

Welcome!

Please take a second to answer the poll for this session in the Whova app:

What do you do at 4pm to energize?

- Yoga
- Coffee / tea
- Candy/ sugar
- Listen to music
- All of the above





NCHS

children first.

Moving from QI to CQI through Staff Engagement

October 11, 2023

Rhonda Humberger, Pam Ashley & Thad Pera

Learning Objectives

CQI through Staff Engagement

1. Organizational commitment – creating a framework for CQI
2. Making data useful to create a culture of learning
3. Empowering team members to interpret data and address findings

Starting with Quality



Organizational commitment



Defined programmatic quality target
measures

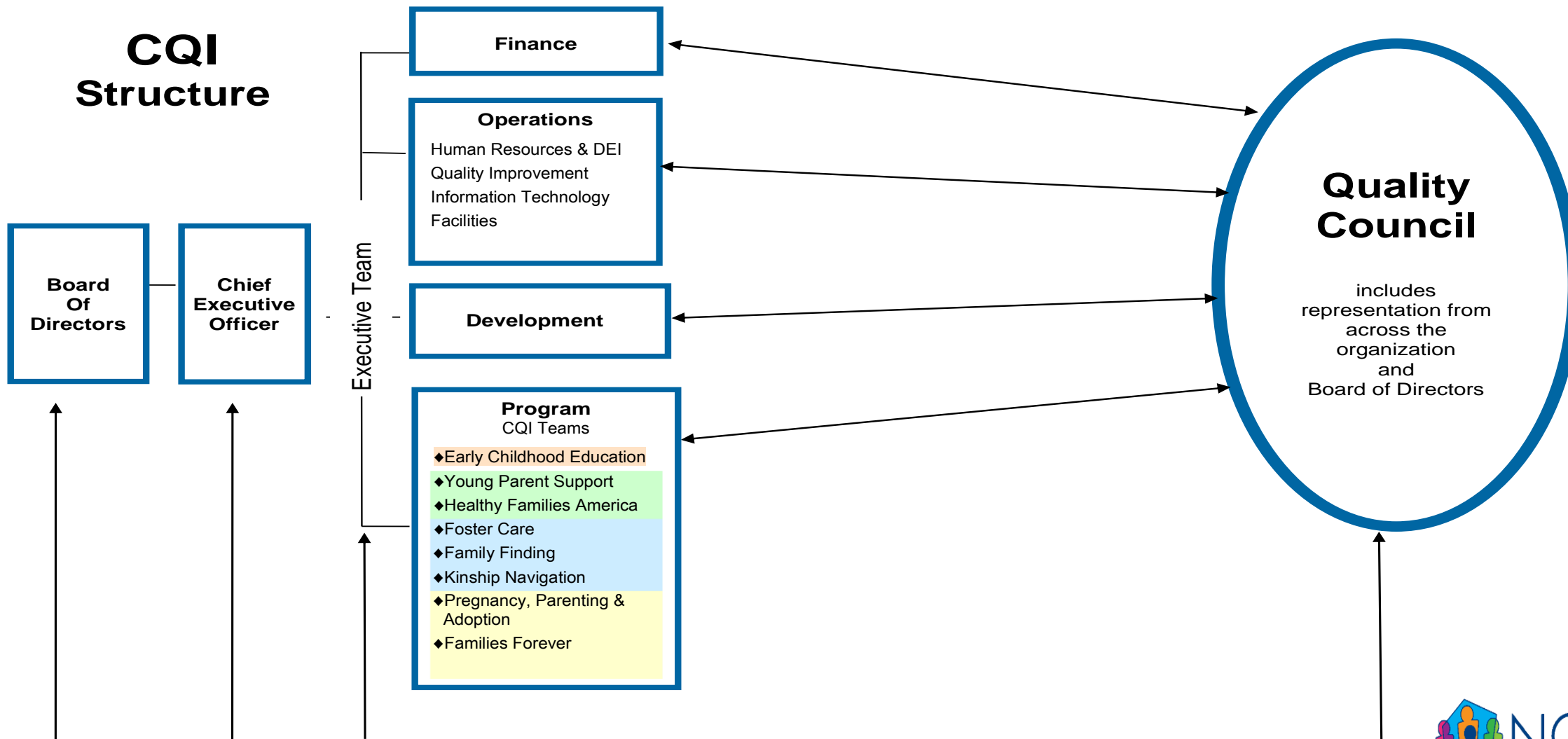


Department CQI Teams



Reporting – focused client database
managed by IT

CQI Structure



Moving into QI Quality Improvement



Making Data Useful

Shifting to a case management data system



Engaging staff in the database build



QI Team serving as translators of program terminology into the data system



Onboarding staff



Developing reports



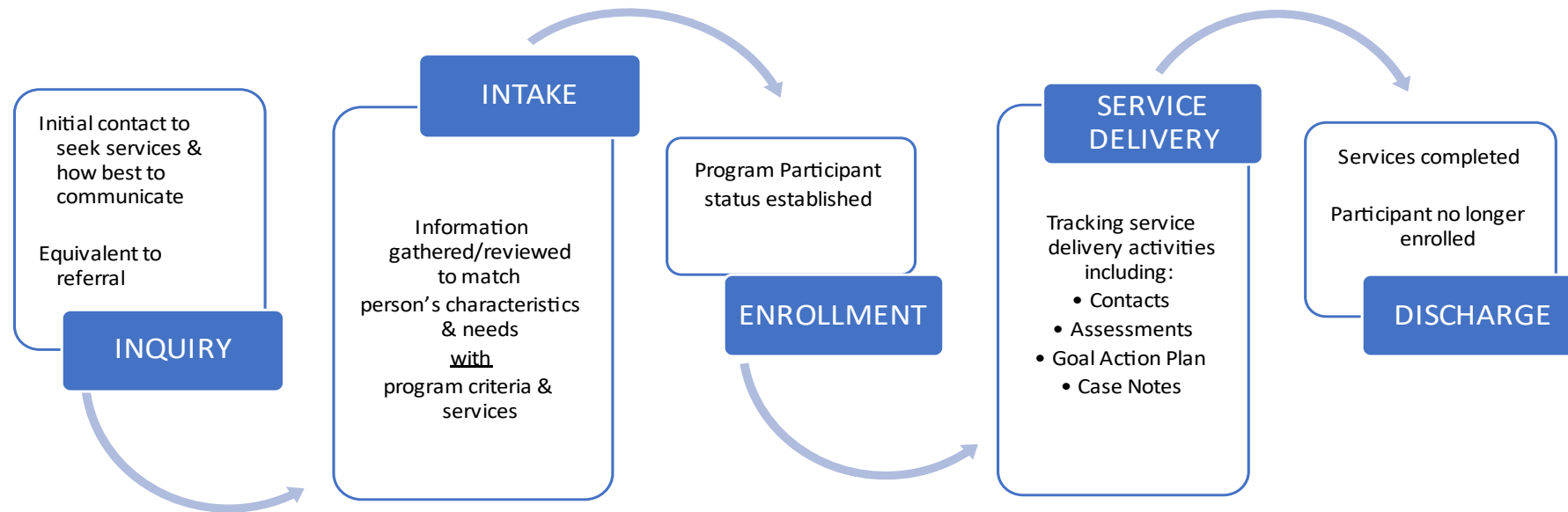
Engaging staff in the database build

1. Existing hard copy forms
2. Discovery of program flow
3. Alignment of program services terminology and database design
4. Developing data definitions
5. Testing database design

