

IN PURSUIT OF
QUALITY



IMPROVE
INNOVATE
IMPACT

child and family outcomes
child safety
quality improvement
continuous learning
workforce stability
well-being

PRESENTED BY: THE ILLINOIS PRIVATE CHILD WELFARE AGENCY CQI COMMUNITY



SPONSORED BY: UNIVERSITY OF ILLINOIS SCHOOL OF SOCIAL WORK
CHILDREN AND FAMILY RESEARCH CENTER FOSTER CARE UTILIZATION REVIEW PROGRAM [FCURP]



Welcome!

Dean Wynne Korr

University of Illinois, Urbana-Champaign
School of Social Work



Illinois POS Agency CQI Capacity Assessment

*A project conducted by UIUC/SSW/CFRC/Foster Care Utilization Review Program,
commissioned by IDCFS, Division of Quality Assurance and Research, Fall 2012*

November 6, 2015

2015 CQI Conference, UIUC/SSW, Urbana, IL

*Presented by: Jennifer Eblen Manning, UIUC/SSW/CFRC/Foster Care Utilization
Review Program*

Yolanda Green Rogers, Chapin Hall



Project Purpose

1. Inform DCFS and POS providers as to the strength of POS child welfare Continuous Quality Improvement (CQI) processes
2. Assess the ability of POS agencies to produce quality data
3. Assess the ability of POS agencies to self-monitor and use CQI mechanisms to impact performance



Project Purpose

4. Identify the child welfare performance indicators that POS agencies monitor independently
5. Inform the State of Illinois as to its overall level of readiness for the next Federal Child and Family Services Review (CFSR) as it relates to CQI per the Federal IM



Sources

1. The Administration for Children and Families Information Memorandum – “Establishing and Maintaining Continuous Quality Improvement Systems in State Child Welfare Agencies”

- Issued 8/17/12, IM-12-07
- Defined CQI
- Identified 5 Functional Elements of CQI
- State’s capacity to conduct CQI will influence it’s next CFSR
(IL scheduled for 2018)

