STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES
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July 30, 2019

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-48-19

TO: ALL CHILD WELFARE DIRECTORS
             ALL COUNTY PROBATION OFFICERS
             ALL TITLE IV-E AGREEMENT TRIBES
             ALL COUNTY CHILD WELFARE DIRECTORS
             ALL CHIEF PROBATION OFFICERS
             ALL CHILD WELFARE SERVICES PROGRAM MANAGERS

SUBJECT: **UPDATED CHILD WELFARE SERVICES CONTINUOUS
             QUALITY IMPROVEMENT GUIDELINES**

REFERENCE: ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-40-14
             ALL COUNTY LETTER (ACL) NO. 04-05
             ACIN NO. I-84-16

The purpose of this ACIN is to disseminate updated information to county child welfare and probation departments regarding continuous quality improvement (CQI) and guidelines for implementing at the county level. These guidelines are to serve as a resource to enhance the work of state and local child welfare and probation agencies and identify key elements in a strong CQI system.

Background

The ACL 04-05 provided the framework for the California-Child and Family Services Review (C-CFSR) as the new outcomes focused accountability system for child welfare in California. This represented a shift from regulatory compliance to the beginnings of a CQI system. The ACIN I-40-14 outlined the benefits of developing qualitative case reviews for the purpose of examining practices and ensuring conformity with Title IV-E and Title IV-B requirements. Additionally, the California Department of Social Services (CDSS) encouraged the dedication of county staff to the case review process. Counties should establish well-trained CQI teams and be creative in identifying resources to support comprehensive CQI efforts.

The purpose of the California-Child and Family Service Reviews (C-CFSR) is to significantly strengthen the accountability system used in California to monitor and assess the quality of services provided throughout the child welfare continuum of care, including prevention and early intervention. As such, the C-CFSR operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. The C-CFSR is comprised of county child welfare system reviews and maximizes compliance with federal regulations for the receipt of federal Title IV-E and Title IV-B funds.

In 2016, CDSS issued child welfare services CQI guidelines in ACIN I-84-16. This notice provides updated CQI guidelines and information for implementing at the county level.

CONTINUOUS QUALITY IMPROVEMENT

The Children's Bureau (CB) of the Administration for Children and Families (ACF) continues to consider improvements to the CFSR review process to monitor state title IV-B and IV-E Programs. On August 27, 2012, the ACF issued Information Memorandum ACYF-CB-IM-12-07 (http://www.childsworld.ca.gov/res/pdf/PIP/InfoMemo1207.pdf), with the goal of strengthening the state's quality assurance (QA) processes through the model of continuous quality improvement (CQI).

While the CDSS continues to actively promote the value of qualitative case reviews, case reviews in and of themselves are not a fully formed CQI process. Beginning in March 2015, the CDSS convened a CQI Advisory Committee comprised of representatives from county child welfare agencies, probation departments, the Administrative Office of the Courts, the training system, university partners and CDSS. The Advisory Committee developed the original CQI guidelines to promote county implementation of CQI systems. Counties should be mindful to secure commitment to the CQI system and implement plans for adhering to and monitoring CQI from all levels within the agency.

Since the release of the original CQI guidelines in 2016, the CDSS has engaged in additional CQI planning and development with the Children's Bureau Capacity Building Center for States. CDSS held a CQI Academy to train and develop its staff in CQI and conducted a large-scale self-assessment to evaluate current capacity in CQI. Through this partnership with the Capacity Building Center for States, the CDSS identified additional information to include in the updated CQI guidelines.

The CDSS would expect to see the elements provided in these updated guidelines in any county-level CQI system. This includes a full use of both quantitative and qualitative data in evaluating and refining child welfare practice. Although this does not create a regulatory requirement, the CDSS strongly encourages counties to utilize CQI processes in their work and reporting in County Self-Assessments (CSAs) and other documents.

Sincerely,

Original Document Signed By:

DAVID MCDOWELL, Ph.D.
Chief, Children's Services Operations and Evaluation Branch
Children and Family Services Division

Attachment

c: CWDA

California Guidelines for Continuous Quality Improvements in Child Welfare Service Delivery

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CHILDREN AND FAMILY SERVICES DIVISION

July 2019

Contents

Introduction

Continuous Quality Improvement (CQI) describes a set of processes that are intended to help a program deliver the best services it can through critically analyzing the program's current state, defining barriers to success, and implementing and evaluating the effectiveness of targeted solutions on a continuous basis. A CQI system constantly assesses and monitors itself by asking important evaluative questions and using data to make informed decisions about policy, processes, program effectiveness, and deficits.

The California Department of Social Services (CDSS) aims to improve practice, service delivery, and outcomes for children and families in contact with county child welfare and probation departments by developing a robust child welfare CQI system. An effective CQI system will identify practices that lead to the development, implementation and evaluation of statewide standards for child welfare so that public policies are effectively transformed into action. CQI will also enable counties to analyze administrative, quantitative, and qualitative data to critically examine the quality of service delivery throughout the continuum of child welfare services, from Hotline, through Investigations, Case Management and Adoptions service delivery.

 The primary objectives for the California CQI system are to ensure:
- Delivery of consistent, high-quality services to children and families.
- A reduction in the possibility of adverse occurrences.
- Critical reflection and actionable enrichment in programs and processes required to achieve targeted performance outcomes.
- Safety, success and progress of children living in appropriate and permanent homes.

Purpose of Guidelines

The purpose of this document is to provide guidance for implementing California's CQI system. These guidelines serve as a resource to enhance the work of state and local child welfare and probation agencies currently building CQI systems; therefore, the document is not meant to be a stand-alone document. Many county agencies have already developed valuable guidance on CQI, and these guidelines are designed to recognize and support those efforts while identifying key elements in a strong CQI system.

Organizational Benefits of CQI

The CQI process supports the creation of a "learning organization" in which managers, employees and stakeholders work collectively to improve their practice, systems and outcomes. A learning organization is open to change, supportive of adaptation, and uses knowledge and information to act on important organizational issues.[1] Learning organizations experience positive benefits because employees engage in proactive, objective (data-driven) and collaborative behaviors to anticipate change and manage improvements. In the long-run, this approach contributes to developing efficient and effective practices and procedures to support service delivery.

CQI is informed by learning organization concepts, which means that organizations that use CQI also benefit from using a dynamic, data-driven feedback process to remove barriers and achieve results.[2] Individuals within a CQI system constantly assess and monitor the system by asking important evaluative questions and using data to make informed decisions about policy, processes, program effectiveness and deficits. The CQI process is collaborative and participatory in nature, and organizations that use CQI successfully may need to undergo a paradigm shift from top-down to bottom-up leadership to best support the CQI system.

California's child welfare system aims to be a learning organization that prioritizes the identification and sustainability of quality service delivery and programs that have a positive impact on children and families. The CQI process provides a method by which California child welfare and probation agencies can systematically investigate, document, and correct issues that impact practice. CQI also supports the system-wide identification of practices that contribute positively to children's safety, permanency and well-being.
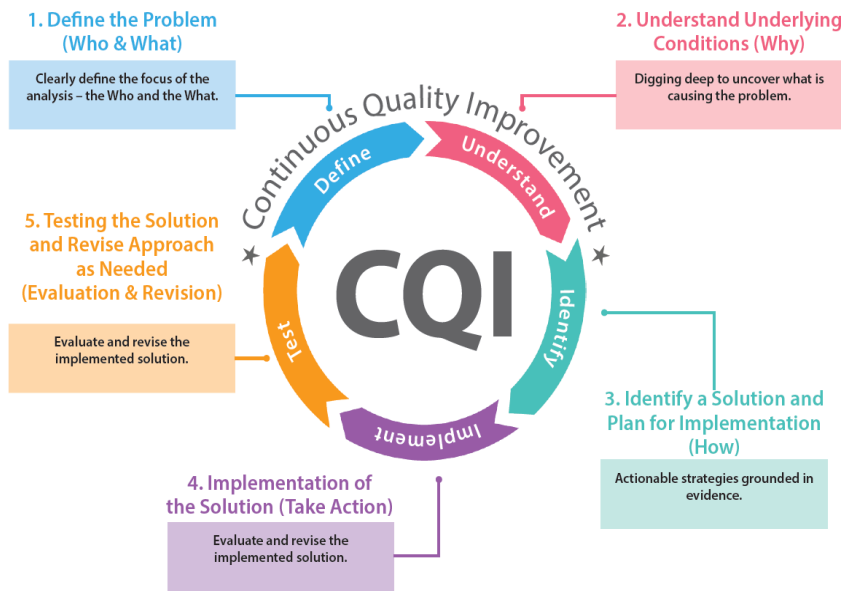
The CQI Process

There are five steps in a well-developed CQI process, which are illustrated in Figure 1 and described in greater detail below. These steps are iterative and can be repeated many times until an organization achieves its desired level of improvement for a practice or process. Each step in the CQI process must be informed by evidence. Simply defined, "evidence is information that is used to support an observation, claim, hypothesis, or decision.[3] Evidence, either qualitative or quantitative, is critical because it provides the rationale or justification for decision-making at any given stage. The CQI process is derived from the "Plan, Do, Study, Act" (PDSA) model for decision making that has been used for nearly a century through different fields. Moreover, this model provides a more dynamic, continuous and integrated approach to making improvements in an organization. In fact, in a true CQI process, there is no defined beginning or end, and CQI activities can be initiative at any point in time and/or within the CQI process.