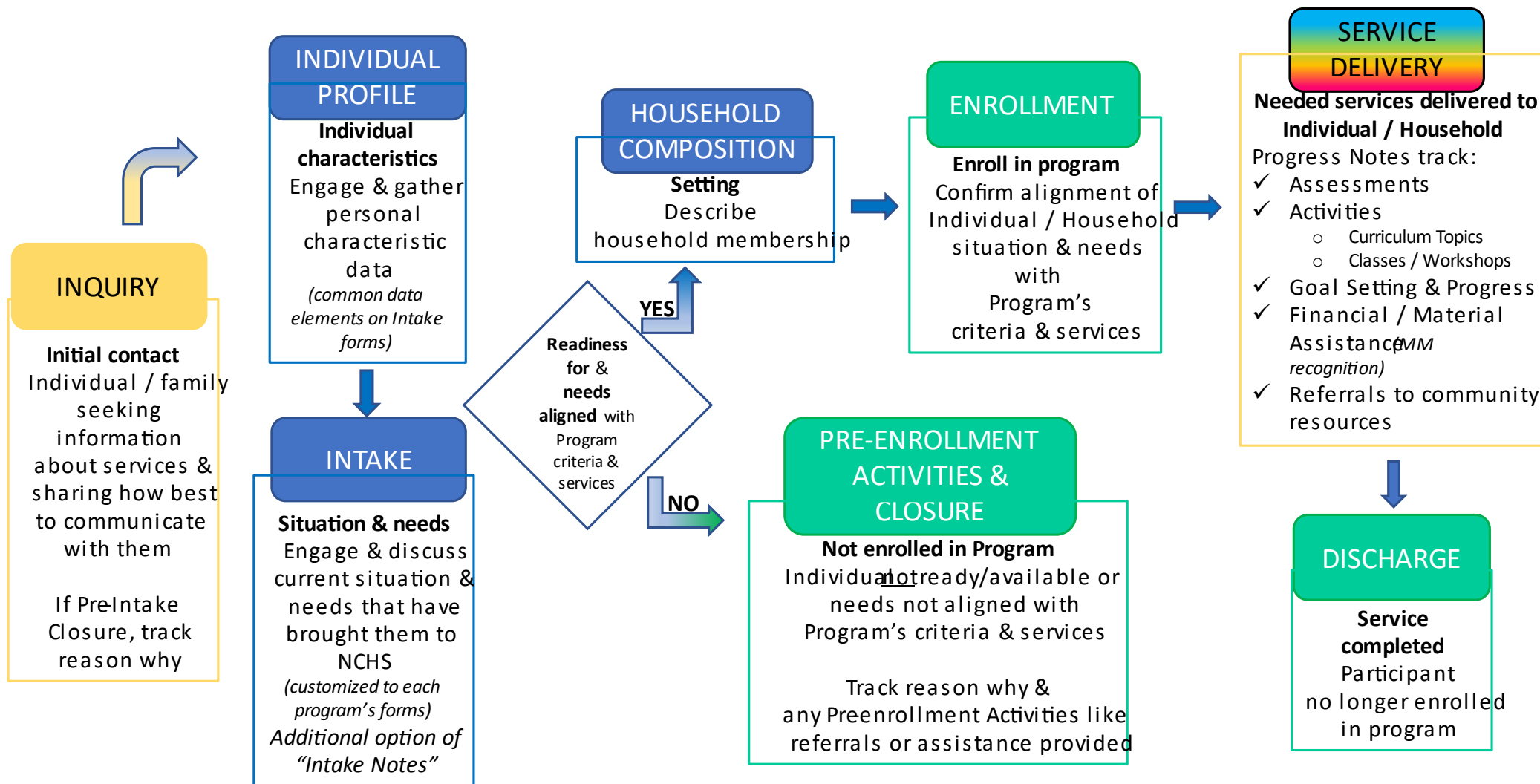


QI Team serving as translators of program terminology into the data system

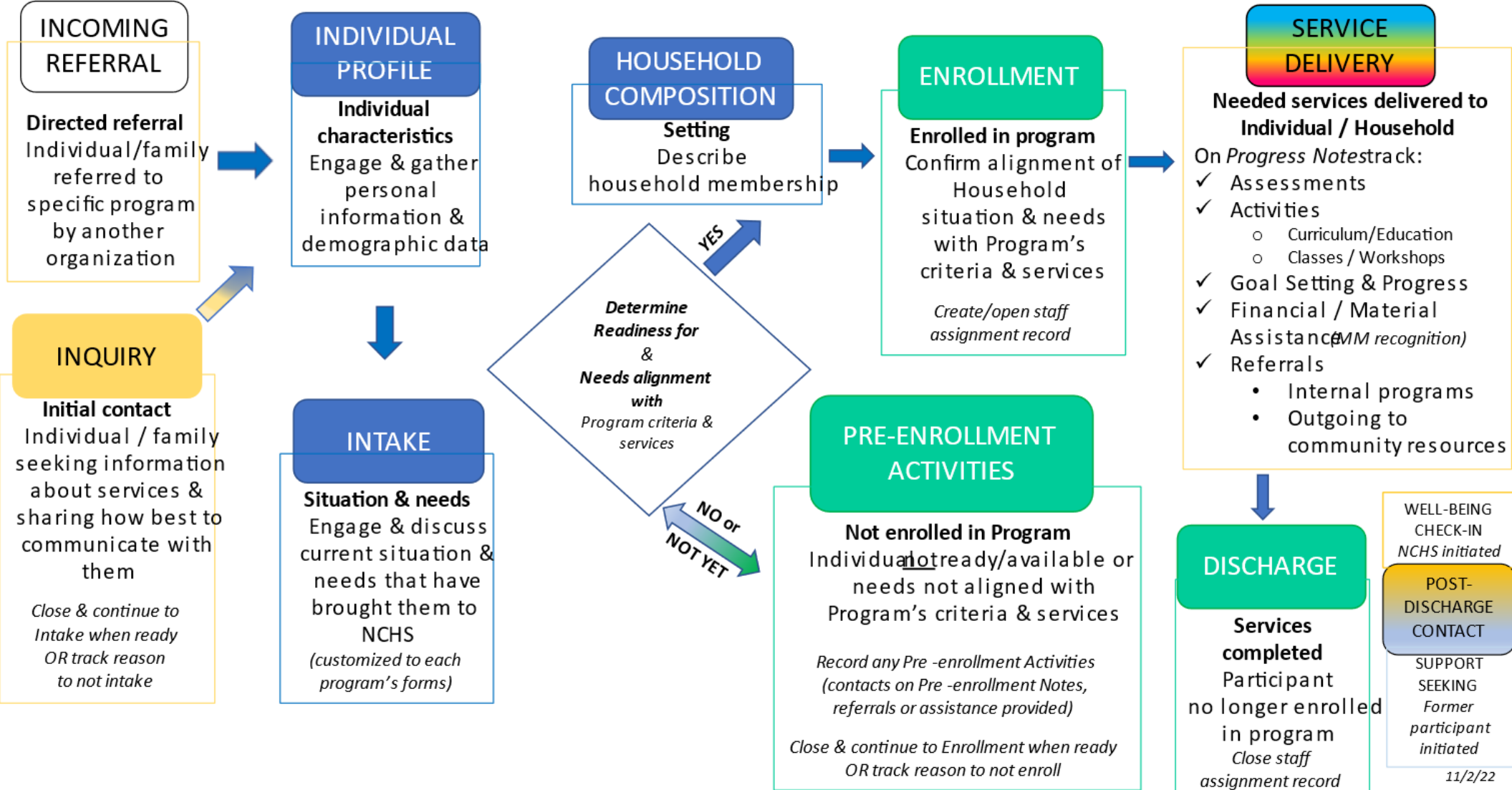
NCHS PROGRAM DATA ENTRY FLOW within APRICOT



DATA ENTRY PROCESS into the APRICOT CASE MANAGEMENT SYSTEM



DATA ENTRY PROCESS into the APRICOT CASE MANAGEMENT SYSTEM





Onboarding staff

PRE-TRAINING

- All Staff Meeting - prior
- User Manual & Tutorials
- Data Entry Procedures
- Design Training Specific to Data Entry Roles

TRAINING

- End-user training
- Train-the-Trainer
- One-on-one training
- Demo and Practice

ONGOING SUPPORT

- Helpdesk with dedicated email
- Regular meetings with Supervisors & Directors
- Monthly program team meetings
- Open Office Hours



Developing reports

ENGAGE STAFF WITH REPORTS

- Case management details and case load reports
- Service delivery dosage and quality control
- Aggregate assessment scores and outcomes



Developing reports

**Nebraska Children's Home Society
Monthly Outputs
Fiscal Year Ending June 30, 2022**

Pregnancy, Parenting & Adoption	Fiscal Year End 2020-21	July	August	September	1st Quarter	October	November	December	2nd Quarter
Number of "Hits" - Inquiry Log (see attached)		9	10	0	19	0	0	0	0
Number of Pregnancy Participant Inquiries		5	5	0	10	0	0	0	0
Number of Pregnancy Participant Openings		5	3	1	9	4	1	1	6
Number Pregnancy Participant Closings		1	1	0	2	1	2	1	4
Number of Prospective Adoptive Parent Inquiries		18	22	24	64	32	30	30	92
Number of Prospective Adoptive Parent Openings		0	0	0	0	10	0	0	10
