

Foundations of CQI

High Quality Data

- Identify where data entry errors occur
- Train staff on the importance of accurate documentation and on documentation skills
- Develop (or refine) a process for standardized and targeted case review
- Use other methods to gather information you may not find in data reports or case reviews

Managing Change

- Acknowledge feelings of loss
- Ensure staff know how changes will affect their specific job roles and responsibilities
- Support a culture of change
- Advocate for staff needs with agency leadership
- Address staff attitudes towards data
- Build confidence in staff capacity to shift to new practice

Successful Teaming

- Have shared goals
- Ensure team members have the skills they need to work together
- Understand and tap into team learning styles
- Build trust
- Share accountability and results
- Reach consensus
- Address conflict effectively

Effective Communication

- Get the right message to the right people at the right time
- Design and use feedback loops
- Be transparent even when information is limited
- Clarify the difference between communication and dissemination
- Use standard meeting format and structures that support effective communication

Source: JBS International, 2014



Defining Terms

CQI: Continuous Quality Improvement

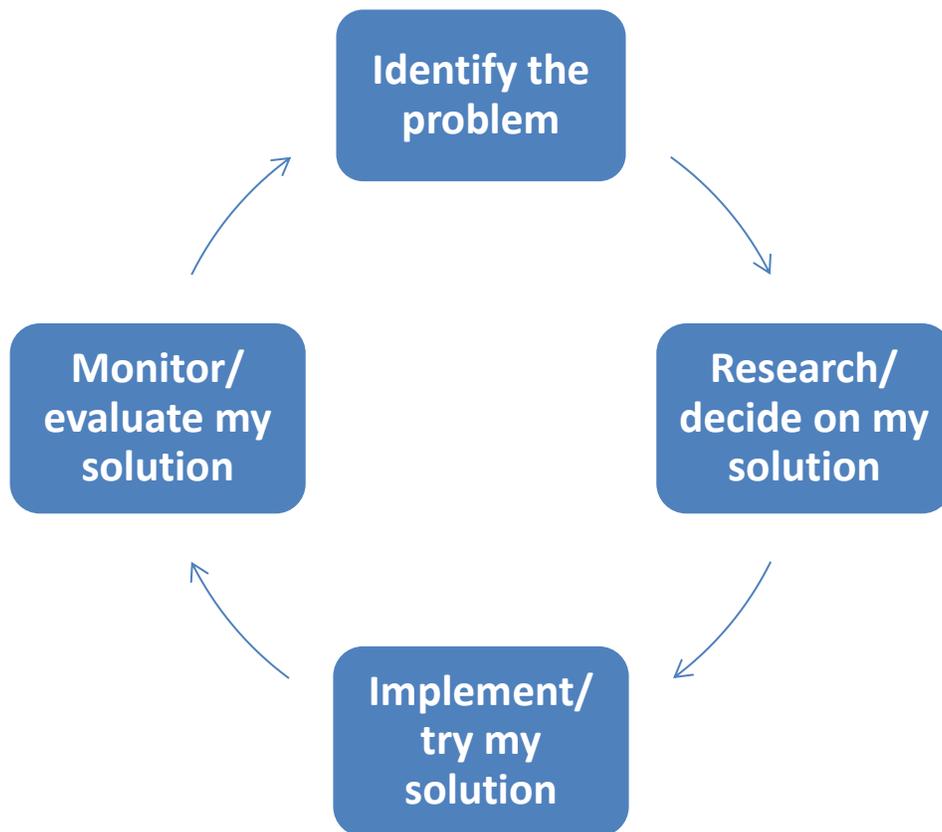
A standard process for using information to understand, evaluate and improve programs. CQI is how to design and implement change

QA: Quality Assurance

Using a set of standards to assess current performance. QA informs agencies how they are doing compared to how they should be doing

TA: Technical Assistance

The process of providing targeted support to an organization to ensure consistent implementation of policies and practices leading to positive child welfare outcomes.



CQI Cycle

Please use the following **key questions** to guide your work in this cycle:

- **Identify the problem:**
 - What is the problem I want to solve?
 - What factors contribute to this problem?
 - What is the root cause?

- **Research/decide on my solution:**
 - What have we tried?
 - What strategies have been shown to make a difference?
 - Will it meet the needs of our target population?
 - Will it fit with our agency?
 - Do we have the capacity to implement it?
 - What solution do I want to try?