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[1] Botcheva, L., White, C. R., & Huffman, L. C. (2002). Learning culture and outcomes measurement practices in community agencies. *American Journal of Evaluation*, *23*(4), 421-434.[1] Bickman, L., & Noser, K. (1999). Meeting the challenge in the delivery of child and adolescent mental health services in the next millennium: The continuous quality improvement approach. *Applied and Preventive Psychology, 8*(4), 247-55.

[3] Wulczyn, F., Alpert, L., Orlebeke, B., & Haight, J. (2014). *Principles, Language, and Shared Meaning: Toward a Common Understanding of CQI in Child Welfare*. Chicago: The Center for State Child Welfare Data, Chapin Hall at the University of Chicago.

Figure 1. Continuous Quality Improvement Process

1. Define the Problem (Who & What)
Clearly define the focus of the analysis – the Who and the What.

2. Understand Underlying Conditions (Why)
Digging deep to uncover what is causing the problem.

5. Testing the Solution and Revise Approach as Needed (Evaluation & Revision)
Evaluate and revise the implemented solution.

3. Identify a Solution and Plan for Implementation (How)
Actionable strategies grounded in evidence.

4. Implementation of the Solution (Take Action)
Evaluate and revise the implemented solution.

Step 1- Define the Problem

The first step in the CQI process is to "Define the Problem." In this stage, organizations within the California child welfare and probation agencies need to clearly articulate a problem and the population impacted by this problem. This is also called an "area of focus." In defining the area of focus, CQI team members should work together to clearly flush out the problem by articulating it in writing. This includes specifying the population to be studied, fixed, modified or enhanced via specific improvements in service provision, practice, or other processes. This is an important step because identifying an area of focus helps the team prepare to ask evaluative questions about the breadth and depth of the problem. Agreement at this early stage is crucial and will facilitate all future conversations about the area of focus. Failure to have the agreement at this stage will guarantee additional work later for CQI team members in the future. For example, your organization's problem statement might be "a large percentage of youth with limited reunification opportunities are reaching adulthood without independent living skills." Therefore, the area of focus could be called something like, "Youth Targeted for ILP Services." This population might be defined in a number of ways in the data, such as youth in the system with a discharge reason of Emancipation or youth in the system with selected permanency goals such as Emancipation or Other Planned Permanent Living Arrangement.

Once the population is defined, the CQI team should make observations about the problem and population within the focus area, forming key questions about the problem that the organization seeks to answer by gathering or reviewing data. These key questions will be evaluative in nature and will help individuals get a better understanding of the key issues or root causes of the problem. Remember to consider the beliefs and values that guide organization-specific child welfare practice and apply them to the key questions being asked through the CQI process. In the example above for Youth Targeted for Family Connections, child welfare staff

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could compile observations and case record data about which types of children are currently and/or historically targeted for Family Connections. Policy, program and data staff would identify evaluative questions to ask about this population given the problem statement identified previously and a particular value of the child welfare system, perhaps that children, youth and families leave the child welfare system with their needs met at a higher level than when they entered the system. Possible evaluative CQI questions that the CQI team would develop to observe the problem more fully include: 1) Can these youth achieve permanency? 2) If they can't achieve permanency, are they being provided: a) access to resources designed to increase skills necessary to be more competent in achieving safety and well-being? b) the supports they need to have a sense of permanency?

Step 2-Understand Underlying Conditions

The second step in the CQI process is "Understand Underlying Conditions." This step usually takes time and thoughtful planning by program and data staff work to understand why and how a particular problem is occurring. Root Cause Analysis (RCA) is a process or procedure that helps guide people to discover and uncover the initiating causes of a problem, with the goal of determining missing or inadequately applied controls that will prevent recurrence. RCA is a backward examination of potential causal paths until all events are explained, and it can be a helpful tool in understanding underlying conditions so that your organization can move forward with quality improvement. RCA is typically done in concert with a team, including someone versed in inductive and deductive social work evaluation methods. A sample RCA process guide is included in Appendix A. Additional electronic resources about RCAs can be accessed at: https://learn.childwelfare.gov/ and https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/.

Here's an example - There has been a great deal of focus on quantity of caseworker visits to improve permanency outcomes for children. If a county finds that it is achieving 85% of the expected visits, short of the current standard, the agency might be asking what can be done to address the problem of 15% of visits not being achieved which contributes to poorer permanence outcomes? To be effective and efficient in implementing changes to address the problem, it is important to know why the system is not performing optimally. Is it that that workers are not faithfully recording their visits in a timely way? Or, is it a more fundamental issue that visits are not occurring? Your CQI team can dig deeper using an RCA, which will prompt the team to ask and analyze responses to a series of logic-based questions to reason why something is going on. To build on this example, perhaps you find that the quantity of caseworker visits is not the reason for poor permanency outcomes in your agency. Or, perhaps your organization is actually achieving 95% of caseworker visits in a timely fashion, but staff are still not seeing improvement in outcomes. It is then important for the CQI team to examine the qualitative side of visits. An RCA can be utilized by the CQI team to ask questions until team members figure out whether quality of visits, discussions during visits, engagement, attachment and bonding are contributing to less optimal permanency outcomes. After determining these underlying conditions, your organization can use quantitative or qualitative data from the RCA data to make decisions on areas and actions for improvement.

Step 3-Identify a Solution or Plan for Implementation

Once your organization has identified one or more underlying conditions to the defined problem the next step is to "Identify a Solution or Plan for Implementation." Actionable strategies should be grounded in the evidence

found through RCA or other analyses conducted during Step 2. Evidence-informed practices should be designed to elicit desired results, particularly if implemented with fidelity. For example, if your county needs to improve in the timeliness to permanency outcome and has determined through RCA that parents did not feel involved in the development of their services plans, your CQI team could explore various teaming models designed to engage parents to try and make improvements in timeliness to permanency. Other identifiable solutions for improving timeliness could include developing a report or tool to inform workers about upcoming timelines in their cases, perhaps working to have a stronger family engagement strategy, or, for broader programmatic areas, implementing a new practice or initiative. Keep in mind that organizations engaging in CQI often identify multiple approaches to resolving the underlying condition(s) from Step 2 and solving the defined problem from Step 1. It should be noted that the implementation of many strategies simultaneously may limit the ability to identify the which of them is effective at achieving desired outcomes.

Tip: If your county does not identify a solution(s) based on Steps 1 and 2, it is unlikely that the identified solution will work when you begin to implement it in Step 4.

Step 4-Implementation of the Solution

Next your organization will "Implement the Solution(s)" identified in Step 3. To begin implementation, leadership should communicate and remind all users in the CQI system about upcoming implementation for a solution to a specific problem. Leadership should be consistent in messaging about CQI and ensure staff are on the same page about what is coming next and why changes are necessary for CQI. Next an informal or formal plan for implementation should be developed by leadership in collaboration with CQI team members and internal and external partners. The plan should be developed thoughtfully and integrate several important processes:

The CQI implementation plan should first delineate those tasks that are needed to effectively change the system or practice. This may involve providing new tools to staff, making changes to policies, aiding a struggling jurisdiction or providing specialized training. It is crucially important to communicate the intent of the proposed changes and desired outcomes to those who are impacted via content in the plan.

The plan should also include steps to put in place the data reports/benchmarks for an evaluative component designed to provide measures of initial and intermediate outcomes expected so that as implementation goes forward, there are ways to measure its effects on the system at all levels. Such data may already exist or may have been developed previously. However, the plan might describe the development of new data or tracking methodologies that your organization will develop to better monitor CQI implementation. The plan should provide a clear understanding of the purpose of the data being used to measure implementation and any expectations for how data will be used to implement CQI.