Number of Prospective Adoptive Parent Closings		1	0	1	2	0	1	5	6
Number of Children Join a Family		1	0	3	4	1	2	1	4
	Fiscal Year End 2020-21	July	August	September	1st Quarter	October	November	December	2nd Quarter
Options Education Referrals Accepted		23	20	10	53	18	11	5	34
Options Education Sessions Billed		6	14	6	26	5	14	5	24
	Fiscal Year End 2020-21	July	August	September	1st Quarter	October	November	December	2nd Quarter
Relinquishment Counseling Referrals Received		2	5	9	16	8	16	9	33
Relinquishment Counseling Referrals Accepted		2	5	9	16	6	9	9	24
Relinquishment Counseling Session Billed		6	3	4	13	7	7	8	22
	Fiscal Year End 2020-21	July	August	September	1st Quarter	October	November	December	2nd Quarter
Beginning Post Adoption Service Participants		34	33	31	31	29	12	14	14
Number Post Adoption Service Inquiries		0	7	11	18	9	10	6	25
No. Post Adoption Participants Added This Month		6	2	4	12	4	2	0	6
No. Post Adoption Participants Exiting This Month		7	4	6	17	21	0	0	21
Current Month Post Adoption Service Participants		33	31	29	29	12	14	14	14



Developing reports



Data Definitions

Agency Definitions

Participant (Direct Impact)	An individual enrolled in an NCHS program who receive services and has a specific goal plan or objective in their involvement with the program.
Household	A home in which at least one NCHS program participant resides most of the time.
Household Member (Full Impact)	Household members include every person who resides in a household as an NCHS program participant. This information is provided on the hard copy intake form.

