a new foster care episode within 12 months of reunification. Because the measure looks forward from the date of reunification, data are not displayed for the most recent 12 months. For age calculations in subsets, values are determined by subtracting the birth date from the episode end date.

- **Placement stability -** Number of placements for all children in foster care for at least eight days but less than 12 months over the selected year. Number of placements for all children in foster care for at least 12 months but less than 24 months over the selected year. Number of placements for all children in foster care during the selected year who had been in placement for at least 24 months.

- **Timely physical exams -** This display shows whether the client has been kept up to date with Child Health and Disability Prevention (CHDP) medical exams. When a child is removed from a home, he/she should receive an initial CHDP medical exam within 30 days of the removal date. After the initial examination date, workers are expected to ensure the child is seen for a qualifying medical exam in accordance with the published exam periodicity schedule. If the client has had an exam after the age of 17, he/she does not need any future CHDP exams and will be considered in compliance until he/she is out of the system.

- **Timely dental exams -** This display shows whether the child has been kept up-to-date with Child Health and Disability Prevention (CHDP) dental exams. When a child (3 years or older) is removed from a home, he/she should receive an initial CHDP dental exam within 30 days of his/her removal date. After the initial examination date, workers are expected to ensure that the child is seen for a

qualifying dental exam in accordance with the published exam periodicity schedule. If the child being removed is under 3 years old, he/she will not be required (by AB636 standards) to have a CHDP dental exam until 30 days after his/her third birthday. If the client has had an exam after age 20, he/she does not need future CHDP exams and will be considered in compliance until he/she is out of the system.

- **Health & Education passport -** This summary shows compliance with providing a substitute care provider with the child's HEP in a timely manner.

- **Family Engagement Efforts (measured quarterly/monthly) -** This analysis looks for FEE contact provided by a staff person occurring in the selected quarter/Monthly. The FEE contact may be with any of the following:
    - The focus child on the case.
    - Any person identified in the client relationship table as having a parental relationship with the focus child.
    - If a contact event is found with a parent, Safe Measures determines whether a second parent participated in the same contact event.

- **Familiar Environment –** The instructions for this measure are lengthy. Please see Share Point for the steps to pull this measure.

Below is a link to a blank KDR with step by step instructions for pulling each item:

KDR Template and Instructions

Special Programs – Adoptions, Residential Services, and Extended Foster Care serve populations in which Safe Measures outcomes do not always apply to. For that reason, there may be other data gathering and tracking that must be completed by the CQI PAs in the special programs.

- Adoptions – In addition to the KDR, the Adoptions CQI PA is responsible for the following:
    - Working collaboratively with the Adoptions Program & Policy Support CWS PA, Adoptions Special Project CWS PA, the Adoptions Training Unit PSS and others to address areas such as:
        - Adoption Policy
        - Training
        - Adoptions Statistics
        - My Adoption Portal (MAP)
        - Caseload Equity/Case Assignment
    - Tracking/compiling/analyzing data on:

- Referrals on families who have finalized adoptions from San Diego County.
- Complaints/Court Elevations

o Data review of the My Adoption Portal (MAP) Program
o When necessary, completing Home Study/Adoption status information on the Registered Sex Offender Tracking Log
o Facilitate Adoptions Operations Meeting twice a month.
o Serve as a liaison for Adoptions:

- San Diego Regional Center and attend interagency meetings
- Interstate Compact on Adoption and Medical Assistance (ICAMA) for San Diego County

- Residential Services (RS) & Extended Foster Care (EFC) – In addition to the KDR, the CQI PA in RS/EFC is responsible for tracking and managing program specific data.

  o Residential Services:

    - Youth under age 12 placed in Group Care: Identifying, coordinating and tracking the review and approval of case plan by Child Welfare Director (pursuant to ACL 13-87).

    - Assessing youth in Group Care for longer than one year: Coordinating and auditing the mandatory review of these youth pursuant to (ACL 13-86).

    - Interagency Placement Committee (IPC) data

    - Placement in Foster Family Agency (FFA) homes

    - Intensive Treatment Foster Care (ITFC)

    - Multidimensional Treatment Foster Care (MTFC)

  o Extended Foster Care:

    - EFC eligible youth: Identifying and tracking the transfer of EFC eligible youth from Region.

    - National Youth in Transition Database (NYTD): Identifying, coordinating, tracking and state reporting of youth ages 17, 19 and 21 who are identified to participate in the NYTD survey.

    - Exit Outcomes: Identifying, tracking, input of data and state reporting of exit outcomes for youth that age out of Child Welfare Services between ages 18-21 (pursuant to ACL 08-33 from 2008).

