

There are Program Names
on each Table. Please
choose a table that
represents a program you
work with. If you work
with multiple programs
choose your favorite.



BUILDING CONNECTIONS

Between the Record Review Process and Meaningful Outcomes

Introductions

Kimberly Clark:

- ✓ CQI Manager of Outcomes and Performance (1 year)
- ✓ Previously the CQI Systems Analyst (5 years)

Sarah Tunning:

- ✓ SVP of CQI (2 years)
- ✓ Previously the Director of Research (4 years), and CQI Coordinator for C10 in Florida (3 years)

About One Hope United

Mission:

One Hope United increases opportunities for children and families by providing quality solutions that enhance lives, communities and futures.

Vision:

FOR EVERY CHILD AND FAMILY, LIFE WITHOUT LIMITS

Our Services

Community Based Family Services (Behavioral Health, Family Support, & Youth Services)

Early Learning and Child Development (ELCD) (Child Development Centers & Home Visiting)

Florida Placement (Foster Care and In Home Case Management)

Illinois Residential (Residential, Group Home, Transitional Living Program, Therapeutic Day School)

Who is in the Room?

CQI Professionals?

Direct Service Providers?

Program Supervisors or Directors?

Executive Leadership?

Housekeeping

Slide Deck

Handout of Tips

Activity Worksheet

Objectives

- ▶ You will be able to identify areas of your record review process that can be tied to outcomes.
- ▶ You will begin to develop some questions or items on your review tools so they become more outcome and quality focused rather than compliance focused.
- ▶ You will learn how the record review process and outcomes can really support each other.

Disclaimer - Throughout the presentation we will be talking about the Assessment tool we use called Teaching Strategies Gold. This presentation is not meant to get into the details of this tool. For more information please visit: <https://teachingstrategies.com/>

“CQI-ing” our CQI process in ELCD

We observe that...

OHU’s Child Development Centers were not finding value in the CQI process.

We think it’s because...

our CQI team did not have the knowledge and expertise to gain the credibility needed and the CQI process as it stood was not relevant.

So we plan to...

build the CQI teams capacity, critically assess the CQI processes, & revise and implement the changes.

Which we think will result in...

better relationships & and a better process.

We observe that... OHU's Child Development Centers were not finding value in the CQI process.

History of the Relationship:

- ▶ Us versus Them (Child Welfare versus Early Learning Education) that existed across the culture at OHU which filtered into CQI

Examples:

- ▶ Past internal survey results of CQI processes would indicate the irrelevancy of CQI process with their work.
 - ▶ “It as just another requirement.” “Another box to check off a list.” “Do it just for COA.”
- ▶ Quality Improvement Team Meetings were not well attended - always an excused absence. QIT meetings not focused on CQI but other agency concerns.
- ▶ Did not find CQI reports meaningful.

We think it's because...our CQI team did not have the knowledge and expertise to gain the credibility needed and the CQI processes as they stood were not relevant.

CQI Staffing:

- ▶ Responsibility of CQI was based on geographical location of the CQI staff member - not content knowledge
- ▶ In FY16, put all the responsibility with one CQI member, but the content knowledge was still not present.

Relevancy of Processes:

- ▶ Record Review - Compliance Focused - received their data quarterly, but Record Review Scores were good (over 90%) with few corrections needed - not a lot to focus on during Quality Improvement Teams.
- ▶ Outcomes were collected every trimester, but only reported to CQI once a year. Outcome collection/reporting did not always fall within the timeframe of Quality Improvement Team meetings. Essentially it was not the right data at the right time.

Old Child Development Center RR Tool:

These 2 questions refer to outcomes, but the level of review was left to: are they there; and read a couple of observations to see that they were child specific and not general.



