STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

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ALL COUNTY INFORMATION NOTICE NO. I-84-16

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation
Change
[ ] Court Order
[ ] Clarification Requested by
One or More Counties
[X] Initiated by CDSS

TO: ALL COUNTY 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: **CHILD WELFARE SERVICES CONTINUOUS QUALITY
                    IMPROVEMENT GUIDELINES**

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

The purpose of this ACIN is to disseminate information to county child welfare and probation departments regarding continuous quality improvement (CQI) and guidelines for implementing at the county level.

BACKGROUND

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.

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.

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). The CQI differs from QA in that it is a way of working - it is a philosophy that focuses on continual improvement; whereas QA is an evaluation of past performance.

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 has developed the attached CQI Guidelines to promote county implementation of CQI systems.

The CDSS would expect to see the elements provided in these 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
Acting Branch Chief
Children and Family Services Division

Attachment

c: CWDA

California Guidelines for Continuous Quality Improvement in Child Welfare Service Delivery

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CHILDREN AND FAMILY SERVICES DIVISION

December 2016

Contents

CONTINUOUS QUALITY IMPROVEMENT

"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. CQI strategies are developed in response to the results of quality assurance processes, policy development, program implementation, and evaluation. Integrating a CQI philosophy into the daily business of organizations is a collective responsibility among line staff, management, community partners, internal/external stakeholders, and consumers as partners in quality improvement. The plan to accomplish this integration relies on team building, training, short/long-term goal setting, and communication.

Child welfare agencies share common challenges as they try to implement effective CQI systems that result in higher quality practices, better informed service delivery and improved outcomes for children and families. Improvement in child welfare programs is complex and requires engagement among a number of respected stakeholders within agencies and communities. CQI requires innovation and the willingness to regularly review, refine, and enhance strategies.

PURPOSE

The purpose of this document is to provide guidelines for California's Child Welfare Continuous Quality Improvement (CQI) system. These guidelines serve as a resource to augment the work of state and local child welfare and probation agencies as they diligently build their CQI systems and are not meant to be a stand-alone document. Many county agencies have already begun to or developed valuable guidance on CQI and these guidelines are designed to recognize and support those efforts while identifying the key elements the CQI system should contain. An effective CQI system will identify those practices that lead to the development, implementation, and evaluation of statewide standards for child welfare practice and services so that public policies are effectively transformed into action. CQI allows counties and the state to critically examine the quality of service delivery through analysis of administrative data, quantitative data, and qualitative data throughout the continuum of child welfare services from Hotline, through Investigations, Case Management, and Adoptions service delivery.

The primary objectives for the CQI system are to ensure:
- Delivery of consistent, high-quality services to children and families.
- 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.

These guidelines provide best practices in a CQI system and they clarify the important role of child welfare services qualitative case reviews in this process. Specifically that data collected through the case reviews consistently provides administrators a "window into practice" in real-time and helps organizations to focus quality improvement efforts at both the local and state levels seeking to ensure compliance with federal, state, and local agency requirements.

How CQI Can Transform Organizations

CQI offers a pathway to creating a "learning organization" in which managers, employees, and stakeholders work collectively to improve their practice, systems and outcomes.

CQI is a proactive approach to removing barriers and achieving results using a dynamic feedback process (Bickman & Noser, 1999) informed by learning organization concepts. California's child welfare system aims to be a learning organization, according to Botcheva et al., 2002, a learning organization is open to change, supportive of adaptation, and uses knowledge and information to act on important organizational issues. CQI is collaborative and participatory in nature. It requires modification in concept, cognition and execution, and, perhaps a paradigm shift from top-down and bottom-up leadership.

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.