Participant Definitions per Program

Pregnancy and Parenting	Mother and Father involved in services
Adoption	Prospective adoptive parents – both parents
Option Education	Person(s) identified on NE DHHS referral
Families Forever	Mother and Father Children that were adopted or in guardianship in the household
Post-Adoption Services	Person requesting information
Foster Care Family Services	Foster Parents - both parents (regardless of active placement) Kinship Caregiver
Foster Care Youth Services	Youth referred by state
Kinship Navigation	Kinship Caregiver
Raising Your Grandchildren	Kinship Caregiver
Family Finding	Youth referred by state (each individual child will be enrolled) Individuals committed to youth
Young Parent Support Program	Mother and Father involved in services
Healthy Families America	Mother and Father involved in services
Self-Sufficiency	Parents involved in services
Early Childhood Education	Children enrolled/ Attending the NCHS Early Childhood Education Program



Young Parent Support Program

Number of participants attending Parent Interaction Group	
Number of new enrolled families	
Number of closed families	
Total families enrolled	

HFA

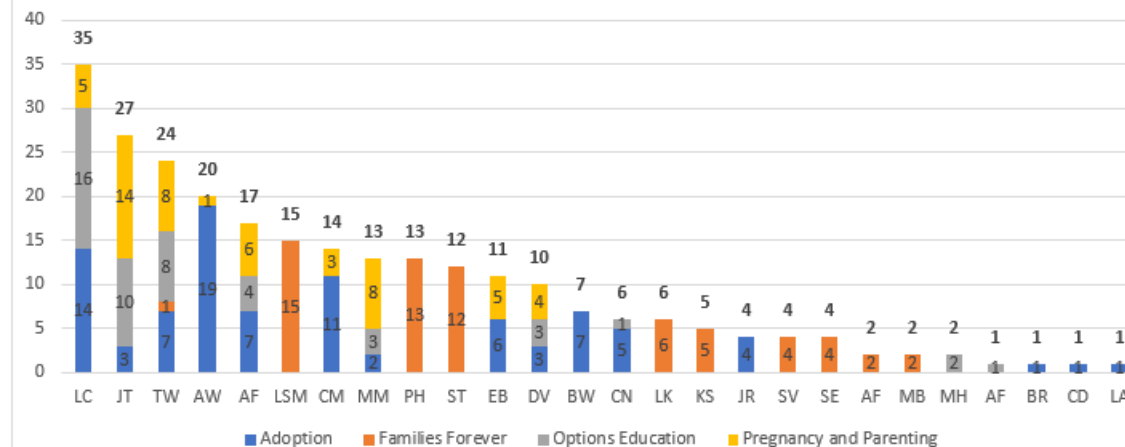
Number of new enrolled families	
Number of closed families	
Total families enrolled	

Self-Sufficiency

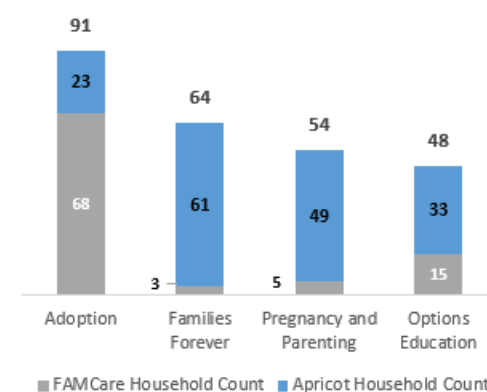
Number of new enrolled families	
Number of closed families	
Total families enrolled	

Enrolled Households per Program – Pregnancy, Parenting & Adoption Dept. Sample Data

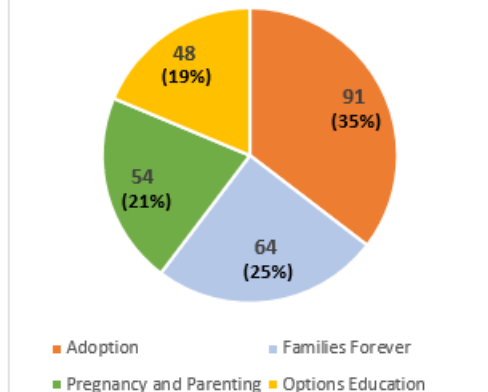
Households per Specialist with Program Breakdown