- OPS measure: 96% of EFC youth will be in Safe and Secure Housing: Identify why youth appear out of placement but are not – such as placement paid by SSI, live in another county or incarcerated. Reviewing of each case and verifying which youth are truly not in a placement, reporting numbers and cases to exclude from the "homeless" data.

Safe Measures

- Safe Measures Policy & Procedures – An introduction to Safe Measures (version 5) can be found by clicking this link:

  http://help.safemeasures.org/ca/docs/Introduction_to_SM5.pdf

- Safe Measures Tips – In addition to the KDR, tips on navigating Safe Measures can be shared by the Data Unit, Centralized CQI Unit, and CQI PAs. Refer to the Resources section of this manual for Safe Measures tips.

Case Reviews

Qualitative case reviews are a critical component to a Continuous Quality Improvement program. Case reviews are also an integral part of ensuring quality practice improvement over time. There are several levels and formats for reviewing referrals and cases in Child Welfare. Detailed tools and guides are utilized to identify the result of our practice and how that relates to outcomes for children in the Child Welfare System. All levels of staff are involved in the review process from the worker producing the work product, the supervisor approving and reviewing their work product to the CQI PA in the region/program conducting qualitative reviews and administrative reviews on high profile cases. In addition the Centralized CQI Unit will also be conducting Child and Family Services Reviews (CFSR) from randomly selected cases across all regions/programs for reporting to the state.

Reviews allow CWS to gather and analyze data and identify the success of current practice and target areas for systemic improvement. Regional involvement and investment in the CQI Review processes is critical to the promotion of best practices and development of a learning culture within the agency as a whole. Adopting an open and transparent attitude toward learning from our own work is critical to providing the support for staff and supervisors to receive feedback in a positive and strengths based way.

It is important to note that CQI goes beyond compliance monitoring. The review process intends to gather and assess a range of information on quality with an emphasis on implementing needed improvements on an ongoing basis. The expectation is for ongoing monthly referral and case reviews to be conducted by all levels of staff. Involving caseworkers, supervisors and managers in the review process has been found to be more effective than a more passive approach by having a single QA conduct reviews.

> *Some jurisdictions require local offices to develop local improvement plans that focus on key findings and implement systemic solutions. Some provide detailed review findings and coaching to individual workers who have had cases in the review sample. Some develop aggregate reports with statewide findings and set expectations for addressing key practice and systems issues at the state and local levels* (National Child Welfare Resource Center for Organizational Improvement, Continuous Quality Improvement (CQI) Working Paper Qualitative Case Review Processes September, 2013).

San Diego has chosen to ensure that consistent use of the data across all regions / programs be a primary focus. Aggregate results will be shared transparently at all levels and will be used to:

- Inform need for large scale training for all staff
- Identify trends and coaching plans for specific Regions/Programs
- Support individual Supervisors and Staff in adopting improved practice
- Making suggestions for policy change

Below are the various review processes that will be developed and implemented for CWS in San Diego County:

CFSR (Child and Family Services Review) tool is an in-depth qualitative review process devised at the federal level which will be used for a percentage of cases/referrals each month/year. These reviews will be conducted by the Centralized CQI Unit and include interviews of stakeholders involved in the case to assess the quality of services provided, to include:

- Staff, supervisors, the child and family, foster parents or other care providers and other involved parties
- In some cases community members serving on quality improvement committees may participate in this review process

Results and trends will be shared with the regions / programs and these items will help guide the direction for training and support for staff. These reviews will be documented online to be able to gather aggregate data.

SET (Safety Enhanced Together reviews): PPS and CQI have been working together to develop a new tool for reviewing cases and referrals. The SET Review Tools will replace the existing case and referral review tools used by CQI PAs. The SET Reviews will support the implementation of SET by evaluating if case practice is consistent with the SET Practice Framework. The tool evaluates the most salient behaviors that are rated on a Likert scale in the areas of *novice*, *emerging*, *accomplished, distinguished and mastery* of practice. Once a review is completed, The PSS and CQI PA will meet with the worker to provide a summary of the review with suggestions for upgrades to their practice and recognition as feedback. These reviews will assist in collecting aggregate data as well as see regional successes and challenges that can be shared across regions. Additionally, regional coaches will provide training and coaching around these outcomes. The SET Reviews will be housed in SharePoint. The selection of cases and referrals to be reviewed will be pulled randomly by the Data Unit.

Regional CQI PA reviews: The CQI PA will review a cross section of the reviews done in Supervisory reviews to ensure consistency, accuracy and quality. In addition to reviewing a cross section of the reviews done in Supervisory reviews, CQI PAs also conduct specialized reviews/deep dives as requested by regional managers on high risk and high profile cases. Each CQI PA will also review 2 cases and 2 referrals per month using the SET review tools and provide feedback about the case reviews to the worker, supervisor, and regional manager.