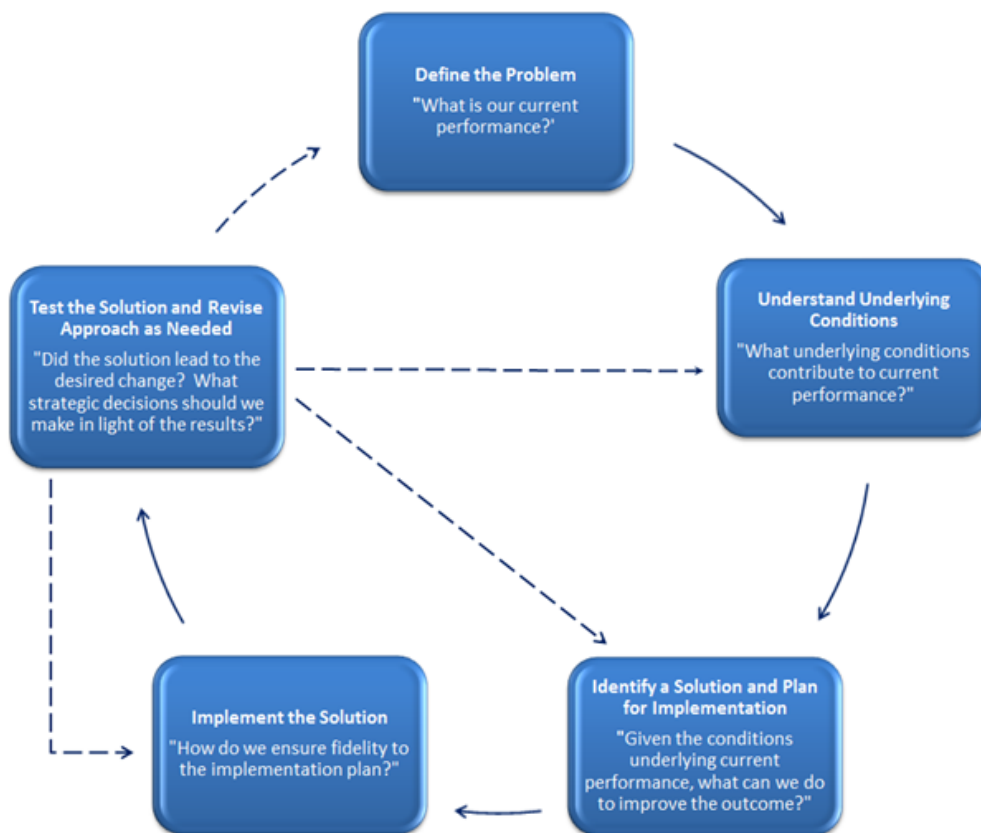Figure 1. Continuous Quality Improvement Process Model

Figure 1 illustrates the key components involved in a well-developed CQI system. CQI is intended to place emphasis on consistent quality service delivery and determining whether programs have positive, sustainable results for children and families. CQI is a method for systematically investigating, documenting, and correcting issues that impact child welfare practice. It is also an opportunity for systems to understand what practices are having a positive impact on children and families and why.

Each of the identified components must be informed by evidence. Simply defined, "**evidence is information that is used to support an observation, claim, hypothesis, or decision[1].** Evidence, either qualitative or quantitative, is critical because it provides the rationale or justification for decision-making at any given stage. This model is similar to the "Plan, Do, Study, Act" (PDSA), and adds specificity. Moreover, this model provides a more dynamic, continuous and integrated approach. In fact, in a true CQI process, there is no defined beginning or end. This flexibility provides for CQI activities to be initiated at any point along the system.

While agencies may regularly *Define the Problem*, it may have been done with more anecdotal evidence or with a

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[1] 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.

surface level examination of the data available. In order to effectively address areas of concern, or to learn about the success of earlier efforts, agencies will need to ***Understand Underlying Conditions***, which is being able to get to the root-cause that is most likely to explain performance. From here, agencies can ***Identify a Solution and Plan for Implementation*** based on the available resources and agency vision to address a particular focal area. This is then followed by the ***Implementation of the Solution*** putting the plan into action. Often times, the following step, ***Testing the Solution and Revise Approach as Needed***, is discarded in favor of moving on to the next problem and likely is a contributor to "initiative fatigue" as programs become perpetual "pilots" or it is unclear that a particular approach is effective even when made a formal policy or practice.

The CQI Model

Step One   **Define the Problem**

You want to clearly define the focus of the analysis in order to ask key evaluative questions. In defining your area of focus, members of the team should work together to clearly flush out the problem by articulating it in writing. This includes determining the population to be studied, fixed, modified, or enhanced.

For example, your population might be defined programmatically as, "Youth targeted for Family Connections." 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 select permanency goals such as emancipation or Other Planned Permanent Living Arrangement. Agreement at this early stage by policy, program and data staff will facilitate all future conversations about this focused effort. Failure to have that agreement early can guarantee additional work down the road to obtain these clarifications.

Once the population is defined, you should begin making observations about the group and forming key questions you want the data to answer about this population. Beliefs and values always affect how we approach our work. A value that we might apply to the earlier scenario is that the families, children, and youth we serve should leave the system more capable of meeting their needs for safety, permanency, and well-being than when they entered. Such values will affect how we frame our key questions. In our example, some key questions might be: 1) Can these youth achieve permanency? 2) If they can't achieve permanency, are they being provided: a) the skills necessary to be more competent in achieving safety and well-being? b) the supports they need to have a sense of permanency?