Households per Program with CMS Breakdown



Household per Program with Pct Breakdown





Developing reports

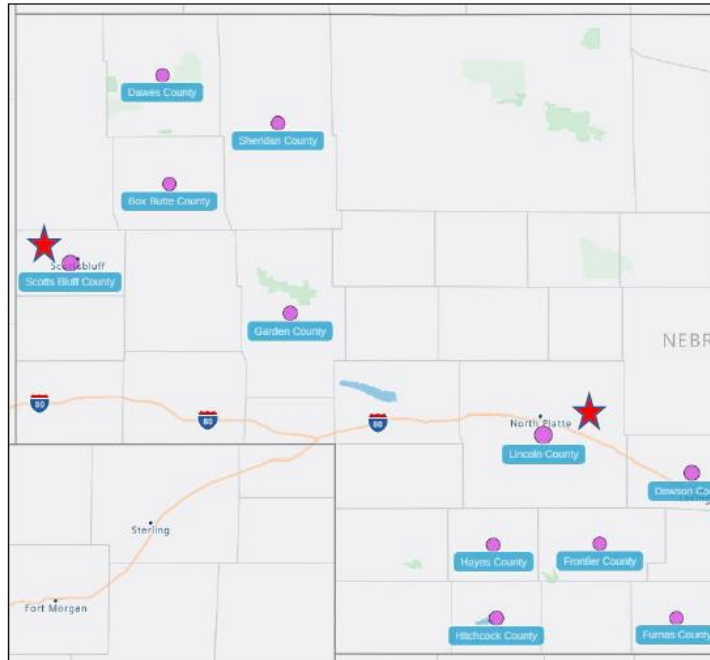


Sample Data

Report Date Range: 7/1/2022 – 3/31/2023

Households Served

Pregnancy & Parenting Program, Adoption Program



Notes

- Circle size represents the number of households served per county in Nebraska and Pottawatomie County, Oklahoma
- Programs mapped: Pregnancy and Parenting, and Adoption

Range:

Largest Circle = 38 Households (Douglas)
 Smallest Circle = 1 Household (22 counties)