- **Implement/try my solution:**
 - How will I put the solution into practice?
 - What will help me make sure the new practice is used correctly?
 - What are some common challenges when trying new practices?
 - How can I ensure effective practices become used consistently?
 - What's my implementation plan for bringing the solution to scale?

- **Evaluate my solution:**
 - How will I know if my solution is working?
 - What should I do if nothing is improving?
 - What are the next steps if things are working?

Types of Data

Quantitative vs. Qualitative Data

Quantitative

Data that can be measured and expressed in numbers. Examples: average length of time in care; percent of CPS reports responded to within mandated timeframe; number of placement moves; number of children screened for trauma or receiving evidence-based treatment.

Qualitative

Data that can be observed or collected but is not generally measurable. Examples: staff or birth family attitudes, beliefs, behaviors.

Aggregate vs. Case-Specific Data

Aggregate Data

Combined data for a team, agency, or jurisdiction. Used to understand trends and to understand how the experiences of different types of children differ. For example, when considering any outcome, it is always good to compare outcomes by age group. This allows for a more targeted intervention that is more likely to be successful.

- If your population size is very small, it's important to look at a number of data points (months or years, depending on what is being measured). This will help to differentiate actual trends in practice or outcomes from a temporary outlier.

Aggregate data is available on the **NC Management Assistance Website**: <http://ssw.unc.edu/ma/>

Case-Specific Data

Data on a particular family or group of families gathered from a case review or staffing. Used to dig deeper to understand additional factors that may be influencing outcomes beyond what is tracked in aggregate data. It allows for more targeted case planning, training, and coaching for staff. For example, what were the most common contributory factors for the “services needed” cases?

Case-specific data is available on the **NC Client Services Data Warehouse**: <https://csdwportal.dhhs.state.nc.us/csdwlogin/>

Adapted from Roberts, 2012; National Center for Educational Statistics, n.d.

UNC Management Assistance Site

This data comes from forms you and your staff submit to NCDSS (e.g., DSS-5094s, etc.).

Visit <http://sww.unc.edu/ma/> and follow the instructions below for examples of accessible data:

- Click on your county from the state map
- Under “CFSR measures” on the left tab, click “New Rd 3”
- Select “Permanency in 12 months for children entering foster care” > Drop down the time frame you want (e.g., July 1, 2015 – June 30, 2016) > then click “View”
- If you want it exported to Microsoft Excel, right click on the page and select export to Microsoft Excel
- If you go back to select another measure, you will see that there is a link called “about the data for this section” > Click this if you want to read more about the technical details of the data.

Another example:

- Click “Experiences Report” on the left tab
- See “Reaching for Excellence and Accountability in Practice: *Version 3*”
- Click the drop down to select a report period (e.g., 2019Q1) > click “Get PDF REAP Report”
- Compare data to CFSR standards, state, and county performance
- There is also a link called “Achievement Guide – Reaching for Excellence and Accountability in Practice” that tells you about data sources

For **questions** about the data, use the link at the bottom of each page “For questions or requests regarding this site, contact...” and someone will reply.

Management Assistance
for *Child Welfare, Work First, and Food & Nutrition Services* in North Carolina

This is a new release (V3.2). [Click here for release notes.](#)

Select a region: (Please click on the map OR choose from the list)

Map of Counties:



North Carolina | Large Counties | Medium Counties | Small Counties | Judicial District *

(*For Child Welfare ONLY)

CFSR Round 3 Measures for County Excellent

	National Standard	NC	Medium Counties	County Excellent Most Recent Performance
1. Maltreatment in Foster Care	8.5	5.4 = 180 / 3,293,770	6.5 = 94 / 1,443,060	11.5 = 6 / 51,961
2. Recurrence of Maltreatment	9.00%	6.37% = 1,180 / 18,533	6.84% = 629 / 9,190	6.49% = 15 / 231
3. Permanency in 12 Months for Children Entering Foster Care	40.5%	26.3% = 1,540 / 5,862	30.3% = 822 / 2,715	23.2% = 23 / 99
4. Permanency in 12 Months for Children in Foster Care 12-23 Months	43.6%	42.2% = 959 / 2,274	45.0% = 421 / 936	57.1% = 12 / 21
5. Permanency in 12 Months for Children in Foster Care for 24 months or More	30.3%	35.2% = 762 / 2,165	34.5% = 291 / 844	26.1% = 6 / 23
6. Re-entry into Foster Care in 12 Months	8.30%	3.86% = 61 / 1,582	3.80% = 32 / 842	000% = 0 / 22
7. Placement Stability	4.1	4.9 = 4,033 / 813,345	4.8 = 1,911 / 393,615	3.9 = 63 / 16,031