Before implementing CQI activities, it is also critical to determine and incorporate a monitoring strategy into the CQI plan so that you can assess whether an activity has been implemented as intended and is successful in solving the problem. This will contribute to your organization's ability to test the solution and revise its approach (see Step 5 for more information).

Once an informal or formal CQI plan is developed, leadership, CQI team members, and CQI partners should continue to keep staff updated on CQI efforts, including the content of the current CQI plan and timeline for implementing CQI activities.

Step 5-Testing the Solution and Revising Approach as Needed

Step 5 in the CQI process is "Testing the Solution and Revising Approach as Needed." When this step is completed, your organization will have: 1) developed criteria to assess whether the CQI implementation in Step 4 demonstrates improvement; 2) solicited, received and analyzed feedback from those implementing the plan; and 3) and developed a process for monitoring unintended consequences.

The first step of monitoring is to pre-determine the criteria that your organization will use to assess whether improvement has occurred. These criteria should be determined in Step 4, in advance of any CQI activities taking place. Second, your organization should have a plan for soliciting, receiving and analyzing feedback related to those criteria from people implementing CQI activities. Then, your organization will move through the process/plan for monitoring and make enhancements if needed. For example, if your agency is not seeing improved permanency outcomes after implementing a particular solution from the RCA, the CQI team would recommend course corrections to CQI implementation and propose the implementation of another RCA-informed solution. Re-examination of the RCA data will increase the likelihood of alternative solutions. Agencies should consider examining the results of unsuccessful solutions to determine what, if any, impact it had.

During Step 5, your organization should also be on the lookout for changes or improvements that have unintended negative consequences in other areas of the CQI system. Be prepared to discuss and mitigate these outcomes as feedback is sought and analyzed by the CQI team. For instance, some counties begin implementing CQI activities to improve permanency outcomes and, as a result, experience increased length of stay in care for children placed out of home. This happens because children with less complex issues are maintained with their families but children placed out of home have more complex issues with contribute extended length of stay.

Other considerations to keep in mind as you discuss and plan measures and benchmarks to track change:

- Know the measure(s) well. Be sure the data used to measure change is of good quality, meaning there are no significant amounts of missing or inaccurate data.
- Conduct historical analyses of the measures to determine if there are seasonal or annual fluctuations in the data measure that will need to be considered when measuring change in future analyses. Refrain from jumping to conclusions by looking at a single point-in-time measure. Monitor the measure(s) over time and look at trends, including a period of time before and after the change is to occur, before declaring success or failure.
- If using a statistical test to measure change, consult with a statistician in advance for guidance on population parameters, power testing, the appropriate test to use, and interpretations of the results.
- If the analysis determines that change is not occurring as expected, begin to examine why — reconsider the accuracy of the key question, reconsider your measures, or tweak the practice or program to better improve the outcome. Consider completing another analysis to help identify the underlying conditions.

- Keep in mind that although the CQI framework is useful as a detailed process for using data to manage improvement, it is not a plan for formal program evaluation. The components in the framework were not designed to capture all details necessary for an evaluation process, such as random assignment of treatment and control groups, or measuring practice fidelity. If a program evaluation is what you are seeking, it is best to consult with someone who has expertise in that area.

Elements of a Strong CQI System

The following text was adapted from the Children's Bureau Capacity Building Center for States (CBC for States) CQI Self-Assessment Tool and outlines the seven core elements, called sub-domains, of strong CQI system. It is important to understand all the elements because they define areas of CQI implementation within the child welfare and probation system. Therefore, an understanding of the elements is necessary for assessing current and future CQI implementation in your organization. More information about assessing for current CQI efforts across these sub-domains can be found on page 15 of this document ("Assessing for Current CQI Practices"). The CQI Self-Assessment Tool can be accessed electronically at: https://capacity.childwelfare.gov/states/focus-areas/cqi/self-assessment/.

Leadership Support and Modeling

CQI culture transformations require ownership by all individuals within agencies but are often only as successful as the investment made and behaviors modeled by leadership. The development of a comprehensive CQI system must start with the support of agency leadership. Before CQI implementation begins, leadership must be deliberate identifying areas of the CQI framework that will be utilized within the agency analysis. Additionally, leadership must provide continual support, oversight, monitoring, and adjustment to ensure continuity of CQI practices and the overall success of the CQI system. Most importantly, leaders must support and empower staff including the CQI team to work collaboratively as partners to implement CQI.

In the administration of CQI processes, leadership should model CQI behaviors both within and outside of the agency. These behaviors include but are not limited to emphasizing the development and maintenance of quality systems in addition to compliance, setting clear expectations regarding evidence-based information throughout the CQI process and ensuring that program improvement strategies are linked to data (outcomes, current performance) and root causes that can be tested and evaluated.

CQI Element 1: Leadership Support and Modeling

Key Principle
Leadership provides a framework and expectations for CQI in addition to promoting a culture within the agency that supports CQI efforts.

Core Competencies
- Leadership sets clear expectations for the use of evidence throughout the CQI process.
- The agency is organized and prepared to use data appropriately and effectively.
- Leadership models CQI behavior both inside and outside of the agency.
- Leadership focuses on quality as well as compliance.

Staff and Stakeholder Engagement

Staff and stakeholder engagement is critically important to the development and maintenance of successful CQI systems. As direct service providers, developers and administrators, agency staff have unique insight into the identification of quality improvements within CQI systems. As system partners and direct service recipients, stakeholders provide diverse perspectives on agency partnership, service delivery practice and its effects on children and families. All stakeholders, including children, youth and families, should be engaged in the development of and meaningful participation in CQI.

CQI Element 2: Staff and Stakeholder Engagement

Key Principles
Staff engagement is a clearly articulated priority within the agency's CQI system. Child, youth, family and stakeholder engagement is prioritized and clearly articulated in the agency's practice model and CQI system.

Core Competencies
- Staff at all levels of the child welfare system have opportunities to actively participate and assume meaningful roles in all phases of the CQI process.
- Staff at all levels of the child welfare system are prepared and supported to participate in all phases of CQI.
- The agency provides opportunities for participation and meaningful roles in the CQI process for child, youth, family and other stakeholder representatives. Opportunities are inclusive of diverse perspectives/vulnerabilities.
- The agency provides the level of preparation and support necessary to facilitate the roles of child, youth, family, and other stakeholder representatives in the CQI process.

Communication

Communication is vital for conveying informational components about CQI. Communication related to CQI should both educate and generate buy-in for program improvement from leadership, the CQI team, and stakeholders. Internal and external communication about CQI should clearly and routinely articulate agency priorities, practices, and linkages between practice and desired outcomes. Results of CQI implementation, including lessons learned, should be broadly disseminated at the local and regional level.

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<div style="text-align: center;">CQI Element 3: Communication</div>

Key Principle
Communication is used strategically to support a high quality, sustainable CQI system.

Core Competency
- Communication activities align with and support CQI goals.
- Staff at all levels of the child welfare system have been educated in the CQI process, plan, and goals.

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Foundational Administrative Structure to Oversee and Implement CQI

It is important to have strong administrative oversight to ensure that its CQI system is functioning effectively and consistently and is adhering to the process established by the agency's leadership. Counties should attempt integration and coordination of CQI activities with other administrative units such as training, research, case review and information technology, as well as across regions or local offices. As a fluid part of the CQI system, foundational administrative structures to oversee and implement CQI should evolve as CQI activities progress.

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<div style="text-align: center;">CQI Element 4: Foundational Administrative Structure</div>

Key Principles
The agency provides administrative oversight of a comprehensive CQI model that is operated in a consistent manner throughout the entire organization. Resources and infrastructure are committed to sustaining a vigorous CQI system.

Core Competencies
- CQI processes and activities are grounded in best practices literature and guided through clearly articulated standards and procedures.
- The agency executes a written CQI plan that is comprehensive and developed with staff and stakeholders.
- A teaming structure that supports the active involvement of staff and stakeholders at all levels of the CQI process is operational throughout the organization.
- The agency has an appropriate level of qualified and trained staff who are expressly dedicated to overseeing and providing support to CQI processes and activities.
- Staff receive formal, introductory, ongoing and specialized training specific to roles and responsibilities in CQI.
- Staff are afforded access to up-to-date technology and other resources to assist in data-driven decision making.
- There is strong administrative oversight and commitment for CQI, including: a) clear, consistent, and agency-wide CQI standards, requirements, policies and procedures; and b) organizational capacity to implement CQI.