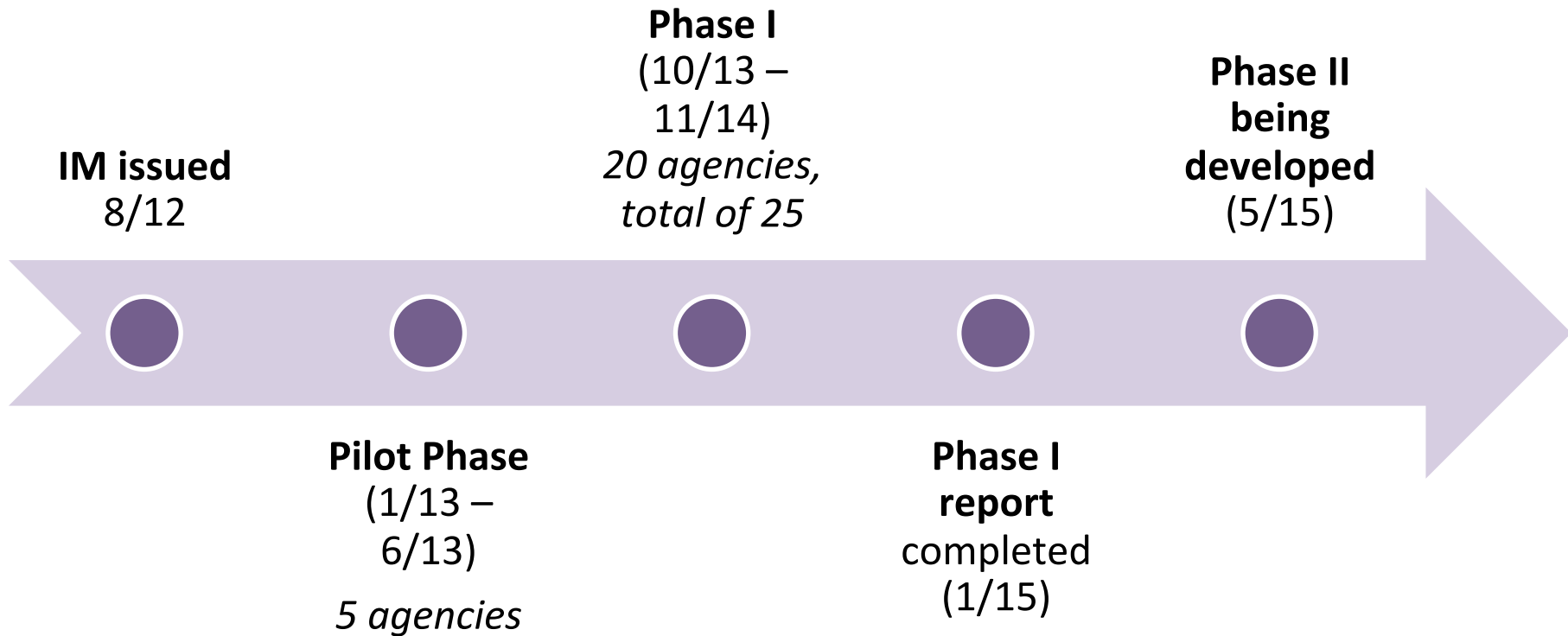


Sources

2. Council on Accreditation (COA),
Performance and Quality Improvement
Standards
3. Casey Family Programs and The National
Resource Center for Organizational
Improvement's paper entitled , “Using CQI
to Improve Child Welfare Practice – a
Framework for Implementation”



Project Timeline





Process – a qualitative, time-intensive assessment

1. Initial contact with agency established
2. Onsite review date established
3. Agencies asked to forward their CQI documents for review
4. Small team of reviewers spend day onsite with different levels of agency staff
5. Exit Conference held; documents finalized
6. Final tool and report submitted to agency, including “Enhancement Opportunities”



Sample and Demographics

1. Sample determined 9/13 (post-pilot, prior to Phase I launch)
2. Focus on agencies with traditional/HMR contracts
3. 49 agencies at that time, throughout the state
4. 25 agencies completed thus far; findings reported herein
5. These agencies represent 62.9% of children placed in traditional/HMR care



Five (5) Indicators Assessed

- A** Agency Leadership and Support for CQI
- B** The Quality Improvement (QI) Plan and Process
- C** Analysis and Dissemination of Quality Data
- D** Decision-making and Adjustment of Programs and Processes
- E** Ability to Evaluate Key Child Welfare Compliance Performance Indicators



Agency Demographics

- All agencies are accredited
- Most of agencies have a dedicated QI department
- Agency QI staffing structure did not typically involve assignment of a QI staff member to the agency's child welfare program
 - Assignment of a QI person to the agency CW program resulted in higher overall capacity rating
- Average number of staff = 3 (range = 10 to 1, median = 2)
- Almost all QI staff reported directly to the CEO or the COO



Bird's Eye View

N=25	4 rating "Excellent" capacity		3 rating "Very Good" capacity		2 rating "Emerging" capacity		1 rating "Little or No" capacity	
	#	%	#	%	#	%	#	%
Indicator A	13	52%	6	24%	6	24%	0	0%
Indicator B	2	8%	12	48%	9	36%	2	8%
Indicator C	6	24%	4	16%	12	48%	3	12%
Indicator D	10	40%	3	12%	9	36%	3	12%
Indicator E	0	0%	9	36%	11	44%	5	20%
Overall	6	24%	6	24%	11	44%	2	8%

Most agencies have an "emerging" capacity



Findings: Indicator A, Agency Leadership and Support for CQI

The organization's leadership promotes a culture that values service quality and ongoing efforts by the agency to continuously self-monitor, in order to achieve strong performance and positive results for clients.

- Strongest performing Indicator
- Leadership support for CQI was *most* evident in expectations of quality as evidenced in the agency strategic plan
- Support of leadership was *less* evident in terms of:
 - Ensuring CQI was on executive agendas,
 - Ensuring data-driven decision-making, and
 - The allocation of resources to support CQI activities



Findings: Indicator A, cont'd

Allocation of Resources: What do we mean?

1. Whether existing resources (in the form of staff and technology) are utilized **effectively**, and
2. Whether CQI activities appear to be a **priority** for the agency, or
3. Whether or not there is actual **funding** for QI staff and technology needs
 - Only 2 agencies fell into this category, where serious agency budgetary constraints precluded the hiring of QI staff



Findings: Indicator B, The QI Plan

The organization has a written plan developed with the involvement of all levels of staff that describes and supports quality improvement by: identifying agency and program goals, practice indicators, client outcomes, as well as how data will be collected to evaluate performance.