Understanding CFSR Measures

Measure	Numerator	Denominator
1. Maltreatment in Foster Care. Of children in foster care during a 12-month period, what is the rate of victimization per day of foster care? (per 100,000 days of care)	Of children in the denominator, the total number of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode within the 12-month period	Of children in foster care during a 12-month period, the total number of days these children were in foster care as of the end of the 12-month period
2. Recurrence of Maltreatment. Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month period, what percent were victims of another substantiated or indicated report within 12 months of their initial report?	Number of children in the denominator that had another substantiated or indicated report of maltreatment within 12 months of their initial report	Number of children with a least one substantiated or indicated report of maltreatment in a 12-month period
3. Permanency in 12 Months for Children Entering Foster Care. Of all children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months of entering care?	Number of children in the denominator who discharged to permanency within 12 months of entering foster care and before turning 18	Number of children who enter foster care in a 12-month period
4. Permanency in 12 Months for Children in Foster Care 12-23 Months. Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?	Number of children in the denominator who discharged from foster care to permanency within 12 months of the first day of the 12-month period and before turning 18	Number of children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months
5. Permanency in 12 Months for Children in Foster Care for 24 or more months. Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within the 12 months of the first day of the 12-month period?	Of children in the denominator, the total number of placement moves during the 12-month period	Of children who enter foster care in a 12-month period, the total number of days these children were in foster care as of the end of the 12-month period
6. Re-entry into Foster Care in 12 Months. Of all children who enter foster care in a 12-month period, who discharged within 12 months to reunification, live with relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	Number of children in the denominator who re-enter foster care within 12 months of their discharge	Number of children who enter foster care in a 12-month period and discharged within 12 months to reunification, live with relative(s), or guardianship
7. Placement Stability. Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care? (per 1,000 days of care)	Of children in the denominator, the total number of placement moves during the 12-month period	Of children who enter foster care in a 12-month period, the total number of days these children were in foster care as of the end of the 12-month period

Key Questions that Drive Data Collection

Client Factors

Are any client characteristics correlated with the outcome you seek to explain?

- Demographics (e.g., age, sex, race)
- County of residence
- Disability types
- Family/parent characteristics
- Case plan goal
- Special needs or strengths of children or family (e.g., poverty, supportive extended family, drug/alcohol use, mental illness, parenting skills, school performance)
- CPS referral reason (e.g., abuse or neglect types)

Service Factors

Can the quantity or quality of services or the type of services provided help explain the outcome being achieved?

- Services provided (e.g., mental health services, respite care, parent training, substance abuse treatment, or any specialized programs or treatment)
- Placement type (e.g., residential, family foster care, kinship, independent living)
- Duration of services
- Conformity with policies and procedures (e.g., case plan reviews within time requirements, court recommendations approved by the supervisor)
- Quantity of service units (e.g., contacts with parents or child, parent-child visitation)
- Quality of services (e.g., engagement of family, placement proximity, licensing)

Organizational Factors

Is there anything the organization (your team/agency) is doing or not doing that affects the achievement of this outcome?

- Management units (area, county, unit)
- Policies and procedures
- Staffing (e.g., caseload size, vacancies, conflicts between and among staff, staff morale)
- Available resources (e.g., placement, treatment, funding)
- Program design – the array of services provided to whom under what conditions (e.g., aftercare [reunification] services provided, concurrent case planning, separation or integration of permanency and adoption staff)
- Values and culture – the attitudes, beliefs, and behaviors reinforced by the organization

Community Factors

- Availability and cooperation of community resources (e.g., education, housing, employment, child care, mental health, dental, court system, etc.)

Adapted from University of Kansas, 2002

Follow the Threads to a Hypothesis

We do this by:

- Identifying patterns in the data
- Engaging others in a dialogue about patterns
- Brainstorming and developing a hypothesis

A few things to keep in mind:

- **Don't mistake correlation for causation.** It is important to consider alternative explanations when looking at your results data. Be on guard for other things that might be affecting your outcome.
- **Don't analyze only poor performance.** There is a great temptation to only consider poor performance. It is where we naturally focus. However, just as we want staff to build on the strengths in their families, we can build on good outcomes with our staff. Analyze what staff are doing differently to achieve these outcomes, and consider how your team can make that happen more often.
- **Don't do this alone.** Two minds are better than one. Look at data with your team and work together to develop a hypothesis.