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Quality Data Collection, Infrastructure, Extraction, Analysis and Dissemination

Quality Data Collection
Collecting high-quality data is critically important in a county's efforts to establish a robust CQI system. For data to be considered "quality" it must be accurate, complete, timely and consistent in definition and usage across the entire organization. Data collected for CQI should be related to both practice standards (Example: Did monthly visits with the child occur?) and outcomes (Example: Did the child experience repeat maltreatment?).

Data quality improvement activities need widespread support and involvement from all levels of staff. It must be also be a collaborative effort that bridges the gaps between the information technology (IT) department and the program divisions.

It is important to collect both quantitative and qualitative data to identify areas of strengths and concerns, establish targeted strategies for improvement and track progress toward desired outcomes. Quantitative data are those that are expressed by numbers and/or frequencies. In other words, quantitative data are numerical measurements of an object or event (e.g., how many, how much, or how often) which can be collected via surveys, tallies of events, or numerical case record information. On the other hand, qualitative data are contextual narrative or characteristics representing what someone observes or otherwise gleans. Qualitative information can be obtained from focus groups, reviews of narrative sections of case file and case-related interviews. In California, counties may wish to use quantitative outcomes data from the California Child Welfare Indicators Project website hosted by the University of California Berkeley (CCWIP), quantitative case record data, or qualitative case record data to contribute to CQI decision-making.

Infrastructure

Caseworkers are commonly the originators of the bulk of an agency's data in its Statewide Automated Child Welfare Information System (SACWIS) or other statewide system. However, three of the most common infrastructure-related elements that contribute to poor data quality are: Duplication of information across electronic and paper files and systems; incomplete and missing data elements in systems like SACWIS; and/or inconsistent or untimely data entry. Agencies already employ tools for checking the accuracy and completeness of data. Counties that continue to have significant data errors and inconsistencies should address any worker entry issues through training and coaching. A well-functioning help desk and other supports for direct delivery staff will also assist greatly in minimizing errors and ensuring a collective sense of responsibility for accurate data. Agency leaders should accept responsibility for the appropriate breadth, quality and usefulness of an agency's data, and should continually look for ways to improve data. When data are faulty or otherwise inadequate, management should ensure that effective and transparent processes are in place to identify, report and address data errors, inconsistencies and omissions at whatever juncture and level they may occur. Corrective mechanisms may involve instituting a vigorous data quality assurance (QA) process, training or re-training staff in data quality standards, re-examining analytical skills of those analyzing data, and/or creating partnerships with outside entities for training and technical assistance for effective data collection and analysis.

Extraction, Analysis and Dissemination

The process of turning data into meaningful information is data analysis, sometimes called data analytics. Analytics have become a critical component of managing performance, which normally involves setting goals, monitoring progress toward meeting the goals through use of specific measures and making data-driven decisions improve performance.

Many social services agencies are turning to Business Intelligence (BI) software for efficiency in data extraction, analysis and dissemination. BI software is specifically designed to provide users with a fast, easy and user-friendly way to retrieve data from SACWIS, Child Welfare System Case Management System (CWS/CMS), or other data sources. BI products also typically perform quantitative analytics and generate reports to summarize statistical analyses, facilitate decision-making and share with internal and external stakeholders. Within the California child welfare CQI system, counties can make data-driven decisions for CQI by Business Objects,

Statistical Analysis System (SAS), SafeMeasures, JBS Online Monitoring System (OMS) for case review data, Statistical Package for Social Sciences (SPSS), or other BI software.

It is important to note that BI software typically focuses on quantitative analysis- counties will likely need to use non-BI programs to extract, analyze and disseminate narrative qualitative data. Qualitative data are often analyzed by extracting and content coding themes, quotes, or other narrative case file data to answer questions related to quality improvement.

CQI Element 5: Quality Data Collection, Infrastructure, Extraction, Analysis and Dissemination

Key Principle
There is significant design and investment in the development of quality information systems for data collection, infrastructure, extraction, analysis and dissemination.

Core Competencies
- Comprehensive data collection methodologies facilitate the ability to gather high-quality data for CQI.
- Data systems promote ease of data entry and data sharing.
- Comprehensive procedures are in place to promote quality data extraction. The process is consistently and properly implemented across the organization, and an audit mechanism is in place to verify that the process is being followed correctly.
- The organization possesses or accesses analytical competencies to use data to identify root causes and answer questions about performance.
- High-quality data is disseminated broadly and utilized by agency staff and stakeholders.

Case Record Review Process
A critical component of any agency's CQI system is the ongoing, periodic review of case files taken from a statewide case sampling of children who are or were served under the title IV-B and IV-E programs. These case reviews should be performed by skilled QA case reviewers who collect information to assess practice, services and outcomes for children and families. In a strong CQI system, organizations will utilize both quantitative and qualitative case review data to identify strengths and areas for improvement in system-wide practice and performance. Case review data should also be used to identify and respond to immediate safety concerns that were not addressed earlier in a child welfare or probation case. Case review data can also be used to evaluate practices or performance changes as a result of a System Improvement Plans (SIPs).

CQI Element 6: Case Record Review Process

Key Principles
There is implementation of a comprehensive case record review process that continually assesses the impact of practice and service delivery on outcomes for service recipients. Agency CQI infrastructure is in place to ensure integrity in the case record review processes and in the quality of data collected. Findings from case record reviews are shared with staff and stakeholders as a dedicated practice in order to improve outcomes.

Core Competencies
- Uniform case record review instruments are utilized to continually and consistently evaluate identified goals and processes across the agency and within all program areas (foster care, in-home care, treatment programs, etc.).
- Case review tools collect case-specific data that can be aggregated and disseminated in a timely manner; data detect areas of compliance, quality of services provided under specific areas of practice, and best practices.
- Written polices, instructions and quality controls are utilized to guide and support case reviewers.
- Written sampling guidelines are used to determine the appropriate number and types of cases to be reviewed.
- The organization utilizes a well-defined process for selecting and training qualified case record reviewers.

Application of CQI Findings

In a strong CQI system, leadership, the CQI team and stakeholders regularly and transparently apply CQI findings to practice and performance improvement. CQI team members should provide leadership with CQI results and obtain leadership feedback in a timely manner, especially in the case of safety or other urgent practice concerns. For example, if CQI findings indicate that the county is not engaging families in case planning, the CQI team should quickly communicate this concern and possible solutions for resolving the issue to county leadership and program managers. Additionally, the application of CQI findings involves recognizing leaders, CQI team members and stakeholders that contributed to the successful implementation of CQI activities.

CQI Element 7: Application of CQI Findings

Key Principle
The agency engages in consistent examinations about the CQI process and how it is contributing to system change and improved outcomes.

Core Competency
- CQI processes are used to drive systemic change and improve outcomes for children and families in the child welfare system.

Assessing for Current CQI Practices

Before your county develops or enhances CQI practices, it is important to assess where your organization is in the CQI implementation process. A Self-Assessment can be useful for gathering information about the current status of CQI efforts. Recently, CDSS used two helpful tools from the Capacity Building Center for States (Center

for States) website to conduct a CQI Self-Assessment at the state level, and counties may want to replicate this process: The "CQI Self-Assessment Instrument" and "CQI Self-Assessment Instrument Rating Guide" are publicly available documents which will guide the self-assessment process. Read more about these two resources below and access electronically using the following link:
https://capacity.childwelfare.gov/states/focus-areas/cqi/self-assessment/ .

CQI Self-Assessment Instrument

The first step in using the Center for States Self-Assessment Instrument is to review the tool and decide if your organization wants to assess current CQI implementation in one element (also called a sub-domain), selected elements, or all elements of a strong CQI system. For example, some counties may be interested in assessing current CQI efforts in Case Review only, while other counties may be interested in getting "a lay of the land" for how the county is doing in all seven elements of CQI. The decision about whether to use part or all of the CQI Self-Assessment Instrument should be made in collaboration with county leadership and should take current needs, priority area(s) and workload into consideration.

Once your county has selected the elements to be used in the Self-Assessment, work through the tool to identify what types of data will be used to assess each element. For example, under the Leadership Support and Modeling element, the county could assess Item 1 "Leadership sets clear expectations for the use of evidence throughout the CQI process" using survey data, focus group data, existing records, annual reports, or other sources of data. At the state-level, CDSS recently developed and asked staff four questions about CQI surrounding this item. See Appendix B for sample CQI Self-Assessment survey and focus group questions.