I. ENROLLMENT
1. Enrollment Checklist (OHU900A) or Office File Checklist (for OHU Centers)
2. Child Development Case Action (OHU 900B) (N/A for OHU Centers)
3. Child Care Application (OHU 901) or Enrollment for Child Care (OHU Centers)
4. Care Consent and Release Form (OHU 902a) or Emergency Information & Permission for Emergency Care Form (OHU Centers)
5. Authorized Release Form (OHU 902b) (If three contacts are not on the form, a note needs to be on the form indicating why) (N/A for OHU Centers)
6. Head Start Eligibility Form (Head Start only)
7. Parent Acknowledgment & Permission Form (OHU 935) (ALL Centers)
8. Parental Understanding of Discipline Procedures (OHU 912) or Guidance & Discipline Philosophy & Practice (DCFS 407.70) (OHU Centers)
9. Child's Birth Certificate (certified copy)
10. School Age Expectation and Agreement Form (OHU936) (for SA only) (Effective 7/1/12 for all SA centers)
11. Department of Children and Family Services (DCFS) Verification (CFS 581)
II. HEALTH FORMS
1. Developmental / Health History Form ("Inc" if in foreign language and not translated into English) (Effective 1/1/13 - must be specific History Form according to child's age group at the time of enrollment). This only needs to be completed once.
2. Physical Form (Head Start- completed annual; School Age- completed at Kindergarten and 5 th grade; every 2 years otherwise) TB test and Lead Risk Questionnaire (1 year to 6 years) unless there is a doctor's note – needs to be completed with the initial physical only, or when child turns one year of age. (Inc if missing)
3. Hearing and Vision Letter to Parents OR a completed Hearing and Vision Test (Annual for ages 3 to 5) (can be in a separate binder) (N/A for other ages including Kindergarten) (For ALL Centers)
4. Asthma Information Record (if applicable) (OHU 908) (FAN) (OHU Centers kept in classroom binder)
5. Medication Authorization per episode of illness (if applicable) (OHU 905) (OHU Centers kept in classroom binder)
6. Sun Screen/Insect Repellent Consent (OHU 907) (Required for children 6 months and older) Only applicable to reviews conducted 4th and 1st quarters of fiscal year (April – September)
III. CHILD'S PROGRESS FILE (OR SEPARATE FILE)
1. Tri-annual Assessments/Goals/Individual Child Report Checkpoints (Gold) (for most recent checkpoint period)
2. Classroom observations – should be child specific observations (OHU Centers kept in classroom binder or Reviewer can review online) (The Gold) (Review a couple observations)
3. Documentation of parent teacher conferences (need to occur twice per year- review the most recent round of conferences) (Family Conference Form)
IV. OPTIONAL ENROLLMENT FORMS
1. Permission Form to Participate in Swimming Activities (OHU 914) (as applicable for SA or preschool) (OHU Wilmette- kept in office binder for pre-school)
V. SPECIAL SERVICES/DISABILITIES
2. Consent for Evaluation (if applicable) (OHU 911)
3. Referral Form Child Development - Social Services (if applicable) (OHU 910)
VI. LETTERS/NOTES
4. Accident/Incident Report (OHU 906) (OHU Centers kept in classroom binder)
VII. QUALITY OF SERVICE DELIVERY
5. Were the recommendations/actions taken and documented appropriate to the accident? (See #24)
6. Does the report indicate that the incident was discussed with the child's parent/guardian? (Could be N/A if Hotline called, but not necessarily.) Can be by phone, at pick-up, or the following day if parent did not pick up and the accident was not severe enough to warrant a phone call.
7. If follow up actions are recommended to observations/incidents (#24 and #25), were appropriate referrals and linkages made?
8. Is there evidence in the record that Unusual Incidents (UIRs-not all injuries) are recorded in a thorough, detailed and objective manner? (Must be located in Child's file for ALL centers)

Child Development Center Outcomes:

Early Learning and Child Development		
Child Development Centers		
Key Outcomes	Target	Data Source
Children will meet Kindergarten Readiness standards in the following areas as measured by Teaching Strategies Gold:		
Social Emotional Development	80%	Teaching Strategies Gold
Physical Development	80%	
Language Development	80%	
Cognitive Development	80%	
Literacy	80%	
Math	80%	
Children will meet or exceed widely held expectations in the following areas:		
Social/Emotional Development (Birth-3)	80%	Teaching Strategies Gold
Social/Emotional Development (Preschool)	80%	
Physical Development (Birth-3)	80%	
Physical Development (Preschool)	80%	
Language Development (Birth-3)	80%	
Language Development (Preschool)	80%	
Cognitive Development (Birth-3)	80%	
Cognitive Development (Preschool)	80%	
Literacy Development (Birth-3)	80%	
Literacy Development (Preschool)	80%	
Math Development (Birth-3)	80%	
Math Development (Preschool)	80%	

So we plan to... build the CQI teams capacity, critically assess the CQI processes, & revise and implement the changes.