Sample hypothesis:

In my unit, youth in foster care are more likely to have placement changes when they have untreated mental illnesses and the foster parents don't have the support they need to manage their behaviors.



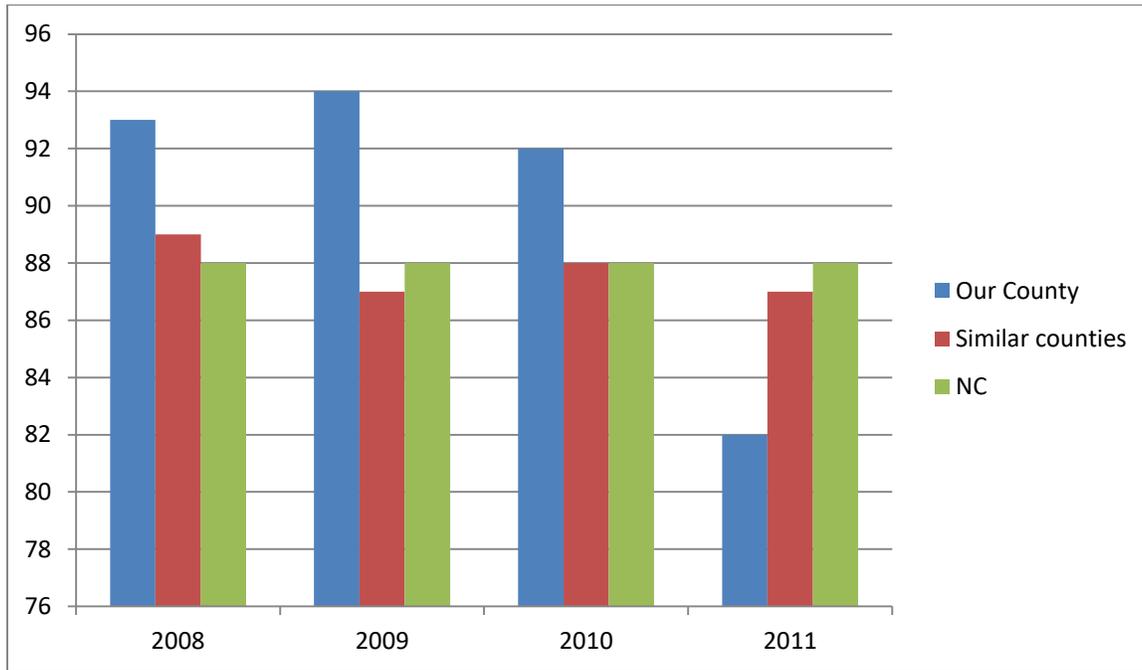
Adapted from University of Kansas, 2002

Digging Deeper: Review Additional Data

Achievement Measure:

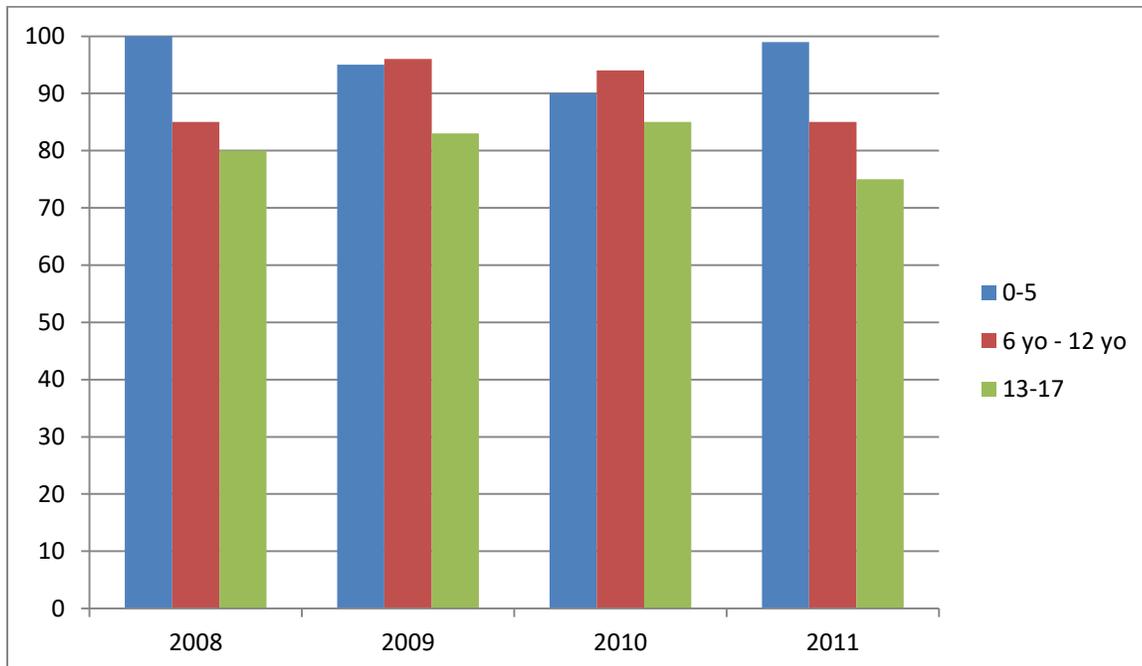
Annual % of foster youth in care for 12 months or less who have 2 or fewer placements