Tip: Consider using multiple sources of data for some CQI Self-Assessment Items. Sometimes survey and focus group data tell different information about your county's CQI system, and it is worth considering both high-level survey data and in-depth focus group information as you assess current CQI efforts.

Next, develop and implement a plan for collecting, compiling and analyzing the data for each Item and element in the Self-Assessment. Remember to build in time to conduct and analyze qualitative focus groups data if you are using focus groups as one of your data sources. The Administration for Children and Families guide for using qualitative methods, such as focus groups, to evaluate and analyze programs can be accessed using the following link:
https://www.acf.hhs.gov/sites/default/files/acyf/qualitative_research_methods_in_program_evaluation.pdf

CQI Self-Assessment Instrument Rating Guide

Once your organization has gathered and organized data from the Self-Assessment, gather a team of individuals to review the data and score each Item and Sub-Domain using the CQI Self-Assessment Instrument Rating Guide. Have the Rating Team ask themselves "with all of the information we have gathered or reviewed, what rating seems to best fit our current stage of CQI implementation for this item?" Score your county's CQI implementation of each Item into one of four categories: "Minimal/Not Present," "Emerging/Developing,"

"Good," and "Excellent." Finally, fit your county's ratings into the CQI Summary Report and Summary Capacity Dimensions grids to identify areas for discussion with county leadership (see Appendix C).

Tip: Do not hesitate to score your county as "Minimal/Not Present" or "Emerging/Developing" for a Self-Assessment Item if that is what data from the Self-Assessment show. Accurate ratings will help your county develop realistic next steps for CQI implementation.

Table 1. CQI Element by Potential Self-Assessment Data Sources

CQI Element	Potential Self-Assessment Data Sources
Leadership Support and Modeling	Survey, Focus Group
Staff and Stakeholder Engagement	Survey, Focus Group
Communication	Survey
Foundational Administrative Structure to Oversee and Implement CQI	Survey, Focus Group
Quality Data Collection, Infrastructure, Extraction, Analysis and Dissemination	Survey, Focus Group, Narrative Data (e.g., Reports, Case Review and Other Data Protocols)
Case Review Record Process	Survey, Focus Group, Narrative Data (e.g., Reports, Case Review and Other Data Protocols)
Application of CQI Findings	Survey, Focus Group, Narrative Data (e.g., Reports, Case Review and Other Data Protocols), Staff Appreciation Records

Summarizing Self-Assessment Findings

Once your county has completed the Self-Assessment, prepare talking points or a brief summary of major findings by CQI element/sub-domain to discuss with county leadership. This summary might include major findings, areas of strength or improvement, and recommendations for county CQI efforts based on CQI Self-Assessment data. Use the summary of CQI Self-Assessment findings to guide discussions with county leadership about next steps in Implementing CQI.

Implementing CQI

There are several aspects to implementing CQI, which are outlined in the section below. First, it is important to identify activities to facilitate implementation of CQI based on the current capacity of your organization. Counties should also be mindful to gather commitment to the CQI system and implement plans for adhering to and monitoring CQI. Additional resources for implementation and capacity building for CQI can be found on the Center for States website at: https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/implementation-capacity-building/

Sample Activities to Implement CQI

There are a variety of activities that child welfare and probation agencies can start working on to enhance or refine CQI processes. Table 2 on the following page provides some sample activities for each element of a strong CQI system by area of current capacity in CQI. For counties that completed a CQI Self-Assessment, implemented activities should be aligned with your county's ratings on specific CQI Capacity Dimensions.

Gathering Commitment to the CQI System

Another important aspect of CQI implementation is gathering commitment for CQI.   Gathering commitment requires that a county's leadership, CQI team, and internal and external stakeholders to work together to develop written plans, provide staffing for CQI and engage in ongoing communication about CQI. These action steps are central to gathering commitment for CQI because they move the agency toward having concrete, memorialized and continuous processes to facilitate staff and stakeholder engagement, as well as to enforce eventual adherence to and monitoring of CQI.

Develop Written Policies, Procedures and Plans

Written documents memorialize CQI processes which can be helpful in training staff to support CQI efforts. Policies, procedures and plans also contribute to consistency across the system as staff implement and oversee CQI activities. At a minimum, counties involved in CQI should have a well-articulated, common procedure for implementing, reviewing and adjusting county practice or performance based on CQI findings. Within county policies and procedures, agencies may also assign joint responsibility for monitoring the progress of CQI to both field and central office CQI staff. Ultimately, counties may wish to develop a formal roadmap or plan for CQI, including written goals, objectives, activities and timelines for defining problems, understanding underlying conditions, and identifying, implementing, and testing solutions.

Table 2. Sample Implementation Activities for Current Level of CQI Capacity

CQI Element	Not Present/Minimal	Emerging/Developing	Good	Excellent
Leadership Support and Modeling	Start talking about CQI at the leadership level; engage leadership in education around what CQI is and how to utilize it in program and practice. Build time into meetings/agendas to define the problem trying to be solved (including the population focus area) before jumping to a solution.	Begin identifying and implementing CQI training opportunities for staff. Highlight examples of successful projects that used data to make decisions and monitor improvements in practice; publicize best practices to staff. Work with staff at all levels to develop an informal plan or roadmap for future CQI work.	On an ongoing basis, share with staff about how their practice or program data was used to make high-level decisions. Network with other child welfare or probation agencies to identify lessons learned in CQI systems.	Share how all management decisions, clinical practice, and external relations are linked to expected outcomes. Have a systematic process for leadership oversight of CQI changes.
Staff and Stakeholder Engagement	Start including staff and stakeholders in the development of CQI processes; encourage them to provide input for improving agency outcomes and performance.	Seek staff and stakeholder input regarding their roles and responsibilities in CQI processes. Utilize a facilitator that can illicit staff and stakeholder suggestions and feedback.	Establish consistent opportunities for meaningful staff and stakeholder participation in the CQI processes and expand the scope and substance of staff and stakeholder roles across the agency.	Have clear and consistent expectations and ample, ongoing opportunities (CQI teams, advisory capacities, and Child and Family Services Reviews) for all staff and stakeholders to engage in CQI.
Communication	Begin disseminating information about CQI and the agency's current performance across the agency.	Use several communication channels to share CQI information. Develop a feedback mechanism to help ensure agency-wide understanding of CQI.	Develop a communication strategy for each audience receiving CQI information; tailor your organization's CQI messages to each agency and stakeholder needs.	Provide clear messaging at all levels of the agency and with stakeholder groups. Incorporate a continuous feedback loop that lends to bidirectional communication among agency and stakeholder groups.
Foundational Administrative Structure to Oversee and Implement CQI	Request positions that can be dedicated to CQI implementation activities.	Develop and implement preliminary written/procedural guidance for CQI activities.	Evaluate current CQI procedures; ensure they reflect a comprehensive CQI	Make a deliberate effort to identify and incorporate the latest thinking and ideas in

CQI Element	Not Present/Minimal	Emerging/Developing	Good	Excellent
			system, rather than focusing on only a few key activities. Based on the evaluation and current best practices in CQI, update formal CQI policies and procedures. Also update job descriptions for CQI to match new procedures.	CQI from child or probation into your CQI system. Sustain funding for CQI staff/positions.
Quality Data Collection, Infrastructure, Extraction, Analysis and Dissemination	Educate staff on the importance of data collection and its connection to program performance and outcomes.	Create and implement a data quality improvement plan.	Evaluate and improve data sources and data analysis used for CQI.	Put safeguards, including data system policies, trainings, and mandates in place to ensure the use of high-quality data for CQI.
Case Review Record Process	Establish a comprehensive case record review process and ensure that the agency has the resources to support it.	Regularly use case-specific interviews to obtain qualitative case record review data.	Emphasize the connection between practice and outcomes and how the case record review process supports that connection. Improve qualitative analysis techniques to garner in-depth information about practice and performance make improvements.	Integrate case reviews into System Improvement plans. Regularly review case record review findings with leadership, CQI team, and stakeholders and use it to make adjustments to practice.
Application of CQI Findings	Complete a "starting place" action plan based on Root Cause Analysis and findings from the CQI Self-Assessment.	Develop and maintain a continuous feedback loop that can point to successes or challenges in resolving a specific problem from your Root Cause Analysis.	Recognize staff who suggest agency improvements that lead to increased quality of county practice and outcomes.	Work with CDSS to develop statewide best practices in CQI; participate in state and national venues to share the application of CQI findings within your county.