When defining the problem it is important that there is explicit definition and shared understanding of the concept/key issue and how to measure it. Consider staff, stakeholders or other parties involved and whether they understand the concept similarly. Consider the data source(s), including inter-agency or external data, and what you know or do not know about the quality and accuracy of the data. Discuss any anticipated problems with the group/parties involved and discuss timeliness for the data. In the end, all parties should understand how it is measured and how it relates to your practice model.

Step Two   **Understand Underlying Conditions**

This step usually takes time and thoughtfulness as program and data staff work to understand why and how a particular phenomenon 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. One example of a root cause analysis process guide is included in Appendix A. RCA is not an individual activity. It is recommended that it is done in concert with a team, especially someone versed in inductive and deductive exploration.

Here's an example - There has been a great deal of focus on quantity and quality of caseworker visits as a means to improve permanency outcomes for children. If a county finds that it is achieving 85% of the expected visits, short of the current standard, what can be done? In order to be both effective and efficient, it is important to know why the system is not performing optimally. A simple solution may be that workers are not faithfully recording their visits in a timely way. Or, is it a more fundamental issue that visits are not occurring? Digging deeper may provide a window at which factors to study.

Equally important is to look to the qualitative side. Imagine that you are now achieving 95% of your visits in a timely fashion, but you still are not seeing improvement in your outcomes. A deeper look into the quality of visits, discussions during visits, engagement, attachment and bonding may all yield qualitatively better visits.

Prospective interventions should directly focus on the item influencing the effectiveness or efficiency of caseworker visits. CQI success is driven by complete data, accurate data, and timely data.

Although much of the literature describing the CQI Model discusses problem solving and solutions, a system of Continuous Quality Improvement can be used to improve those practices which function reasonably well. By questioning how to improve upon practice, and using Root Cause Analysis to identify barriers to even better practices and outcomes, a CQI system can support the concept of Best Practices in Child Welfare.

Step Three   **Identify a Solution or Plan for Implementation**

Once you have identified one or more root causes influencing or impacting the acknowledged problem, you can start to develop the strategies and tools needed to address the issue. Actionable strategies should be grounded in the evidence you found in step two. These evidenced informed practices should be designed to elicit desired results, particularly if implemented with fidelity. For example, an agency has a need to improve their timeliness to permanency outcome and has determined through the root cause analysis that parents did not feel involved in the development of their services plans. In response, the agency explores various teaming models designed to engage parents and settles on Team Decision Making based upon the effectiveness of this particular strategy. Other solutions might include the need to develop a report or tool that informs workers of key timelines approaching in their cases, a better assessment tool, or a stronger family engagement strategy. Often the most effective plan will involve multiple approaches. For broader programmatic areas, agencies may decide to implement a new program

or practice. While these factors are important, it is also important to keep in mind that if the strategy or tool does not address the conditions in your system, it will not help to change outcomes in the way that you are seeking.

Strategies should focus on the root cause, targeting what is driving the performance.

Step Four
Implementation of the Solution

Once your strategies/tools have been selected, it is important to establish a plan for implementation. Such a plan should integrate two important processes:

1. The plan must first delineate those tasks that are needed to effectively change the system or practice. This may involve providing new tools to staff, changes in policies, providing assistance to a struggling jurisdiction or specialized training. It is crucially important to communicate the intent of the proposed changes and desired outcomes to those who are impacted.
2. 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 reports may already exist or may have been developed previously. The plan may include the development of new reports that better monitor implementation and/or new quality or outcome measures. The plan should provide a clear understanding of the purpose of the report or tool and any user expectations.

Step Five
Testing the Solution and Revise Approach as Needed

Before implementing the plan, it is critical to incorporate a monitoring process so that ultimately, you can assess whether the strategy has been successful. It is important to have two things in place. First, you need a plan with criteria identified in advance to assess whether improvement has occurred. Second, you should have a plan in place to solicit, receive, and analyze feedback from those implementing the plan. This will be important in assessing overall success and may provide feedback on whether the intervention is being implemented as intended. If you are not seeing the results you want, be prepared to make adjustments and follow through with those adjustments in your business process.

Similarly it is important to have in place a way to monitor for unintended consequences. Changes or improvements in one practice area can affect other areas of the system. For example, if as a result of the plan implementation, more children are maintained with their families, you may observe that the children placed out of home are those with more complex issues and who have increased length of stay or other challenges.

The use of data to drive better outcomes for children is a continuous process that you will want to revisit and review in order to ensure that the data being used and the processes behind it are in fact improving both the services provided and outcomes for the children and families being served.