Your county's baseline for this measure:

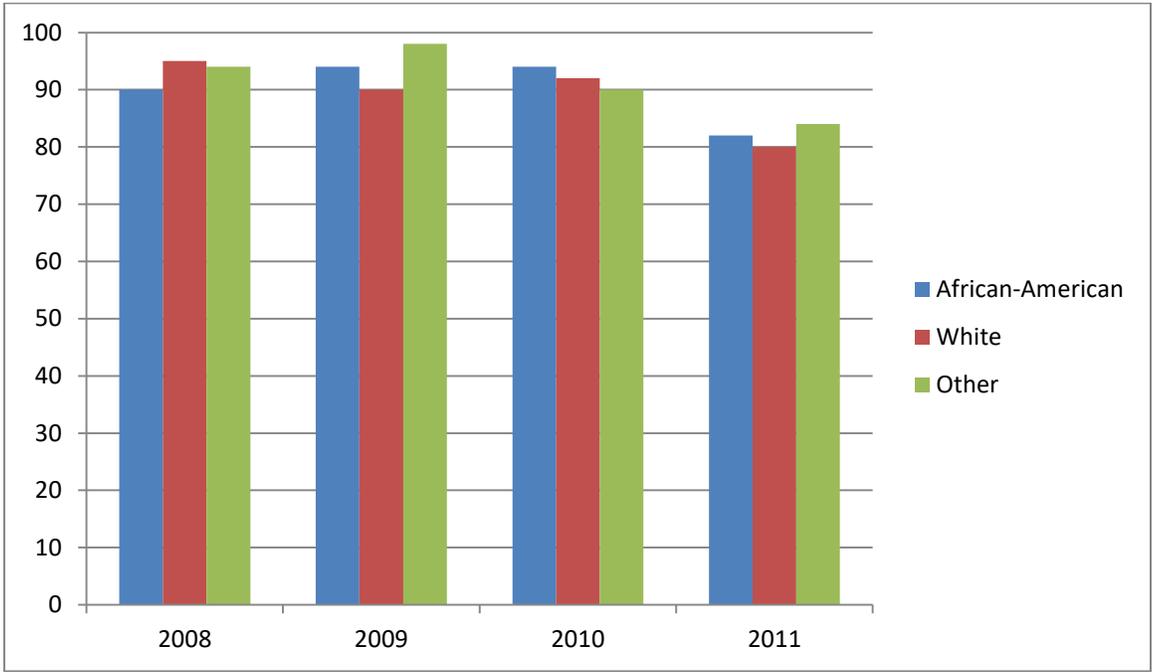


Client Factors

Annual % of foster youth in care for 12 months or less who have 2 or fewer placements: **By age**