Table 2. Sample Implementation Activities for Current Level of CQI Capacity

Provide Staffing for CQI

It is important for county leadership to establish a well-trained CQI team to send the message to frontline workers that, administratively speaking, the county takes quality improvement seriously. Front line workers are where "the rubber meets the road" in quality improvement, therefore, leadership should stress that CQI team members will work in partnership with all levels of staff.

Some counties are successful in implementing CQI with a dedicated CQI team. However, other counties prefer to implement CQI using existing roles within the agency. Whether utilizing new or existing staff resources for CQI, staff who work on CQI should receive training in CQI and have updated job descriptions to reflect quality improvement duties. The CQI team within each county can perform a variety of tasks throughout the CQI process, and these individuals can also contribute to the development of written policies, procedures and plans as the county gains capacity in CQI. Additionally, CQI team members should possess or be trained to a high level of expertise in case record review protocols to be successful in CQI. Remember that funding for case record reviews are to conduct the reviews themselves. Counties will need to be creative in identifying funding to support comprehensive CQI efforts.

Communicate about CQI

Throughout these guidelines, there have been numerous references to the importance communicating about CQI, so it is not surprising that gathering commitment for CQI requires extensive and consistent communication about CQI prior to, during and after implementation. In addition to leadership communicating about the importance of CQI prior to implementation, the CQI team and internal and external stakeholders should be in frequent contact to discuss CQI findings and make recommendations for improving practices, performance, planning, services and the overall CQI system. By engaging in frequent and consistent communication across the agency, frontline staff, particularly workers and supervisors, should show an increased understanding of how their day-to-day actions, as revealed by data, impact short- and long-term outcomes for children and families, and how their practices can be enhanced as a result. Leadership, on the other hand, should show increased buy-in, while the CQI team solidifies their subject matter expertise. By communicating about CQI with children, families and community partners, external stakeholders should demonstrate an increased ability to discuss and track progress toward goals. For everyone involved, frequent communication facilitates a continuous culture of learning, which is foundational to a successful CQI system.

Adherence to and Monitoring of CQI Activities

It is easy to overlook adhering to and monitoring CQI activities after they are implemented. It can take some effort to ensure CQI is up and running, and sometimes staff supporting CQI efforts forget to revisit newly implemented practices to see if they are working. Moreover, it is also easy for CQI systems to stop monitoring the data that answer evaluative questions once the initial excitement of CQI implementation has worn off. The following section identifies some strategies for adhering to and monitoring CQI activities, including strategies for internal evaluation processes and the formation of teams or Advisory Committees to provide CQI oversight.

Strategies for Internal Data Collection and Evaluation

- Obtain leadership buy-in and frequently discuss and evaluate CQI progress with leadership: Implementation, adherence and monitoring of CQI activities could require a culture shift, which will only happen with support from leadership.

- As a precursor to data collection for monitoring purposes, counties should determine what results it expects to see, what ideal data collection looks like and whether the county has the infrastructure in place to support the end goals. If infrastructure is currently lacking for data collection, counties should start taking steps to establish infrastructure. In other words, begin early to set the agency up for success; do not attempt to make changes that are impossible given the structure of county practice or policy.

- Collect and use high quality data, both quantitative and qualitative from a variety of sources, to get accurate, complete, timely, and consistent information about CQI activities. Be sure that data identify areas of strengths and concerns, establish targeted strategies for improvement and track progress toward desired outcomes.

- Consider developing or strengthening CQI using case record reviews. This includes reading and interviewing parties involved in the cases to provide the CQI system with a qualitative understanding of what is "behind" quantitative information about safety, permanency and well-being. Case review can also be used to assess day-to-day practice and showcase how practice is impacting child and family functioning.

- To augment case record review systems or to delve further into specific issues, administer surveys, conduct interviews or hold focus groups with staff, external stakeholders and/or children and families obtain more qualitative information. This additional information will provide a more complete picture of overall agency strengths, needs and functioning in terms of outcomes for children and families, and the data may be particularly helpful in evaluating systemic factors, such as adequacy of services in the community and training of staff and resource parents. For example, if foster parent retention is a challenge for the agency, your organization may choose to interview foster parents who dropped out of the program in the past year or conduct a focus group with current foster parents to gain valuable qualitative data about changes needed in the program in order to increase retention.

- A variety of internal and external stakeholders can be interviewed to gather information for CQI decision-making, including:

  - Internal stakeholders: Caseworkers (investigation, foster care, and in-home), supervisors, foster home finders, adoption staff, information technology staff, and the child welfare or probation director.

  - External stakeholders: Foster and adoptive parents and youth served by the agency, organizations and individuals who are representative of the California Child and Family Services Plan, courts, guardians and attorneys ad litem, directors and staff of community agencies who serve agency consumers, Tribal representatives, law enforcement personnel, and agency attorneys.

Strategies for CQI Teams and Advisory Committees

- Some counties create CQI oversight roles within the agency, while others use Advisory Committees to provide oversight to CQI efforts. Depending on the size and capacity for CQI in your county, it may also be suitable to use a combination of county teaming and Advisory Committees to support adherence and monitoring of CQI.

- The more time that can be dedicated to CQI adherence and monitoring, the more successful the CQI system will be. In some child welfare and probation agencies, CQI roles are funded positions with specific job duties related to implementing or monitoring CQI. Other counties have staff who support CQI efforts part-time, in addition to their other duties.

- The extent to which the Advisory Committee reviews county-level CQI efforts should be determined by leadership during the formation of the Committee. For example, leadership may structure the Advisory Committee to ensure the CQI practices are informed by California's Program Improvement Plan (PIP), its Annual Progress and Services Report (APSR), or policies and programs supported by the California Child Welfare Integrated Core Practice Model. This determination should be made as early in the CQI process as possible.

- An Advisory Committee could be comprised of appropriate County representatives and/or key stakeholders that support child welfare efforts (clients, community partners). The Committee can vary depending on the counties' needs, size and unique structure.

- It is important to secure long-term commitment to the CQI team and Advisory Committee members to ensure that efforts are consistent, ongoing and collaborative.

- Goals of the CQI team and Advisory Committee should be reviewed and updated periodically as the county evolves in CQI capacity and implementation. Sample preliminary goals for a CQI Team or Advisory Council might be to:
  - Ensure that the county CQI programs connect to the principles of continuous quality improvement;
  - Monitor the implementation and expansion of the county CQI effort; and
  - Ensure there is consistency in the county standard of practice.

Impact Statement

Strong CQI systems enable individuals within their agencies to support their actions and decisions with evidence as organizations work through the systemic process of improving outcomes for children and families. CQI requires the use of data to understand the root cause of business problems and to later evaluate the effectiveness of the implemented solution. Rich, high-quality, timely data is foundational to a strong CQI system. Without revisiting and reviewing this data, the California child welfare system cannot ensure that a particular solution improved the services provided and the outcomes for the children and families being served.

The utilization of CQI to support policy and program changes helps counties and the state understand which programs and services are effective and which could be improved. A strong CQI system will uncover programs and services that are ineffective and should be modified, replaced, or discontinued. Taken together, CQI is a vehicle by which the California child welfare system pinpoint the most effective use of limited resources in improving the safety, permanency and well-being of children and families.

Technical Assistance

The California Social Work Education Center (CalSWEC), the Regional Training Academies, and the University Consortium for Children and Families provide workforce development including training, coaching, consultation and technical assistance for counties to support implementation and sustainability of the CQI process. The training system provides workforce and organizational development activities, including symposia, consultation, content specific training, meetings, and presentations to support counties in their efforts to engage line staff, management, community partners, internal/external stakeholders and consumers as partners in quality improvement.

Technical assistance activities include but are not limited to:
- Training workshops, seminars, learning collaboratives, and symposia about quality improvement topics, implementation planning, and evidence-informed practices and interventions;
- Regional meetings when applicable to address shared assessment and intervention needs;
- County specific supports for organizational development and team building;
- Facilitation of short/long-term goal setting;
- Assistance with development of communication tools and strategies to manage change and improve outcomes.
- Identifying and sharing examples of successful CQI implementation in other jurisdictions to support California counties

The following resources are also recommended avenues for technical assistance:

- The Northern Training Academy has several online video resources that that relate to the development of the CQI process in child welfare. Topics include an introduction to CQI, a look at the Plan-Do-Study-Act (PDSA) cycle and the development of best practice principles in measurement. Additional modules focus on CQI as it relates to evaluation, case reviews and child welfare leadership: http://academy.extensiondlc.net/mod/resource/view.php?id=916
- The Northern Training Academy has a video overview introduction to their Advanced Analytics course: https://www.youtube.com/watch?v=2oYJWB4QK68&list=PLbEpa_1VPxsLe7u6QPEjJxM9Vab9h4PFE&index=8
- The Change Achievement Success Indicator Tool developed as a checklist to assess whether or not an organization has taken the steps needed to implement a new practice: http://www.ihi.org/resources/Pages/Tools/ChangeAchievementSuccessIndicatorCASI.aspx
- An article outlining three systems for translating research into practice: Wandersman, A., Duffy, J., Stillman, L., and Blachman, M. (2008). Bridging the gap between prevention research and practice: the interactive systems framework for dissemination and implementation. *American Journal of Community Psychology 41*(3-4):171-81.
- An article outlining successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Barbee, A., Dana Christensen, D., Antle, B., Wandersman, A., Katharine Cahn, K. (2011). Application of the Getting to Outcomes (GTO) model. *Children and Youth Services Review 33*(5): 622–633.

