

Jewish Child and Family Services Process for Continuous Quality Improvement

Since 1997, the Jewish Child and Family Services has been engaged in the process of systematically collecting a wide range of information regarding individual client and general program functioning, analyzing and reviewing that data, and using the information to improve the quality of services provided for children and families. Our process has come to be known as Continuous Quality Improvement (CQI) and involves the specification of program outcomes, data collection and analysis, and routine information sharing and program planning.

Program Specification - Every program regularly engages in the process of defining all aspects of program functioning, including client system conditions, inputs, activities, process outcomes, client outcomes, indicators, and benchmarks of success. A representative sample of program staff are included, such as the program director, clinical staff, case managers, and support staff. The process results in two documents: 1) an accurate, up-to-date narrative description of program operations; and 2) a logic model, which is a graphical representation of the underlying logic of a program's structure. The logic model serves as a tool for subsequent program evaluation and planning.

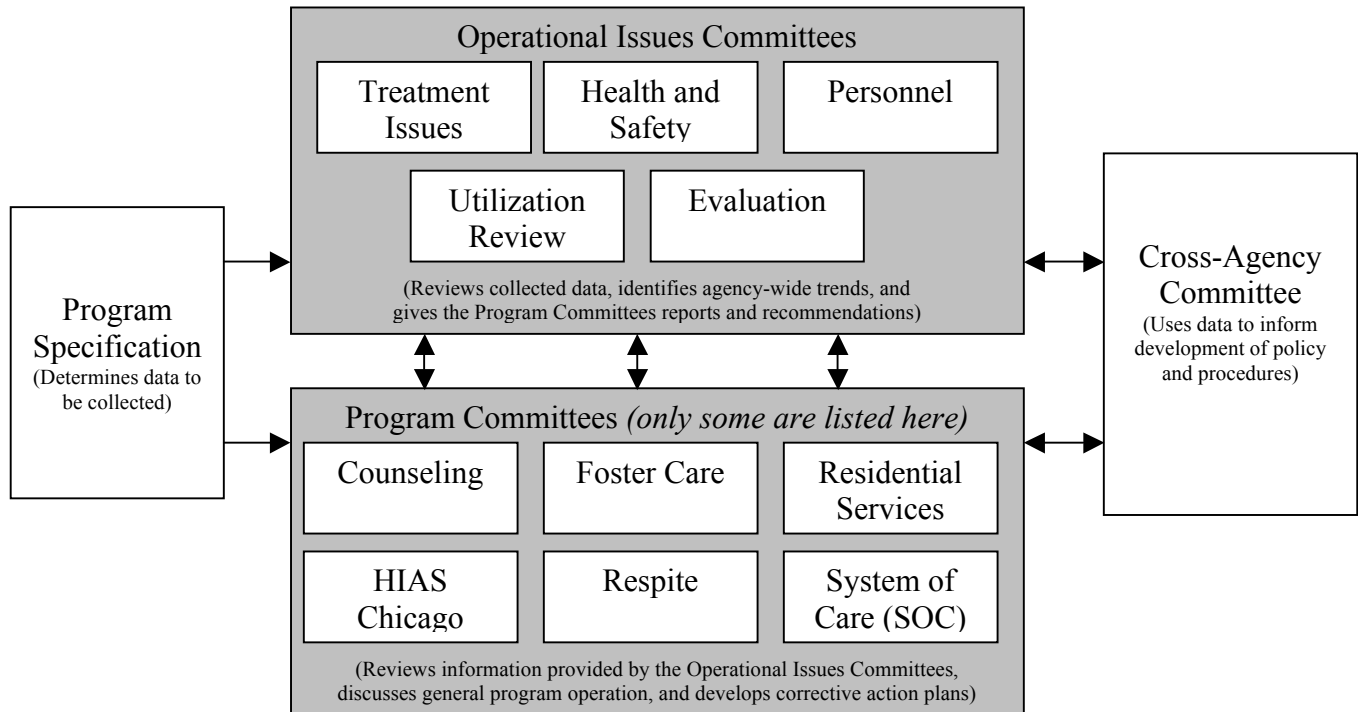
Data Collection and Analysis – After program specification, program staff begin to implement the evaluation plan developed specifically for their program with support from CQI staff. Every program serves a slightly different population and seeks to achieve different client outcomes, which warrants the collection of different types of information. Program evaluation involves a variety of standardized assessment tools and agency-developed surveys to gather client information and to inform program staff's clinical thinking about a particular client and family. Completed tools and surveys are managed and analyzed by CQI staff who provide clinical staff with individual client outcome reports within a few weeks of receiving the information. This information is often used to supplement clinical staff's ongoing assessment and treatment planning processes.

Information Sharing and Program Planning – The primary mechanism for information sharing across programs and throughout the agency involves several committees that review and disseminate collected data and review aspects of agency functioning. There are three types of committees:

- 1) **Operational Issues Committees** – These committees comprised of management and program staff are responsible for analyzing agency-wide data related to specific operational issues (e.g. Treatment Issues, Health and Safety, Personnel, Evaluation, and Service Utilization) and providing reports and recommendations to the Program Committees.
- 2) **Program Committees** – These committees comprised of program staff are responsible for reviewing the reports and recommendations provided by each of the Operational Issues Committees, discussing general program operations, and developing a plan for corrective action.
- 3) **Cross-Agency Committee** – This committee comprised of the leaders of all of the other committees and Board and senior management representation is responsible for reviewing the findings of the Operational Issues Committees as well as the corrective actions taken by all of the committees.

The committees meet on a staggered quarterly schedule. For example, the Evaluation Committee will review an annual outcome report and the Health and Safety Committee will review a medication monitoring report one month, and the next month the Counseling Program Committee will review the same reports including any recommendations. The Counseling Program Committee then develops a plan for corrective action, the progress of which is monitored at subsequent quarterly meetings. The Cross-Agency Committee then uses the reports to support the process of policy and procedure development. Program administrators utilize this information to support the development of annual program plans, including goals and objectives related to program functioning for the following year.

Continuous Quality Improvement Information Flow



Some of the direct benefits of CQI include:

- Improved quality and effectiveness of service delivery over time.
- The decision-making of clinical staff is enhanced by the information gathered through the consistent administration of assessment tools.
- Program directors and program staff have a clear understanding of the ways in which the program is effective and ways in which the program can improve.
- CQI engages and empowers program staff from a range of disciplines and job positions by involving them in program planning.
- CQI increases accountability and the flow of information within the agency.
- The three-level committee structure promotes communication across programs and service divisions.

For additional information regarding the JCFS CQI process, please contact:

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