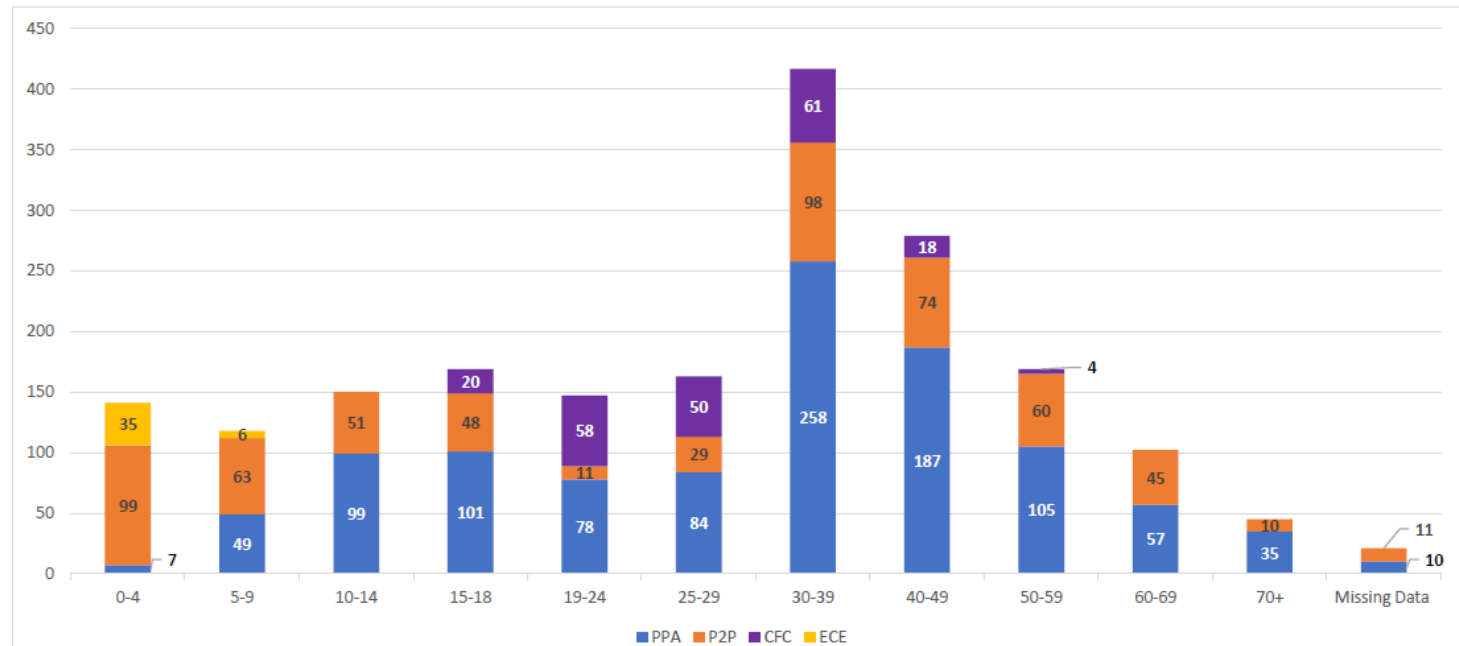


Sample Data

Report Date Range: 7/1/2022 – 3/31/2023

Participant Demographics

Age Groups





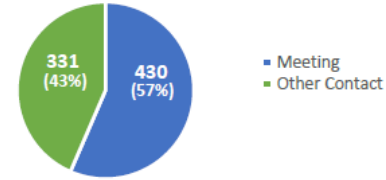
Developing reports

Service Delivery

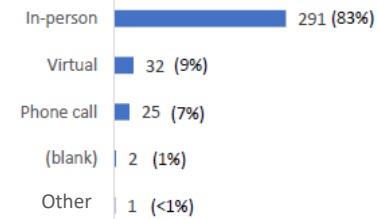
Sample Data

Pregnancy and Parenting

Type of Contact

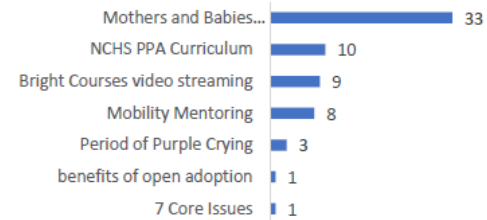


Method of Contact for Held Meetings

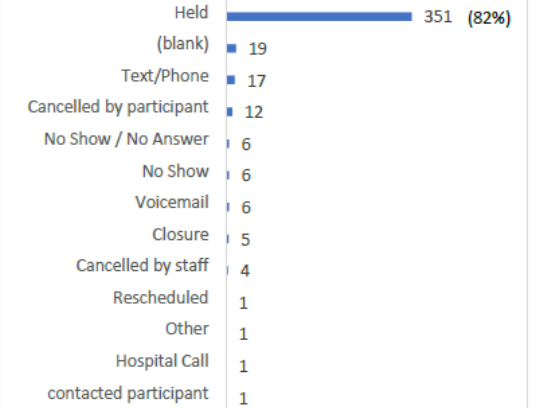


Curriculum Delivered

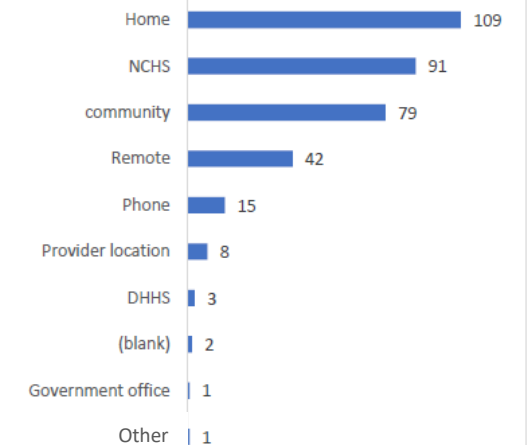
Number of times the curriculum was provided to the participant(s)



Meeting Status Summary



Location for Held Meetings



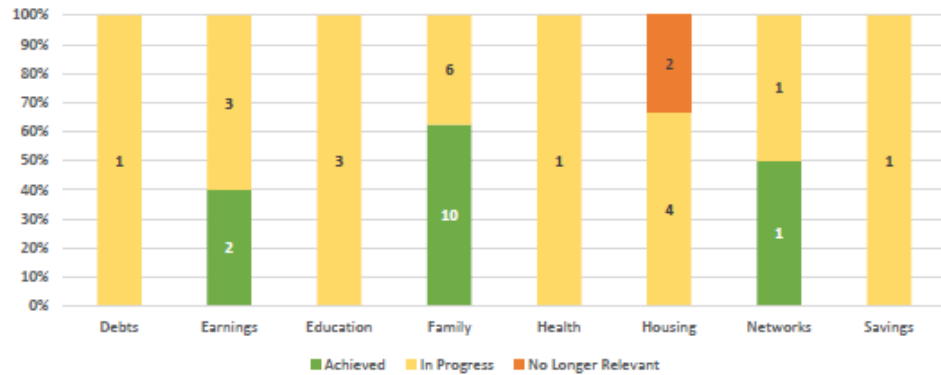
Report Date Range: 7/1/2022 – 3/31/2023

Sample Data

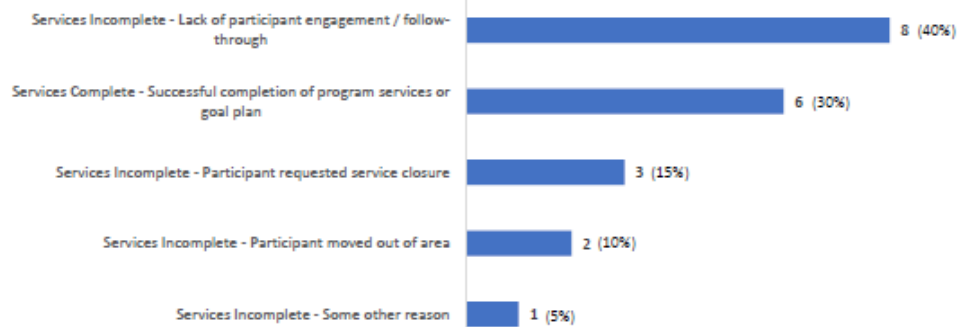
Service Delivery

Young Parent Support Program

Goals by Category and Status



Households Discharged by Primary Reason for Discharge



Engaging staff in CQI Continuous Quality Improvement



Partnering of QI staff with program staff



Forming program-specific CQI Teams and supporting existing CQI Teams



Building a foundation with Logic Models



Organizing data into an understandable format



Empowering staff to be interpreters of data findings into quality improvement strategies



Forming program-specific CQI Teams and supporting existing CQI Teams

Team Leadership Collaboration

- Program team supervisor
- Representative from the QI team

Team Member Desired Characteristics

- An interest in data analysis and/or quality improvement.
- Critical thinking and analytical skills in reviewing data and processes to identify possible solutions.
- Systems perspective in looking at processes.
- Solution-focused and team-oriented in addressing quality improvement.

Training & Coaching

- Team leader training
- Team member orientation
- On-going support & coaching



Building a foundation with Logic Models

LOGIC MODEL & SHORT-TERM PLAN DEVELOPMENT

Program:

Needs Assessment Data:

Assumptions:

INPUTS	OUTPUTS		OUTCOMES - Impact		
Logic Model					
<u>Resources</u> <i>What do we invest? (including staff, materials, resources, support & funding)</i>	<u>Activities</u> <i>What do we do?</i>	<u>Participation</u> <i>Who do we reach? Participants, clients, agencies, decision- makers</i>	<u>Short Term</u> <u>Learning</u> <i>Awareness, knowledge, attitudes, skills, opinions, aspirations, motivations</i>	<u>Medium Term</u> <u>Action</u> <i>Behavior, practice, decision- making, policies, social action</i>	<u>Long Term</u> <u>Conditions</u> <i>Social, economic, civic, environmental</i>
Short-term Plan					
	<i>How do we determine which activities are needed?</i>	<i>What is tracked? How is it tracked?</i>	<i>What indicators are measured?</i> <i>How / what measurement tools are used?</i>	<i>What indicators are measured?</i> <i>How / what measurement tools are used?</i>	<i>How do these outcomes align with the organizations:</i> <ul style="list-style-type: none"> ■ vision ■ mission ■ strategic priorities