The following provides a more detailed look at areas to consider when setting benchmarks to measure change and success. If the area of focus or key question involves change or improvement, it is important to discuss issues about the expected change and how it will be measured as part of the collaborative process between data and program

staff at the start of the framework process. During the initial discussion in defining the area of focus, discuss how much change is anticipated or realistic, what timeframe is planned for the change, and what benchmarks will be used to measure change over time. Additionally, ask about the data or other indicators that can be used to indicate success in the short-term and in the long-term and any expectation of statistical measurements used to measure success.

If the goal for change is improving a federal measure or an established outcome measure, the details of the population and how to measure success may be fairly straight forward. However, if the goal for change is defined by improved outcomes for children receiving a service, then it is worthwhile to discuss issues about measurable and meaningful change. If you have a large population, you may see significant changes, but not necessarily meaningful change in terms of the population overall, or in the cost-benefit of providing the service. Conversely, it may be difficult to reach significant changes in a small population, but meaningful change may be evident as far as improvements for children. Therefore, it may be more useful to think about successful change in terms of practical benchmark goals. For example, X% of children have improved outcomes using A, B, and C measures within 6 months' time, and an additional % children will improve on the same measures after 18 months. This type of measurement of change is often more useful than focusing primarily on tests of statistical significance. Analyses to measure change generally begin in this last stage of the framework.

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

Defining Change - Discuss the agency's expectations for change. The goal may be clear, such as improving a federal measure or established state requirement. If less clear, it may be a challenging topic to approach without knowing some additional details about the population that is expected to be affected: (i.e., children receiving a particular service or children with an individual or case characteristics).

- **Suggest a practical number or proportion required for change.** Consider approximately how many in the population must change to reach the benchmark or goal. Be aware that small populations require a larger proportion of change to determine if the change is statistically significant rather than by chance.
- **Consider realistic timelines.** Once you have thought through a practical number or proportion for change, plan a reasonable and realistic amount of time for change. Is it realistic to meet the initial benchmark in four weeks or will it take a year (or more) to reach the outcome/goal? Remember that changes in a complex system do not happen overnight. If workers must be trained and a new practice implemented, it is not reasonable to expect change in the data until sufficient time has passed, not only to prepare and implement the practice but also to verify the existence of adequate, quality data to measure the change. Once those hurdles are achieved, then be sure adequate time has passed in service delivery to begin to see positive outcomes.
- **Interpreting 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.

Framework Limitations - Keep in mind that although the 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 of the details necessary for an evaluation process, such as random assignment of treatment and control groups, or measuring practice fidelity. Rather, the framework is a practical approach to using data to plan and manage change, make improvements, and reach goals. So if a program evaluation is what you are seeking it is best to consult with someone who has expertise in that area.

When this step is completed, an agency will have developed criteria to assess whether the implementation demonstrates improvement, solicited, received and analyzed feedback from those implementing the plan and developed a process for monitoring unintended consequences.

Integrating CQI Principles into Planning and Reporting

With State Input, align California Child and Family Services Review (C-CFSR) County Self-Assessment and System Improvement Plan activities with CQI Process and Principles. CQI must be infused throughout the C-CFSR processes. The five-year County Self-Assessment, including the Peer Review, is an opportunity for counties to comprehensively define and understand the problems before moving to planning and implementation of the solutions via the System Improvement Plan and Annual Updates.

State child welfare systems already implemented Quality Assurance procedures, verified by the federal Child and Family Services Reviews (CFSR). The 2012 Informational Memorandum (IM) established additional CQI capacity components. For example, Component IV of the IM, "Analysis and Dissemination of Quality Data" suggests that a functioning CQI system has the capacity to, "…track, organize, process and regularly analyze information and results." Additionally, within Component V, "Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process," the IM notes that "…*how* States use this information is a critical component to driving change within the organization and is key to improving outcomes for children and families."

California and many local agencies already have a number of these CQI components in place. Implementing CQI is, therefore, not likely to be a matter of building an entire system of protocols from scratch, but rather the task of strengthening existing protocols that enable individuals involved in all levels of the CQI process to base their actions on evidence as they work through a systematic process of improving outcomes for children and families. Viewed in this way, CQI capacity building requires an organization to ask itself whether it has what is necessary in order to fulfill the evidence use demands of the CQI process.[2]

One example of how to integrate CQI into the CFSR/SIP process involves delving more deeply into the administrative data to look beyond overall county performance on federal outcome measures. The California Child Welfare Indicators Project (CCWIP) website provides stakeholders with the ability to drill down by a number of criteria including race/ethnicity, age and gender (three variables that research has demonstrated are closely correlated with child welfare outcomes) to identify sub-populations that may be outperforming or underperforming as compared to overall county performance on a particular outcome measure. This additional insight provides a starting point for discussion and planning around more tailored interventions to replicate areas of strength and redesign areas of

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[2] Add the citation from the APHSA CQI document

challenge. Qualitative case review data provides additional context for the administrative data as well as the opportunity to identify recurring themes that might be complicating factors hindering the success of an intervention with a particular sub-population.