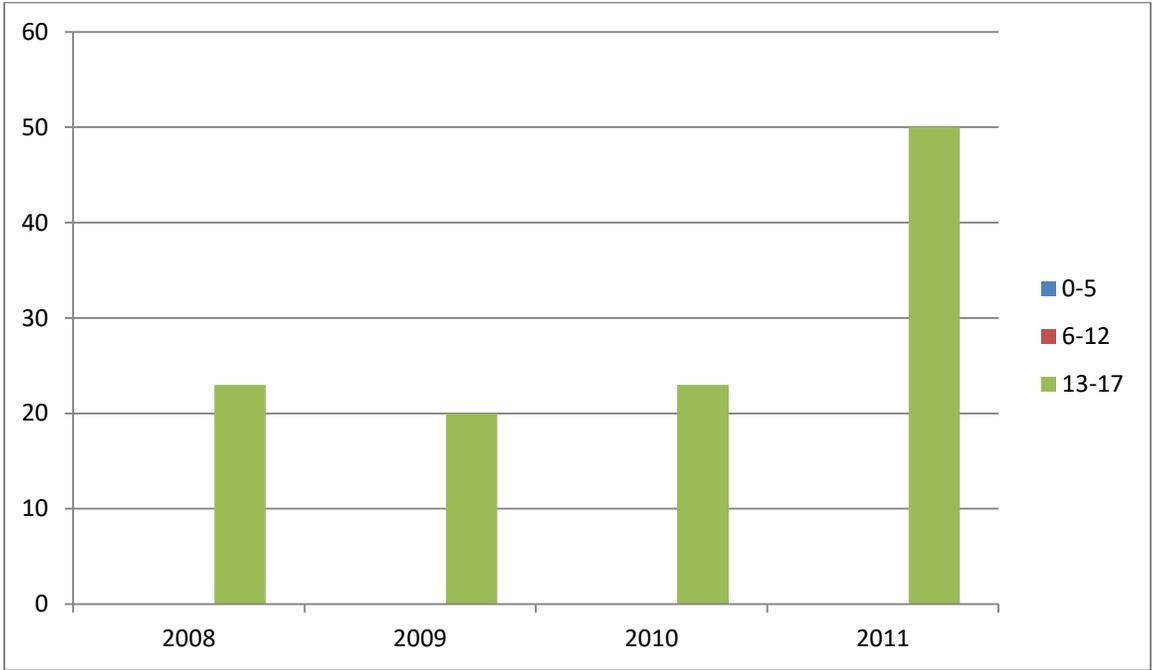


Annual % of foster youth in care for 12 months or less who have 2 or fewer placements: By race