Build Capacity:

- ▶ Hired a CQI Director with experience in Child Development in FY17. (Finally got some content knowledge, but needed to train in CQI).
- ▶ More focused training in CQI needed to occur across all of Child Development to create more buy-in.

Assess, Revise, Implement Processes:

- ▶ In FY17, CQI processes remained the same, but assessed what needed to change.
- ▶ In FY18:
 - ▶ Spent a lot of time building knowledge around Teaching Strategies Gold in order to better understand the outcomes we were reporting.
 - ▶ Record Review became more Quality focused.
 - ▶ Separated out the review tools. One tool was created to review Teaching Strategies Gold (the assessment tool Child Development Centers use). The other tool looked at the compliance pieces.
 - ▶ Across the entire organization the Impact Collaborative process replaced the Quality Improvement Team process to be more Outcome/Impact/Data Focused and Responsive.

A more comprehensive list of questions on what should be seen in the observations documented in Teaching Strategies Gold was developed.

SOCIAL EMOTIONAL
1. Are there observations for the child?
2. a. Are teacher observations objective?
b. Are teacher observations specific?
c. Are teacher observations well written?
3. Do the observations recorded support the skill levels assigned from the observation?
PHYSICAL
4. Are there observations for the child?
5. a. Are teacher observations objective?
b. Are teacher observations specific?
c. Are teacher observations well written?
6. Do the observations recorded support the skill levels assigned from the observation?
LANGUAGE
7. Are there observations for the child?
8. a. Are teacher observations objective?
b. Are teacher observations specific?
c. Are teacher observations well written?
9. Do the observations recorded support the skill levels assigned from the observation?
COGNITIVE
10. Are there observations for the child?
11. a. Are teacher observations objective?
b. Are teacher observations specific?
c. Are teacher observations well written?
12. Do the observations recorded support the skill levels assigned from the observation?
LITERACY
13. Are there observations for the child?
14. a. Are teacher observations objective?
b. Are teacher observations specific?
c. Are teacher observations well written?
15. Do the observations recorded support the skill levels assigned from the observation?
MATH
16. Are there observations for the child?
17. a. Are teacher observations objective?
b. Are teacher observations specific?
c. Are teacher observations well written?
18. Do the observations recorded support the skill levels assigned from the observation?
19. Tri-annual Assessments/Goals/Individual Child Report Checkpoints (Gold) (for most recent checkpoint period)
20. Based on Tri-annual check points is it evident that the child is progressing from check point to check point?
21. Child is in the correct aged color band according to TSG guidelines.

Which we think will result in...

OUR END GOAL:

A better working relationship between the CQI team and the Child Development Centers and a better CQI process in our Child Development centers.

FY18 Q1 Quarterly Report:

Program Name: ABC Child Development Center	Target	FY16	FY17	FY18:Q1
Case Review				
Overall Compliance (Client File Review)	90%	99%	99%	95%
Overall Quality (Teaching Strategies Gold Review)	90%	N/A	N/A	55%

Program Name: ABC Child Development Center	Target	FY16	FY17
Key Outcomes			
1. Children will meet Kindergarten Readiness standards in the following areas as measured by Teaching Strategies Gold:			
Social Emotional Development	80%	89%	95%
Physical Development	80%	94%	100%
Language Development	80%	94%	95%
Cognitive Development	80%	94%	100%
Literacy	80%	94%	100%
Math	80%	72%	86%
2. Children will meet or exceed widely held expectations in the following areas:			
Social/Emotional Development (Birth-3)	80%	100%	100%
Social/Emotional Development (Preschool)	80%	92%	100%
Physical Development (Birth-3)	80%	100%	92%
Physical Development (Preschool)	80%	97%	97%
Language Development (Birth-3)	80%	92%	92%
Language Development (Preschool)	80%	92%	100%
Cognitive Development (Birth-3)	80%	100%	67%
Cognitive Development (Preschool)	80%	95%	100%

We started to see a disconnect between what was being written in observations and where children were being reported in outcomes.