Engaging community stakeholders in data-informed discussions around system improvement efforts is another example of CQI as well as an example of a county's concerted efforts to bring many voices and perspectives to the planning process. Multi-agency community partner forums already occur on a regular basis across the state. These community stakeholder forums provide opportunities for strategizing among agencies to share and link data points for a multi-agency effort to track progress toward reaching shared goals. This type of collaborative engagement strategy serves multiple purposes and cultivates a community culture that is proactive and supports continuous learning.

Foundational Administrative Structure for CQI

According to the federal Administration of Children and Families Information Memorandum issued in 2012, there are five components of a functional CQI system. This document will describe these five components and identify how each is operationalized in California.

Current administrative structures supporting CQI systems vary widely. The State and counties should attempt integration and coordination of CQI activities with other administrative units such as training, research, case review, and information technology; and across counties, regions, or local offices. Despite different CQI administrative structures, the need to provide sustained leadership as CQI evolves and to develop ongoing messaging about the purpose of CQI is critical to successful system evolution. At the State level this would include determining:

- What message will communicate an expanded CQI vision and philosophy that involves more people in the process?
- How can CQI become part of daily work at all levels within the organization?
- How can the State help counties and regions experience an expanded role and potential for CQI?

In California, a CQI Advisory Committee is the primary vehicle for developing and maintaining a well-functioning CQI system. This Advisory Committee is comprised of State and County representatives, as well as relevant stakeholders (see Appendix B for complete list of members). The Advisory Committee will work to ensure the CQI system connects California's Program Improvement Plan (PIP), its Annual Progress and Services Report (APSR), and the CA Child Welfare Practice Model with policy and program development and evaluation.

The goal of the Advisory Committee is to provide guidance and input into the development, implementation, and ongoing evaluation of the statewide Continuous Quality Improvement (CQI) program. Specifically, the Advisory Committee will:

1) Ensure that the local and state CQI programs connect to the principles of continuous quality improvement;
2) Monitor the implementation and expansion of the statewide CQI effort; and
3) Ensure there is consistency to the statewide standard of practice.

It is important for an agency 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. At the state level it is imperative that five key elements of CQI system are present in those jurisdictions electing to implement a CQI system. Therefore, the State agency in its oversight capacity will be evaluating the implementation of the CQI system in counties electing to implement the system. This includes a development of a systemic approach to

review, modify, and implement any validated CQI processes. In addition, the State has established written and consistent CQI standards and requirements for the State level CQI system as well as, counties, and any other public or private agencies with case management responsibilities. It is important to note that the Committee will provide guidance at each phase of the CQI development process, focusing on the statewide implementation not the county-specific implementation of the CQI. Furthermore, the CQI effort is not a legislated mandate for counties; however the goal is that each county of the State will actively embrace and participate in CQI efforts at either the local or state level. The Committee will be responsible for the review, revision and monitoring of the following products and processes connected to the CQI effort:

- The Qualitative Child Welfare Services Case Review process and documentation;
- The statewide CQI process; technical assistance support to county-specific CQI teams;
- Application of county-specific data into statewide reports on the CQI effort;
- Ongoing roll-out and capacity planning for the CQI effort;
- Alignment and consideration of state and federal mandates concerning the Child and Family Services Review (CFSR) and CQI;
- Gathering, analyzing and sharing data gathered through the CQI effort and monitoring of trends associated with CA's Practice Model to assure connection to statewide policy and practice.

The goals of the Committee's efforts will be to assure:
1) A functioning CQI effort that offers flexibility;
2) County level CQI efforts inform the statewide CQI process to better advise statewide policy and practice efforts;
3) Improvements in outcomes outlined in CA's Practice Model;
4) Alignment of CQI effort with federal reviews (i.e., CFSR) to include monitoring the five components;
5) Tools and resources are available that enhance the knowledge and skills of local and state CQI leads, case reviewers, and those that support the implementation of the CQI effort;
6) Engagement of key stakeholders (children, youth, families, schools, private providers, etc.) to ensure that meaningful inclusion happens at all levels of the child welfare system via feedback at the local and statewide levels to include surveys, interviews, and focus groups that model the practice and support.