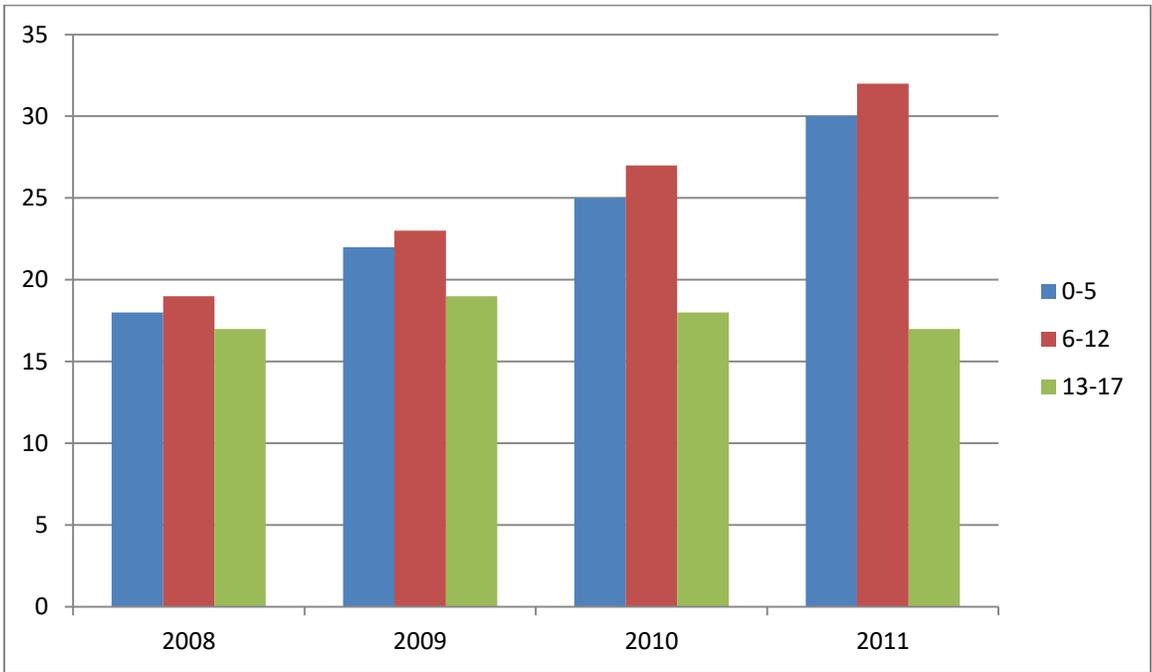


Service Factors

Annual % of foster youth initially placed in group home: By age

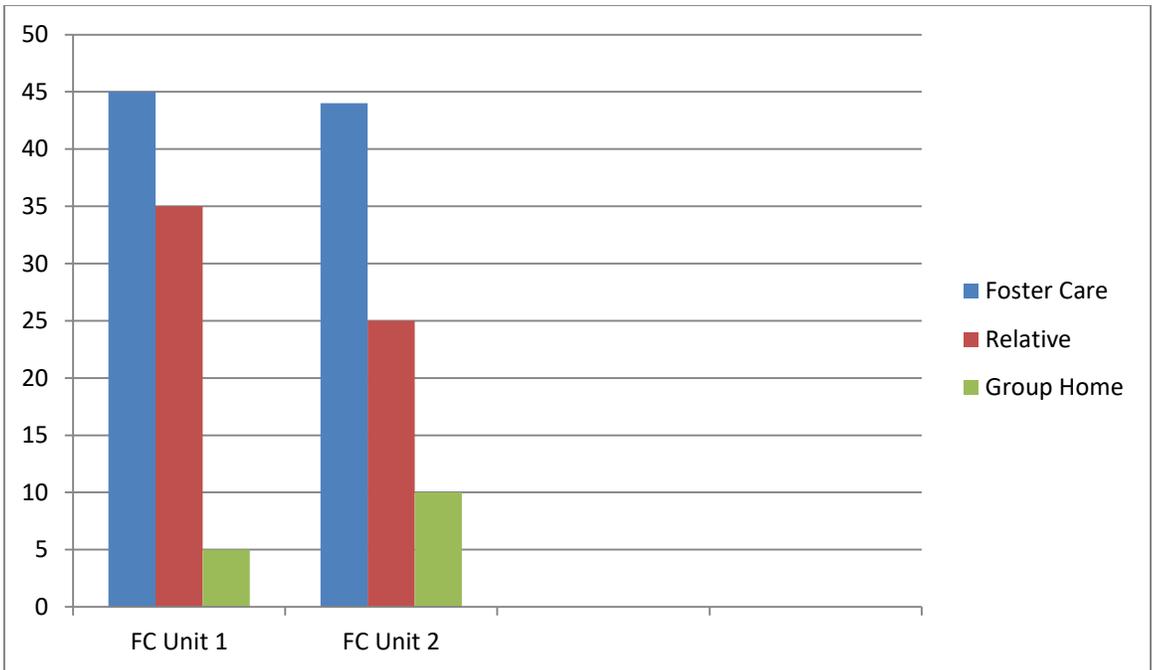


Annual % of foster youth initially placed in kinship care: By age



Organizational Factors

Percent of initial foster care placement types: By unit (FY 2011)



Key Implementation Drivers

STAFF CAPACITY

1. Staff Selection

We must carefully select who will carry out the new practice. Some questions to consider are: Who has the education and skills necessary to implement the practice with fidelity? Who already demonstrates effective work with children and families? Who can be an ally and help lead change efforts in my team? *How can I recruit the right staff to get “on-board” with this practice change?*

2. Training

Staff must learn “when, where, how and with whom to use new approaches and new skills” (Fixsen, et al., 2009). *Providing comprehensive training on the new practice is a beginning step to get staff prepared to implement the change.* Training should include the key components of the practice, the rationale behind them, a demonstration of skills, and the opportunity for staff to practice and receive feedback as they try out the skill.

3. Coaching

Research tells us that “dissemination of information” (i.e., training) alone does not result in practice change or improvement in outcomes for staff (Fixsen, et al., 2005). *The real learning of a new skill occurs “on the job” with follow-up coaching with staff.* As their coach, you will focus on helping staff apply what they learn in training to their day-to-day work. Coaches also provide encouragement and advice as staff struggle to do something new. We recommend you routinely observe workers in the field and provide concrete feedback and tips to improving their practice.

ORGANIZATIONAL CAPACITY

4. Evaluation: Staff and Program

Here, we will use data to evaluate new practices. We will look both at whether staff are implementing the new practice with fidelity and whether our program is producing its intended results. Use evaluation data to make informed decisions about whether to continue the practice.

5. Facilitative Administration

Successful implementation is possible only when supported by strong leaders who are committed to the change. Pay attention to the climate of your team and to what your staff need to implement the new practice. Support and motivate staff throughout the change process and keep them focused on the desired outcomes.