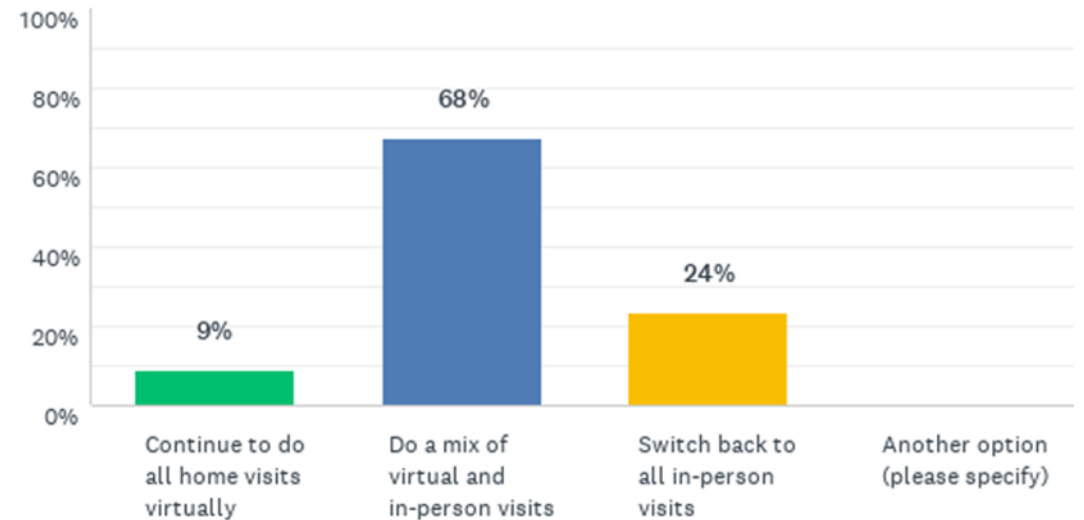
Organizing data into an understandable format

* 20. Once it is safe again to have in-person home visits, what is your preference about virtual visits?

- Continue to do all home visits virtually
- Do a mix of virtual and in-person visits
- Switch back to all in-person visits
- Another option (please specify)

Q20: Once it is safe again to have in-person home visits, what is your preference about virtual visits?

Answered: 34 Skipped: 0



HFA Staff Survey
Sections

Now What
Should Stay the Same?
Acknowledge Strengths

Now What
Needs to Change?
Identify Opportunities for Improvement

**Diversity, Equity & Inclusion
Practices & Support**

Please share any suggestions about how to improve diversity, equity & inclusion in HFA programming.

AWARENESS & EDUCATION
-Being aware and understanding of cultural differences with families

AWARENESS & EDUCATION
-Need more trainings on race and ethnicity
-Need more trainings on different cultural parenting styles

SERVICE PROVISION TOOLS
-Cheers Check in tool observes some aspects of interaction not valued by some cultures such as all the talking

Opportunities for Collaboration

Please share any suggestions about how to improve collaboration.

MEETINGS
-During staff meeting we can freely share ideas with each other and give shout outs to teammates.

MEETINGS
-Provide more brainstorming activities between teams, where we can ask each other for advice on issues that come up when working with families.

STRENGTHS IDENTIFICATION
-We are a strength-based program and each of us has identified our strengths using the Gallup Strengths Finder.

SUPERVISION
During supervision, supervisors could focus on the strengths of the FRS, and ask how the staff member feels about their skills being utilized.

Staff Training Topics

Please share any suggestions about different or additional training opportunities that you would like to see offered.

TIMING OF TRAININGS
-Trainings during staff meetings (either all CFC or HFA)

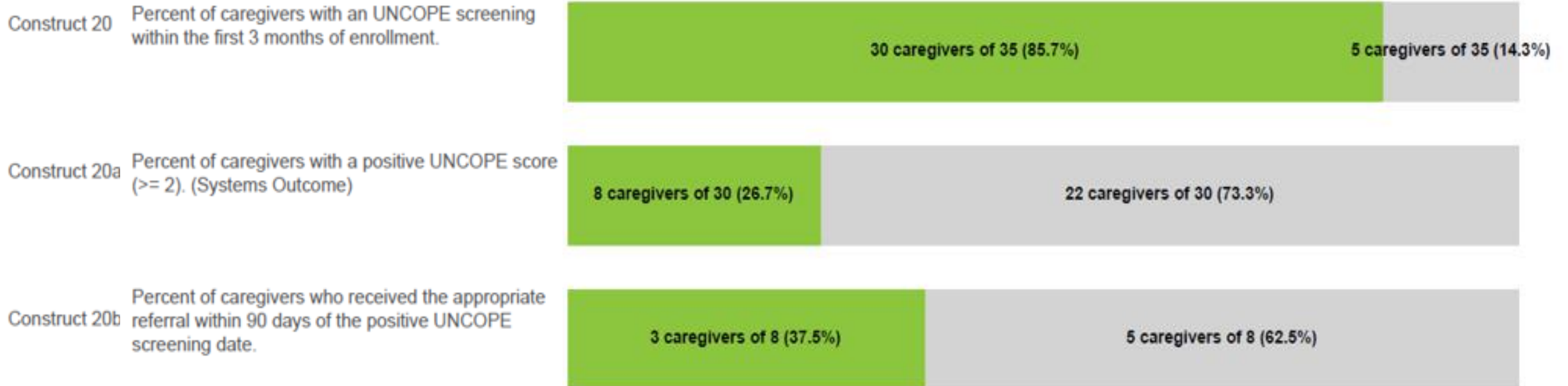
ORGANIZATIONAL
-Team leadership

SHADOWING OPPORTUNITIES
-Shadowing experiences as new hires in other NCHS departments.

WORKING WITH PARTICIPANTS
-Would like to have a training session over vaccines for Well Child Checks!
-Working with neurodiverse parents
-I think more training about how to support families that has DV and substance and alcohol abuse.