Quality Data Collection

Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of CQI systems. For data to be considered "quality" it must be accurate, complete, timely, and consistent in definition and usage across the entire State. It is important to use data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes. Because most agencies are unable to link practice and administrative data easily, CQI data often portray different stories about agency outcomes. These stories may appear inconsistent, incomplete or even contradictory and cause confusion within the agency and the broader community about the impacts of the child welfare system.

A functioning CQI system will ensure that:
- The State's case level data shows that the instruments and ratings are completed in a way that is consistent with the instrument instructions and consistent across reviewers.
- There is a clear process that is used to collect and extract accurate quantitative and qualitative data, and the process is consistently and properly implemented across jurisdictions

- The collection and extracting processes are documented, and an audit mechanism is in place to verify that the process is being followed correctly.
- There is a clear process used to identify and resolve data quality issues and informs the federal Children's Bureau as appropriate regarding data quality issues. For example, there are processes to: identify if data are being under-/over-reported and/or not being entered into the State's information system; evaluate if the data entry is reliable or unreliable, and if unreliable, why; (e.g. clarity of instructions, definitions, and/or data entry screens).
- There is a process for the collection of quantitative and qualitative data that addresses key issues important to the State and demonstrates how the State is functioning on systemic factors, such as training staff and resource parents, functioning of the case review system, and service array.

Case Record Review Data and Process

In addition to collecting and analyzing quantitative data, it is also critical that CQI systems have an *ongoing* case review component that includes reading case files of children served and interviewing parties involved in the cases. Case reviews are important to provide state and local agencies with a qualitative understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes.

CHILD WELFARE SERVICES QUALITATIVE CASE REVIEWS

Qualitative case reviews are an important way to gather data about the "how" and the "why" questions associated with CQI. These case level data compliment the quantitative data generated through AFCARS, NCANDS, NYTD, and through administrative data obtained through systems such as SafeMeasures and Business Objects reports. California is currently using the Administration for Children and Families' Onsite Review Instrument (OSRI) for review of all cases.

In California, the implementation of the Child Welfare Services Qualitative Case Reviews operationalizes this component. Counties began conducting regular case record reviews and associated interviews with case participants on October 1, 2015. These case reviews are used both for the purposes of the Federal CFSR and for ongoing CQI efforts. Counties complete a number of reviews each year based on the size of the child welfare population served inclusive of probation cases.

The review ratings are completed using an Online Monitoring System (OMS) that captures answers to individual questions as well as "practice points" or notes about systemic issues entered by county case reviewers. The OMS is able to provide a number of "built-in" reports regarding the performance of counties and the state as a whole on the outcome items of Safety, Permanence, and Well-being in addition to responses at the item and sub-item levels. More detail about California's qualitative case review process can be found in the policies and procedures manual located on the CDSS website.

CDSS encourages counties to analyze their case review data regularly to evaluate changes in the child welfare system as a result of System Improvement Plans (SIPs). Similarly, CDSS highly recommends reporting out of case review data in the County Self-Assessments (CSAs) and SIP Progress Reports. In addition to counties utilizing these data for their own evaluation, CDSS will also utilize qualitative information stemming from the implementation and evaluation of various pilot programs or initiatives to enhance the impact these programs have on the child welfare programs.

USING CASE REVIEW DATA

Once all cases have been reviewed, county CQI staff should internally analyze the data collected, compare the results to other data reports and information, identify trends, effective practices, and areas of concern and synthesize the information to demonstrate and discuss county practices and performance.

This "window into practice" opportunity provides management with timely and important information in which to react, especially when areas of concern have been identified or there is a downward trend in a particular practice that could be remedied with immediate interventions. For instance, if review findings indicate the agency is not engaging families in developing the case plan, the county CQI staff should communicate this concern to program staff in a timely manner and recommend actions to improve performance quickly or explore the issue further. For example, the county might decide to conduct a more specific case review to explore family engagement practices and challenges or review additional data reports and information.

Analysis and Dissemination of Quality Data

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

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

A strength of California has been the ability to provide data through a number of avenues. Notably, the CDSS/UCB website maintained by the Center for Social Services Research has been the most widely used repository for California's Child Welfare Services data.

Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

Collecting information and analyzing results are important steps in CQI; however, *how* this information is used is a critical component to driving change within the organization and is key to improving outcomes for children and families. Using data and information to support a process of action planning and change is just beginning. Many agencies have put more resources into the other CQI components—increasing the accessibility of data and the number of CQI staff engaged in the process, and focusing on practice and outcomes— but CQI activities have not always led to the improvements envisioned. Strengthening, supporting, and coaching the use of data and information during action planning offers a major opportunity for strengthening CQI's overall impact on outcomes. However, shifting to this approach requires changing the expectations for how staff and external stakeholders

engage in the action planning process—a process that must become integral to the CQI system and to the organization's approach generally.