6. Systems Intervention

Practice change is best supported when supervisors advocate consistently to ensure staff have the resources they need (e.g., manageable workloads, technology, organizational support, etc.).

**All 6 drivers must be *integrated* to maximize their impact.
These drivers also *compensate* for each other—a weakness in one
can be overcome by strengths in another.**

Sources: Fixsen, et al., 2005; Fixsen & Paine, 2009

Three Phases of Implementation

1

Getting Ready

Prepare for implementation by developing a clear plan (including tasks and timeframes) and putting into place the supports that are needed to move to initial implementation. These supports can include funding, policy development, realignment of staff, technology, staff training, etc.

Effective change cannot occur without adequate resources.

2

Doing

Initial Implementation: Pilot the plan you developed. Supervisors should focus on supporting staff through the “initial awkward stage” when workers tend to be very anxious about the changes that are occurring (Joyce & Showers, 2002 cited in Fixsen, et al., 2005).

Staff will need training, practice, and time for practice change to occur and mature.

Full Implementation: Revise your plan and expand it to your full team. Before you move to full implementation, look at the “lessons learned” from the pilot. What were the barriers to success? How did you overcome them? What challenges are anticipated with full implementation?

In this phase, new practices should become “accepted practice.” You may begin to see a change in outcomes as a result (Faggin, 1985, cited in Fixsen, et al., 2005).

Carefully monitor the new practice to ensure staff maintain fidelity (in other words, they are implementing the new practice as intended).

3

Sustaining

Maintain momentum to ensure the long-term continuation of new practices. For new practices to continue, and continue effectively, we must anticipate issues that might get us off track and plan for how we will address them.

Activities related to building sustainability must be part of every stage of implementation, and sustainability efforts should never end. Focus on continuing and expanding support for the project (Khatri & Frieden, 2002, cited in Fixsen, et al., 2009).

Sustaining the Change!

Here are some things to keep in mind as you build sustainability:



Keep the same key players consistently involved. When identifying staff to pilot the change, be careful to engage those who will commit to being involved *throughout* the change process. We know some amount of turnover is inevitable, but the stability of team members leading the change is important to the success of your project.



Continue building capacity of staff. Provide *ongoing* training and coaching about the new practice. This does two important things:

- It ensures your team implements the new practice with fidelity
- It reinforces that the practice is a priority



Plan for staff turnover. Consider how you will get new staff “on board” with the new practice when they join your team. Who will train and coach them? How often will new staff trainings occur? Is there a designated trainer or will there be several “champions” who can train staff individually?



Embed new practices into team procedure. One way to ensure “new” practices become our standard way of operating is to embed them in policy. Communicate your expectations about the practice to staff clearly and often.

Sources: Century & Levy, 2002; Fixsen & Paine, 2009

Evaluating the Solution

We want to assess how new practices are going so we can determine how to move forward with change efforts.

Key Questions

- Have we been implementing the new practice with fidelity? (that is, as intended / designed)
 - Are staff *complying* with implementing the key components?
 - Are they *competent* in carrying out the new practice?
- What is the impact of the new practice?
- Are children and families better off?

Based on the indicators of success you identified earlier, you will determine which type or types of data you want to collect to answer these questions, and for how long. You will also determine who will be responsible for collecting and compiling the outcome data.

Include a blend of quantitative and qualitative data to get a more accurate picture of the results.

Adapted from JBS International, 2014

Determining Next Steps



Poor Fidelity + Poor Outcomes = Stop and Adjust

- What were the barriers to successful implementation? How do we overcome them?
- Look at the six implementation drivers. Which drivers should we focus on to make implementation more successful?



Good Fidelity + Good Outcomes = Continue and/or Expand Practice

- *Expand carefully—not too fast!*
- If we expand the effort, are we confident we can maintain fidelity with the full team?
- Are there key components of the practice that we will need to modify to implement it on a larger scale?
- Are there supports we need to add?



Good Fidelity + Poor Outcomes = Modify

- How much do we need to modify the practice? Revisit your theory of change to explore the best strategies for addressing the identified problem again.
- Under what circumstances is our modified practice likely to improve outcomes?
- Are there any modifications proposed that might decrease effectiveness?
- Get staff input. They can tell you best how to make the practice more effective.
- Once you modify the practice, revise policy and procedures to reflect the new core components of the work. Provide additional training and coaching to staff so they can implement the modified practice with fidelity.
- Evaluate the modified practice.

Sources: Fixsen, et al., 2015; Framework Workgroup, 2014; JBS International, 2014