Additional CQI Resources

General

- Informational Memorandum (IM) 12-07 Continuous Quality Improvement in Title IV-B and IV-E Programs: https://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf
- Capacity Building Center for States Continuous Quality Improvement and Implementation: https://capacity.childwelfare.gov/states/focus-areas/cqi/
- The Capacity Building Center for States Child Welfare Data, Continuous Quality Improvement in Child Welfare: https://fcda.chapinhall.org/knowledge-in-action/continuous-quality-improvement/
- Administration for Children and Families Child and Family Services Reviews Information Portal: https://training.cfsrportal.acf.hhs.gov/section-3-continuous-quality-improvement-cqi-child-welfare/2478
- U.S. Department of Health and Human Services Child Welfare Information Gateway, Continuous Quality Improvement: https://www.childwelfare.gov/topics/management/reform/soc/communicate/initiative/ntaec/soctoolkits/continuous-quality-improvement/#phase=pre-planning
- National Child Welfare Resource Center for Organizational Improvement: http://muskie.usm.maine.edu/helpkids/index.htm

CDSS

- All County Information Notice I-84-16, Child Welfare Services Continuous Quality Improvement Guidelines: https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2016/I-84_16.pdf
- CDSS Child Welfare Program Improvement: https://www.cdss.ca.gov/inforesources/Child-Welfare-Program-Improvement
- CDSS Case Review Instructions and Resources: http://www.cdss.ca.gov/inforesources/Child-Welfare-Program-Improvement/CFSR-Case-Reviews/Instructions-and-Resources
- California Child Welfare Indicators Project: http://cssr.berkeley.edu/ucb_childwelfare/default.aspx

Trainings

- Capacity Building Center for States "CapLearn" tool (training, knowledge and skills to promote leadership development, including in CQI): https://learn.childwelfare.gov/
- Continuous Quality Improvement in Child Welfare Services: https://cpeonline.ucdavis.edu/courses/705/pages/continuous-quality-improvement-in-child-welfare-services-resources
- Chapin Hall at the University of Chicago - Making Continuous Quality Improvement Happen: Beyond the Data Dashboard: https://www.youtube.com/watch?v=yGZxNL-4CRo

Appendix A: Root Cause Analysis Process Example

Example of Root Cause Analysis Process by Duke Okes: The Core of Problem Solving and Corrective Action – The DO IT Problem Solving Model

Find It Diagnostic Phase	**Fix It** Solution Phase
1. Define the problem 2. Collect and analyze data 3. Understand the process 4. Identify possible causes	5. Identify and select possible solutions 6. Implement solution(s) 7. Evaluate the effect(s) 8. Communicate and institutionalize the change

Step	Questions	Output
1. Define the Problem	• What is the right problem to work on (frequency, cost, risk)? • Is it scoped to a reasonable size and only one issue? • Is it the same over time or sporadic? • Utilize data to define the problem. • What is it, where, when and how much does it occur?	Develop a problem statement covering what, where, when/how often, how much.
2. Collect and analyze data	• What data exists to inform the problem statement? • What additional data is needed to describe the problem and the frequency? • How does the problem link to performance measures and outcomes? • What does the data indicate about our problem statement?	Possible sources of data: Qualitative case review data; Transformation Measures; and Safe Measures.
3. Understand the process	• Describe the process steps involved with the problem statement. • What are the boundaries – beginning and end of the process? • What are the major steps between the boundaries?	Process flow chart.
4. Identify possible causes	• Ask the questions to get beyond the surface issues to get to root causes. • What changes may have been made/and or occurred in the process that impact the problem statement? • What barriers may exist?	List of most likely causes (flow chart, 5 why analysis, logic tree, brainstorming, cause & effect diagram).

Step	Questions	Output
5. Identify and select possible solutions	• What could prevent the problem? • Which solution is best, based on economics, technical impact, time/effort, required to implement, impact on other variables and capability to sustain?	Is the improvement strategy **SMART**? **S**pecific – behaviorally specific **M**easurable – quantifiable **A**chievable – can it be done? **R**ealistic – practical and reasonable **T**ime Limited – what is the time frame for accomplishment?
6. Implement the solution	• What needs to be done or acquired? • What training and communications need to occur? • Where will resistance occur and how to offset it? • Who should do each item and when?	Implementation plan with action item list, responsibilities and timing. A list of who, does what, by when?
7. Evaluate the effects	• Did the problem go away? • If it is better is it because of the action taken? • What process measures and outcome measures have changed??	Chart/graph/data showing how process performance is now different. Analysis of Transformation Measures and Safe Measures. Impact on children and families.
8. Communicate and institutionalize the change	▪ What actions need to be taken to make the change permanent? ▪ What will be done to monitor the process and for how long to insure sustained improvement? ▪ Where else in agency or state might this solution be useful? ▪ What was learned in the process that could help us be more effective in the future?	Revisions to process and procedures. Communication to other process owners, managers, supervisors about how the knowledge gained may be useful.

Appendix B: Sample CQI Self-Assessment Survey and Focus Group Questions

Sample Survey Questions

Sample survey instructions: Please complete the following survey using the rating scale 1= Strongly Disagree, 2= Disagree, 3= Agree, 4= Strongly Agree, DK= Don't Know

1. There are policies in our organization for examining data as a part of problem solving.
2. Our standing meetings/agenda items are devoted to CQI and data examination.
3. Quantitative (numbers, numerical reports) and qualitative data (words, narrative, quotes, focus group information) are widely distributed and made available to staff in our organization.
4. Leadership expects that staff will use data to support decision-making to improve the organization.
5. Leadership has the skills and/or expert advisors to use data in improving our organization's performance.
6. Leadership uses data routinely to inform policy and practice and can explain results to both internal and external stakeholders.
7. Leadership actively supports educating staff about CQI and avoid blame while addressing challenges.
8. Leadership uses regular reviews and discussion of data to set priority areas of improvement for staff.
9. When specific measurements are developed and used to evaluate internal performance, they are connected to outcomes.
10. When our work is evaluated, it is judged for its quality and not just its compliance to organization policies and procedures.
11. Qualitative methods (case reviews, focus groups, interviews, etc.) are regularly used by our organization to monitor agency performance.
12. Staff who have clearly defined roles in CQI are actively involved in each phase of the CQI process.
13. Staff at all levels of the organization are empowered to recommend and implement changes to performance based on CQI results.
14. Staff receive training and support on the use of data, including how to analyze and interpret it, connect it to practice, and identify trends.
15. Staff feel free to suggest innovation or voice insights about factors affecting performance.
16. Communication strategies and channels are used to disseminate CQI information and lessons learned to audiences inside and outside of our organization.
17. Communication from our organization routinely explains our practices, the direction the agency is heading and why, and the connection between practice and outcomes for children and families.
18. Tools and data systems adequately collect, store, and analyze the data needed to monitor performance as assess the impact of specific policy changes.
19. A variety of data display options, such as dashboards and databases with user-friendly report features, are available to staff.
20. University partnerships and collaboration with experts are utilized to inform and support CQI in our organization.
21. Data in databases like CWS/CMS and other instruments (case reviews, surveys) are tied to key outcomes and measures of child welfare practice.
22. Our data systems like CWS/CMS are user friendly, easy to navigate, and have mechanisms to reduce duplication and data entry errors, and to improve data quality.