CURRICULUM
-Mothers and Babies training and how to use it with parents.
-Cheers Check-in (lower priority)

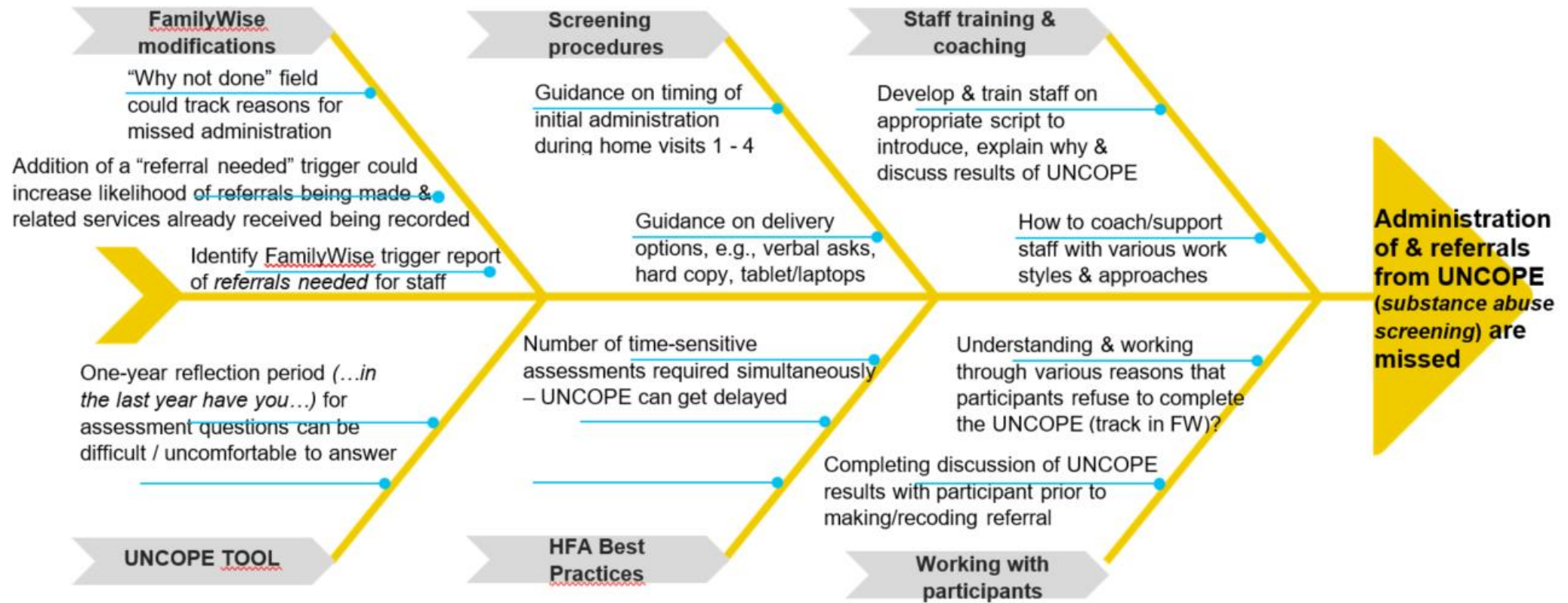
UNCOPE Screening and Referral Breakdown



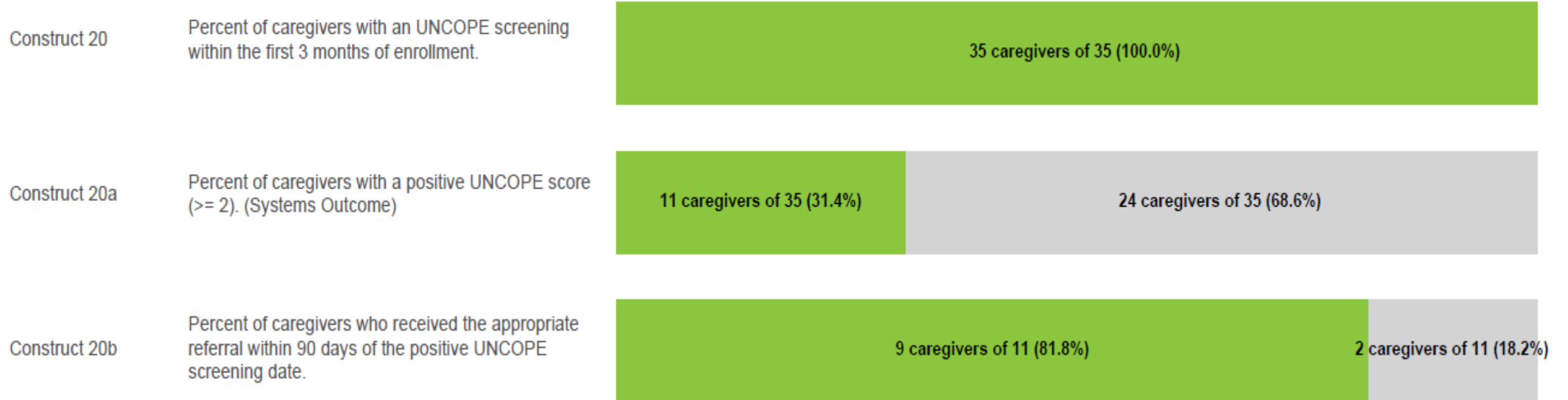
PROBLEM STATEMENT: Percentage of caregivers who are screened for substance abuse using the UNCOPE and referred, as needed, to appropriate support services is lower than targeted.

FISHBONE DIAGRAM

of UNCOPE Project by NCHS' CQI Team



UNCOPE Screening and Referral Breakdown



- Achieving our goals:
- 90% of expected UNCOPE screenings (intake & annual) will be completed → **95% as of 3/31/22 → 100% as of 6/30/22 -> 100% as of 9/30/22**
- 60% of HFA participants who screen positive on the UNCOPE will have documented referrals to substance abuse resources → **33% as of 3/31/22 → 78% as of 6/30/22 -> 82% as of 9/30/22**

and the
Journey
continues

Staff Engagement is Key

1. Organizational Commitment
2. Making data useful creates a culture of learning
3. Empowering staff in all positions



Questions?

“Quality is not an act. It is a habit.” ~Aristotle