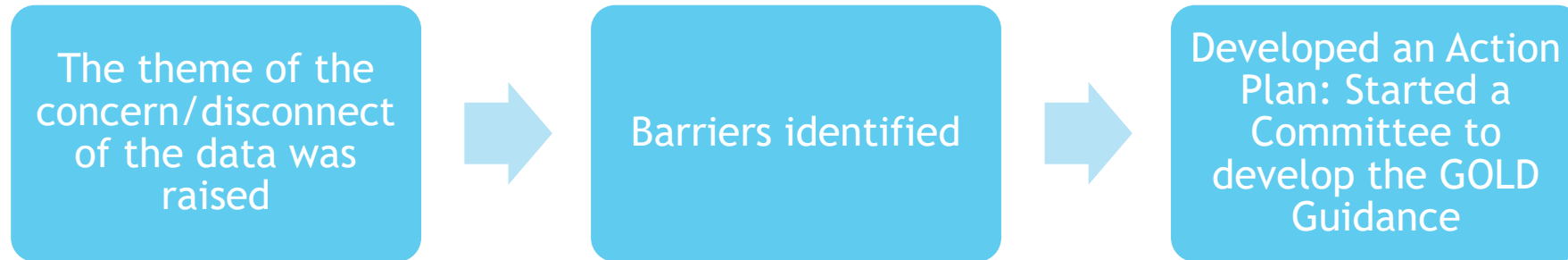
What we did in our First Impact Collaborative (I.C.) of FY18...

Center I.C.



- 1) Validity
- 2) Subjective
- 3) Re-educate on what the review tool was looking for

Leadership I.C.



Developed the TSG Gold Guidance

- ▶ Purpose
- ▶ When to Enter Students/When to Archive and Delete Students
- ▶ Color Bands
- ▶ Checkpoints
- ▶ Examples of well written observations and poorly written observations
- ▶ Who should be observing
- ▶ How many pieces of documentation (minimum and best practice)
- ▶ Outcomes
- ▶ How to use the data and (Data Dialogue and Impact Collaborative)

Where are we now?

- ▶ After using the new TSG Record Review tool in FY18, modifications were made for the FY19 tool.
 - ▶ Questions have been raised as to whether we are reviewing enough files on the TSG tool, which is something we are considering.
- ▶ After spending the beginning of FY18 learning more about TSG and how outcomes were reported, CQI pulled the results at the Spring Checkpoint (end of the fiscal year), cleaned the data, reported the data back to centers for consensus.
 - ▶ In FY19, CQI is doing this same process for the Fall, Winter, and Spring checkpoints.
- ▶ Adjusted the timing of the Impact Collaborative for ELCD to coincide with when checkpoints are due to ensure they are getting the right data at the right time.
 - ▶ We are looking forward to seeing the Centers' IC Action Plans with the Fall Data (due on 12/3).

Where are we going?

▶ In ELCD:

- ▶ Are we looking at the right outcomes?
- ▶ Are we using the right assessment tool?

▶ As an organization:

- ▶ How can elements of this be replicated in our other programs?
- ▶ It looks different in counseling programs or a foster care/intact program?

Activity

- ▶ At your tables use Guided Worksheet to do and discuss the following.
 - ▶ 1) List the outcomes for your program (especially those that use a standardized tool).
 - ▶ 2) Look at your record review tool for your program. Identify whether the questions are compliance or quality focused. (One is available to serve as a point of reference, but if you cannot access your own tool, try to think about the questions you ask.)
 - ▶ 3) Identify any record review questions you have related to outcomes or that look at client progress towards achieving the outcomes for the program. Do you have any?
 - ▶ 4) After seeing today's presentation, what types of questions would you want to add to your record review tools that are related to outcomes?
 - ▶ 5) Identify any barriers that would make this challenging. What would you need to do to address these barriers?
 - ▶ Report out

Questions?

Please share any takeaways that you will bring back with you after the conference.