Plan & Structure for CQI Activities

- Not all agencies had a QI Plan, and/or QI Plans were not fully functional
- CQI activities heavily influenced by contract requirements; agency mission/vision/strategic goals not tracked or incorporated in the QI Plan
- Not all agencies had CQI Teams as a CQI process



Findings: Indicator B, cont'd

Case Review Processes

While statistically significant case samples are drawn for case reviews, enhancement opportunities were clearly evident as it relates to:

- **Stratifying case samples** to examine different client populations and client characteristics
- **Adjusting case review tools** from being primarily compliance/QA focused to more outcome-focused
- **Tracking progress** toward agency-wide strategic goals and program goals
- Ensuring **inter-rater reliability** among case reviewers
- Employing quality control mechanisms to ensure **data quality**



Findings: Indicator C, Analysis and Dissemination of Quality Data

The agency has a defined process for analyzing data for patterns and trends (regarding Safety, Permanency & Well-Being outcomes as well as services) at a variety of levels that are useful to the agency and which includes relevant external findings. Staff are trained to conduct data analysis, and stakeholders are included in analysis and feedback. The agency maintains an electronic database that is easily accessible to appropriate staff, is updated as needed, and can generate a variety of automated reports. Data is presented in user-friendly formats.

- Indicator where agencies struggled the most and where greatest need for support lies
- Internally collected data not always aggregated
- Agencies struggled to use data to tell a story about performance



Findings: Indicator C, cont'd

- Impact of the DCFS Dashboard
- Strong need for better **integration** of all data within an agency to determine performance
- Inability of most agencies to automate data collection and report at a variety of levels
 - Compromised capacity to analyze the data for patterns and trends



Findings: Indicator D, Decision-making & Adjustment of Programs and Processes

The analyzed data is shared with all staff and stakeholders, and is used to create improvement in outcomes, training, practice, community partnerships, service array, automated system development, and other supportive systems through an improvement cycle. Supervisors and caseworkers use results to assess and improve team practice. The CQI process itself is adjusted over time as needed.

- Most agencies lacked a process with which to use analyzed data to inform improvement activities and decision-making (improvement cycle)



Findings: Indicator D

- The majority of agencies attempted to use data, but often lacked:
 - The **infrastructure** (aggregate and integrated data, analysis, and useful reports) and
 - **Support** (QI teams, QI assistance with the analysis of the data, and consistency of participatory staff)in order to really maximize and learn from the data collected



Findings: Indicator E, Ability to Evaluate Key Child Welfare Compliance Performance Indicators

The agency is able to evaluate key performance indicators related to safety, permanency and well-being, for both compliance and quality

- Most agencies had most or all of the safety indicators, followed by well-being
- Permanency indicators were the least often evaluated internally
- Most agencies were rated a “2” (emerging capacity) for this indicator



Findings: Impact of Size

- Size matters, but...
- Size mattered in how agencies articulated and organized their CQI activities, but less in terms of how they conducted their activities
- Larger agencies = more structure and formal management
- Smaller agencies = heavier reliance on very strong supervision



Other Key Finding

- Lack of access by POS staff to their full agency data contained in SACWIS and other DCFS data sources (to avoid duplication of efforts)



Follow-up Activities

- Individualized reports and assessment tools were provided to each agency assessed, including Enhancement Opportunities
- A report of findings was submitted to DCFS QA and other leadership
- The findings were shared with CWAC Foster Care, and with all agencies who participated in the assessment



Questions about the Assessment?

Contact:

Jennifer Eblen Manning, FCURP

(312) 328-2087

jaem@illinois.edu

Cynthia Richter-Jackson, DCFS DQA

(309) 828-0022

cynthia.richter-jackson@illinois.gov



Impact of the CQI Capacity Assessment Project:

- The Illinois CQI Community Group has used the findings, along with surveys, to inform meeting agendas and topics
- This CQI Conference, “In Pursuit of Quality,” was planned to bring the CQI community together along with agency leaders, program staff and other concerned members of the child welfare community to be intentional about our efforts to build capacity around key enhancement areas



Keynote

Peter Watson

Senior Director, Technical Assistance Unit
Casey Family Services

IN PURSUIT OF
QUALITY



IMPROVE
INNOVATE
IMPACT

child and family outcomes
child safety
quality improvement
continuous learning
workforce stability
well-being

PRESENTED BY: THE ILLINOIS PRIVATE CHILD WELFARE AGENCY CQI COMMUNITY



SPONSORED BY: UNIVERSITY OF ILLINOIS SCHOOL OF SOCIAL WORK
CHILDREN AND FAMILY RESEARCH CENTER FOSTER CARE UTILIZATION REVIEW PROGRAM [FCURP]