23. Data-sharing protocols streamline data exchange and minimize duplication of data efforts with other agencies, like county health and education departments.
24. Protocols and policies promote timely data entry into databases like CWS/CMS.
25. Supervisors monitor and promote consistency in data collection and entry.
26. A standard and routine process exists to extract agency data and ensure it is accurate and error-free.
27. Data within our organization is high quality and routinely monitored by staff trained in our policies and mandates.
28. Trained agency staff can identify and correct data errors and ensure timely and consistent data extraction.
29. Our organization can create Federal data files as specified in Federal documents (Adoption and Foster Care Analysis and Reporting System/National Child Abuse and Neglect Data System).
30. Our organization can create State data files as required by State mandates or Legislative requests.
31. Data from our organization is presented in an informative way that assists agency staff and stakeholders in understanding the data being presented and solicits input/feedback to help improve performance.
32. Data from our organization is presented in a way that clearly shows the intended purpose of the analysis, which is to improve performance.
33. Organization-level data is regularly analyzed and used at all levels within the organization (performance management, monitoring, action planning, supervision, etc.).
34. Staff can explain data across many audiences and engage other staff and stakeholders in data-driven solutions.
35. Our organization has a defined process for CQI, and it is used to communicate with all staff about priorities and areas needing improvement.
36. Leadership celebrates achievements of staff and recognizes the contributions of high performers within our organization.

Sample Focus Group Questions

Questions for Staff

Question 1: "Continuous Quality Improvement" or "CQI" is a system of processes that, when effectively implemented, can better ensure that a set of desired practices are delivered in the manner they were intended, continuously, and over time. The primary objectives for the CQI system are to ensure: 1) Delivery of consistent, high-quality services to children and families. 2) Reduction in the possibility of adverse occurrences. 3) Critical reflection and actionable enrichment in programs and processes required to achieve targeted performance outcomes. 4) Safety, success and progress of children living in appropriate and permanent homes.

Given this definition, how are you provided the opportunity to actively participate in all phases of the CQI process?

Question 2: How is your work checked to ensure it is high quality and compliant with agency policies and expectations? Where or what do you see as an area for improvement?

Question 3: What technology and data resources are available to you to help identify and use data or information to make decisions in your work? Describe how you think these tools are tied to federal outcomes in child welfare practice.

Question 4: What are some of the tools, such as case reviews, developed data reports, surveys, etc., that you use to help improve functionality within your unit or department? Describe how you think these tools are tied to federal outcomes in child welfare practice.

Question 5: How does leadership in our organization use findings (data) in discussions to prioritize areas of improvement for staff? How is a culture of learning supported through this process?

Additional/Add-On Questions for Managers

Question 6: How do you ensure the case record review process is clearly communicated to case review staff and county stakeholders?

Question 7: Explain how you ensure your staff use quality data to inform their work.

Question 8: Describe how data gets used to make improvements to agency policy decisions, best practices, and work with children and families.

Question 9: How do you ensure qualified staff are hired and trained to analyze data, utilize data in their decision-making process and follow a CQI process or approach to their work?

Table 2. Sample Implementation Activities for Current Level of CQI Capacity

Appendix C: CQI Summary Report and Summary Capacity Dimensions Rating Grids

Dimensions of Capacity/Item Ratings:	Ratings			
Subdomain: Leadership Support and Modeling	**1**	**2**	**3**	**4**
Item 1: Leadership sets clear expectations for the use of evidence throughout the CQI process.				
Item 2: The agency is organized and prepared to use data appropriately and effectively.				
Item 3: Leadership models CQI behavior inside and outside of the agency.				
Item 5: Leadership focuses on quality, as well as compliance.				
Subdomain: Staff and Stakeholder Engagement	**1**	**2**	**3**	**4**
Item 6: Staff of all levels of the child welfare system have opportunities to actively participate and assume meaningful roles in all phases of the CQI process.				
Item 7: Staff of all levels of the child welfare system are prepared and supported to participate in all phases of the CQI process.				
Subdomain: Communication	**1**	**2**	**3**	**4**
Item 10: Communication activities align with and support CQI goals.				
Subdomain: Foundational Administrative Structure to Oversee and Implement CQI	**1**	**2**	**3**	**4**
Item 11: CQI processes and activities are grounded in best practices literature and guided through clearly articulated standards and procedures.				
Item 12: The agency executes a written CQI plan that is comprehensive and developed with staff and stakeholder involvement.				
Item 16: Staff are afforded access to up-to-date technology and other resources to assist in the use of data/evidence needed to make informed decisions.				
Subdomain: Quality Data Collection, Infrastructure, Extraction, Analysis, and Dissemination	**1**	**2**	**3**	**4**
Item 17: Comprehensive data collection methodologies and modalities facilitate the ability to gather high-quality data.				
Item 18: Data systems promote ease of data entry and data sharing.				
Item 19: Comprehensive procedures are in place to promote quality data extraction.				

Dimensions of Capacity/Item Ratings:	Ratings			
Item 21: Quality data are disseminated broadly and utilized by agency staff and stakeholders.				
Subdomain: Case Record Review Process	1	2	3	4
Item 22: Uniform case record review instruments are utilized to continually and consistently evaluate identified program goals and processes across ALL program areas (i.e., foster care, in home, residential/group, etc.) and throughout the entire agency.				
Item 23: Case review tools collect case-specific data that can be aggregated and detect both areas of compliance with best casework practices and the quality of services provided under critical areas of case practice.				
Item 24: Written policies, instructions, and quality controls are utilized to effectively guide and support reviewers in the case record review process.				
Item 25: Written sampling guidelines are utilized in determining the appropriate number and types of cases to be reviewed.				
Item 26: The agency utilizes a well-defined process for selecting and training qualified case record reviewers.				
Item 27: Case record review data are routinely aggregated and disseminated in a timely manner.				
Subdomain: Application of CQI Findings	1	2	3	4
Item 28. CQI processes are used to drive systemic change and improve outcomes for children and families.				
Item Rating Key: 1 = Not Present/Minimal Capacity 2 = Emerging/Developing Capacity 3 = Good Capacity 4 = Excellent Capacity				

Table 2. Sample Implementation Activities for Current Level of CQI Capacity

Dimensions of Capacity/Item Ratings:				
Dimension of Capacity: Resources	**1**	**2**	**3**	**4**
Item 16: Staff are afforded access to up-to-date technology and other resources to assist in the use of data/evidence needed to make informed decisions.				
Dimension of Capacity: Infrastructure	**1**	**2**	**3**	**4**
Item 1: Leadership sets clear expectations for the use of evidence throughout the CQI process.				
Item 11: CQI processes and activities are grounded in best practices literature and guided through clearly articulated standards and procedures.				
Item 12: The agency executes a written CQI plan that is comprehensive and developed with staff and stakeholder involvement.				
Item 17: Comprehensive data collection methodologies and modalities facilitate the ability to gather high-quality data.				
Item 18: Data systems promote ease of data entry and data sharing.				
Item 19: Comprehensive procedures are in place to promote quality data extraction.				
Item 22: Uniform case record review instruments are utilized to continually and consistently evaluate identified program goals and processes across ALL program areas (i.e., foster care, in home, residential/group, etc.) and throughout the entire agency.				
Item 23: Case review tools collect case-specific data that can be aggregated and detect both areas of compliance with best casework practices and the quality of services provided under critical areas of case practice.				
Item 24: Written policies, instructions, and quality controls are utilized to effectively guide and support reviewers in the case record review process.				
Item 25: Written sampling guidelines are utilized in determining the appropriate number and types of cases to be reviewed.				
Dimension of Capacity: Knowledge and Skills	**1**	**2**	**3**	**4**
Item 7: Staff of all levels of the child welfare system are prepared and supported to participate in all phases of the CQI process.				
Item 21: Quality data are disseminated broadly and utilized by agency staff and stakeholders.				

Dimensions of Capacity/Item Ratings:				
Item 26: The agency utilizes a well-defined process for selecting and training qualified case record reviewers.				
Dimension of Capacity: Culture and Climate	**1**	**2**	**3**	**4**
Item 2: The agency is organized and prepared to use data appropriately and effectively.				
Item 3: Leadership models CQI behavior inside and outside of the agency.				
Item 5: Leadership focuses on quality, as well as compliance.				
Item 10: Communication activities align with and support CQI goals.				
Item 27: Case record review data are routinely aggregated and disseminated in a timely manner.				
Item 28. CQI processes are used to drive systemic change and improve outcomes for children and families.				
Dimension of Capacity: Engagement and Partnership	**1**	**2**	**3**	**4**
Item 6: Staff of all levels of the child welfare system have opportunities to actively participate and assume meaningful roles in all phases of the CQI process.				
Item Rating Key: 1 = Not Present/Minimal Capacity 2 = Emerging/Developing Capacity 3 = Good Capacity 4 = Excellent Capacity				