There may be philosophical impediments to providing feedback to stakeholders and engaging them in making program adjustments. There may be a lingering perception that the State, counties, regions, supervisors, judges and others do not have the expertise to engage in CQI without the leadership and objectivity of external reviewers. Tension also exists between historical compliance approaches and the CQI expectation of making incremental and sustainable improvements in the quality of case work. Overcoming this tension may require CQI staff and units to give up the role of 'expert' and become 'collaborators' in innovation.

A functioning CQI system will ensure that:
- Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the Child and Family Services Plan (CFSP) and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.
- Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice. It is important to note that these results should be used in the aggregate to inform practice, not as staff evaluation or disciplinary purposes.
- Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.
- The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.

SUPERVISORY REVIEWS

At a fundamental level, unit level supervisors/managers are the keystone to ensuring quality of practice. Their day-to-day supervision and guidance is critical to achieving successful outcomes for children and families in the areas of safety, permanency and well-being. In addition to coaching and mentoring staff, supervisors also conduct regular case reviews or case staffing's with their staff at very specific times during an investigation and/or during the life of a case to ensure everything that should be done is being done, or appropriate activities are planned and are subsequently tracked toward completion. Supervisory input must be based on critical, reflective thinking and qualitative discussion with staff. This is a learning opportunity that supports quality case work. Policy does not stipulate that the supervisor's review include a face-to-face discussion with the caseworker; however, recognizing that quality improvement happens at the closest level of service delivery, this is an invaluable opportunity to identify gaps and resolve them in real time, thereby promoting a culture of continuous learning. Ideally, supervisors also should receive and have access to county and statewide findings, lessons learned, data reports etc. (from case reviews and other CQI processes) that they can use to inform their staff around case practice issues.

A CQI Assessment Process That Uses a CQI Lens- Implementing a CQI Process

Implementing a CQI system should be a deliberate process that incorporates CQI principles in the developmental phase. That is, as pieces of the system come together, evaluation and refinement should be expected and encouraged. The following are suggested steps for convening a group to begin the CQI building process.

A scan of the agency's current CQI elements, and decisions about who will be involved in the meeting, will influence the objectives and outcomes of the assessment process. Input from senior agency administrators (at the outset and during the meeting itself) will reinforce the link between the agency's vision and mission and the goals of a CQI

system. Agencies may find it useful to engage a broader group of agency staff and external stakeholders for their input during the assessment meeting. Regardless of who attends, everyone must actively engage in the process and contribute their ideas. While encouraging everyone to have a voice in the process can be challenging, it creates a spirit of collaboration and innovation.

Stages and Steps for Developing a CQI Process

Pre-Meeting Work: Setting the Stage
Preparation for the meeting facilitates an efficient and thorough process, provides input for a responsive agenda, fosters objective discussions and accelerates action planning. It can include these ideas:
- Interview key personnel at different levels in the agency and critical stakeholders to identify key issues, the vision for CQI, current status, and areas for improvement.
- Survey larger numbers of staff and stakeholders, including people who may not attend the assessment meeting, to factor in their CQI knowledge and commitment, perceptions of the current system, and expectations for the meeting.
- Discuss interview and/or survey results and adjust the meeting agenda.
- Ask participants to prepare brief presentations for the meeting, such as: information on their re-gions/counties; their assessment of current CQI components and agency outcomes; data on CQI, such as what has been learned through the case review process or administrative data; input from local staff and supervisors.

Meeting Objectives:
- Consider assumptions, processes and possibilities of CQI in child welfare
- Develop a shared vision and commitment to action for key areas of improvement
- Initiate action plan around 3-5 key areas of CQI system development
- Identify needs for ongoing learning opportunities and support

Visioning

It is important to discover the results participants anticipate from CQI early in the meeting. Facilitators might ask participants to introduce themselves and share what they value most about, and what they find to be challenges with, CQI. After grouping the responses, the facilitators focus a more formal visioning discussion on what an effective CQI system would look like. Focusing on the results helps participants compare their ideas for CQI changes against the results they want: *Will proposed changes to the CQI system result in the outcomes we desire?*

If counties are expected to have more consistency in practice, the CQI action plan might include plans for a sharing process to discuss effective practices among counties. Or, a CQI Unit could become "more responsive" by helping local offices use both quantitative and qualitative data in their action planning. Making the visioning "come alive" in this way can be challenging, and facilitators should remind participants about their vision statements during the action planning process.