Centralized CQI reviews: The Centralized CQI Unit SPSW's each review 2 cases and 2 referrals per month, using the SET review tools in conjunction with monthly CFSR reviews completed and provide feedback about the case reviews to the worker, supervisor, and regional manager.

Supervisory Reviews: Each PSS completes one referral and one case review per quarter. Those reviews are tracked by the CQI PA, who looks for positive trends in practice, as well as areas for upgrade, and suggestions for policy change. Reviews will be discussed during the meeting to promote best practice and promote a parallel learning process. These reviews are likely to guide the CQI teams.

The SET tools are in the process of being developed and tested. They will be included here as a link after they are finalized. Below is the link to the federal review tool needed to complete the CFSRs.

[CFSR Onsite Review Tool](#)

Training

Ongoing training for CQI staff is pertinent to ensuring a successful CQI process. It is important for CQI staff to have a working knowledge of the Safety Enhanced Together practice framework best practice, Safety-Organized Practice, policies and procedures, and current trends in practice across regions/programs. Data comprehension and data management are also important areas of knowledge that are required for CQI staff. Suggestions for areas of training for CQI staff include:

- Safety-Organized Practice modules

- Coaching Institute (Public Child Welfare Training Academy)

- Structured Decision Making

- Safe Measures 5

- Legal Updates (annually)

- Basic Analytics and Advanced Analytics

Coaching

 "Coaching is highly focused on individuals designing their future – and that of their organization – and achieving excellence through setting personally and professionally challenging goals and committing to taking the actions necessary to achieve them" (Byrne, 2007).

Coaching is a partnership between a coach and a worker or supervisor. With support and guidance, a coach helps PSSs and PSWs achieve individual and Agency goals through their work. Coaching allows staff to try out skill techniques in a safe environment while receiving immediate feedback. It also helps staff work towards mastery of family engagement. It uses ideas such as appreciative inquiry to build confidence in staff as it is strength based and promotes continuous learning. Coaching is usually one on one support but can also provide support to a small group (The Coaching Toolkit for Child Welfare Practice, 2012).

Training is different from coaching. Training is a process of passing knowledge, skills and experience to the learner. A trainer is considered an expert in the field or on a topic, and is likely to target specific skills. Unlike coaching, training is usually provided to many at one time.

The Coaching Toolkit for Child Welfare Practice describes 2 types of coaching:

- Solution-Focused Approach – Coach acts as facilitator, collaborative problem solver that is non-confrontational and non-judgmental. This approach also uses the coping, scaling and miracle questions to assist learners in building confidence, finding solutions for improving their skills and identifying their successes.
- Reflective Practice Approach – Coach encourages learners to think back and journal about past barriers and successes while making connections to the current barriers and successes.

San Diego County has implemented a Coaching Unit that is another integral part of the CQI process. This Coaching unit is skilled in the use and training of SOP that will help improve our practice resulting in better outcomes for children and families. The Coaching unit is comprised of 9 full time SPSW positions and one PSS position. They are managed under CCWS but located with and assigned to each region/program, including the Hotline.   Coaches can support CWS best case practices by:

- Assisting CWS staff with integrating SOP strategies such as: creating harm/danger statements, safety goals, developing support networks with CWS families, safety mapping, etc.
- Building awareness and addressing barriers during the implementation and evaluation of SET
- Supporting CWS staff with writing behaviorally specific case plans and court reports.
- Accompanying staff in the field to provide skill-based coaching in the moment.
- Leading or co-leading New Social Worker Development Groups in Region with CWS staff on the job one year or less.
- Supporting transfer of learning opportunities for new CWS staff who recently graduated from SWIT training.

Tips & Links to Resources

The following pages include links and article attachments to valuable CQI resources as well as useful tools and tips discovered during the course of various CQI projects and assignments.   Refer to Attachment B on the ACF CQI Information Memorandum for additional CQI resources.

This glossary contains a list of terms that are important in the fields of evaluation and statistics. The definitions are intentionally brief and simple to provide a handy reference on evaluation and statistical techniques and terminology. **Glossary of Evaluation and Statistical Terms** (McCowan, R. *Glossary of Evaluation and Statistical Terms,* The Center

for Development of Human Services, Research Foundation of the State University of New York (SUNY) at Buffalo State College, 1999).

California Department of Social Services Website

UC Berkeley – Child Welfare Indicators

California Legal Info

California Legal Codes

CWS Outcomes

Forum on Child & Family Statistics

System Improvement Plan

Appreciative Inquiry in Child Welfare Organizations