Examine the Current Reality of CQI Components

Participants spend the bulk of the assessment meeting reviewing their current CQI system and activities. For each component, a brief summary of the current reality starts a conversation and the rest of the group joins in, asking clarifying questions, presenting opinions and feedback and providing ideas for improvements and action steps. Some agencies have organized their assessment efforts using the five CQI components outlined earlier in this document. As the assessment progresses, facilitators can point out emerging areas of consensus which will serve as the basis for CQI action planning.

Example of Vision Statements from Participants

- The agency will transform into a learning organization that is reflective, progressive, flexible, and action-focused.
- There will be a shared sense of responsibility for outcomes and more solution-focused collaborative efforts.
- We will see measurable and sustained improvement in outcomes.
- Both qualitative and quantitative data will be utilized for learning that results in action planning and follow-through.
- Practice will be more consistent and counties will share practice knowledge.
- Our CQI unit will be more responsive to the needs of the field.

Set Priorities and Create Preliminary CQI Action Plan

The last key activity during the CQI assessment meeting is prioritizing and action planning to further develop the CQI system. Facilitators often use a voting process throughout the "current reality" discussions to gauge participants' ideas about various proposed actions. After posting all ideas generated, facilitators can rearrange the ideas into common groupings and each participant can "vote" for his or her top 3 ideas. Adding this visual component helps participants see consensus as it emerges around different ideas and proposed actions.

Post Meeting: Refine and Implement Action Plan

The meetings should conclude with a clear discussion of next steps, including how to solicit input from other key stakeholders, who will take responsibility for revising the action plan and leading overall implementation efforts, and how each participant in the meeting will commit to make the plan happen.

Technical Assistance

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.

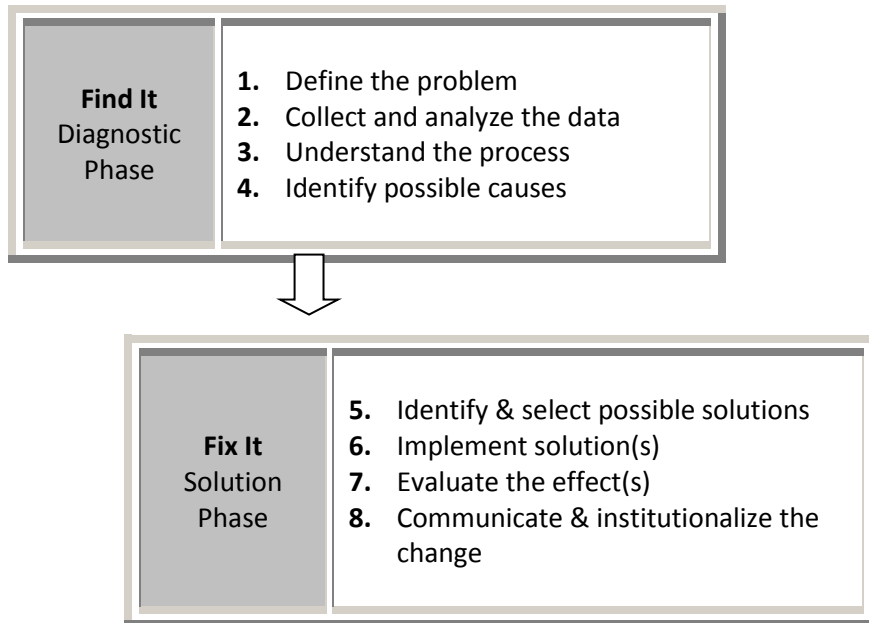Technical assistance activities include but are not limited to:
- Training workshops, seminars, learning collaboratives, and symposia about quality improvement topics, implementation planning, and evidence-informed practices and interventions;
- Regional meetings when applicable to address shared assessment 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.

Appendix A: Root Cause Analysis Process Example

Source: Root Cause Analysis: The Core of Problem Solving and Corrective Action –
The DO IT Problem Solving Model - By Duke Okes

Find It Diagnostic Phase	1. Define the problem 2. Collect and analyze the data 3. Understand the process 4. Identify possible causes

Fix It Solution Phase	5. Identify & select possible solutions 6. Implement solution(s) 7. Evaluate the effect(s) 8. Communicate & institutionalize the change

Step	Questions	Outputs
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 & analyze the 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?
		▪ Sources of Data :
		  o Qualitative case review
		  o Transformation Measures
		  o 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 flow chart

Step	Questions	Outputs
	process? • What are the major steps between the boundaries?	
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)
5. Identify & 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

Step	Questions	Outputs
8. Communicate & 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, procedures ▪ Communication to other process owners, managers, supervisors about how the knowledge gained may be useful.