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ABSTRACT

In their search for new ways to assess their agencies' success in working with children and families, child welfare administrators and senior managers are increasingly seeking regular and reliable sources of information that help them evaluate agency performance, make ongoing decisions, and provide an accurate picture for agency staff and external stakeholders. This guide presents a framework for these quality assurance (QA) activities in child welfare agencies. The framework includes the broad elements all agencies should consider in creating new or energizing existing QA systems and is based on examples from ongoing QA efforts, existing federal requirements, research findings, and national QA standards from other settings. The framework is presented in implementation steps to assist administrators in conceptualizing the application within their agencies. Following the introduction describing the importance of QA for child welfare agencies, Step 1 details the activities involved in adopting outcomes and standards. Step 2 discusses ways to incorporate QA throughout the agency and includes strategic planning, creating a QA structure, and communicating quality expectations. Step 3 describes ways to gather data and information. Step 4 concerns procedures for analyzing data and information. Step 5 highlights how to use analyses and information to make agency improvements. The report's four attachments contain comprehensive case studies of state quality assurance systems, federal requirements for quality assurance systems, standards for quality assurance systems developed by national organizations, and resources for child welfare agencies. (KB)

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A Framework for

Quality Assurance in Child Welfare



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A Framework for
Quality Assurance in
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March, 2002

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A service of the Children's Bureau, US Department of Health & Human Services

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Child welfare administrators and senior managers increasingly are searching for new ways to assess their agencies' success in working with children and families. Rather than rely on anecdotal information or uneven data that may not apply to their entire systems, today's child welfare managers seek regular and reliable sources of information that help them evaluate agency performance, make ongoing decisions, and provide an accurate picture for agency staff and external stakeholders. That is, today's managers strive to take the initiative and push their own agendas rather than make reactive policy and practice changes in response to anecdotes, crisis cases, or uninformed external scrutiny and pressure.

The term most often used to describe these efforts is Quality Assurance (QA). Many child welfare agencies have had entire QA divisions, or at least designated QA staff members, for a number of years. However, in practice, "quality assurance" has had no consistent meaning across child welfare agencies. Quality assurance efforts may range from administrative case review systems to periodic research studies to regular statistical compliance reports to comprehensive initiatives involving all these elements and more.

The varied definitions also extend to the academic research and management texts focused on quality. An array of related and overlapping terms and techniques—including quality assurance, quality improvement, total quality management, quality assessments, performance measurement, evaluation research, goals, outcomes, standards, and indicators—sometimes just adds to the confusion.

In this guide, the National Child Welfare Resource Center for Organizational Improvement (NCWRCOI) attempts to simplify the picture by presenting a framework for child welfare QA systems. While specific QA activities often will vary across agencies, the framework includes the broad elements all agencies should consider in creating new or energizing existing QA systems. The framework also presents the main elements in the form of implementation steps to assist readers in conceptualizing application within their agencies.

The Resource Center created the framework based on examples from ongoing QA efforts in state child welfare agencies, existing requirements from Federal legislation and regulations, child welfare research and management studies, and national QA standards developed in other settings. Given these diverse sources of information and the increasing number of agencies adopting innovative QA strategies, the Resource Center fully expects to enhance the QA framework in the coming years with even richer examples as the child welfare field learns more. This guide certainly is not the final word or necessarily the authoritative source on QA, but it attempts to pull together the important elements in one place for busy child welfare administrators and managers.

Introduction — Why Quality Assurance is Important

Traditionally, quality assurance systems in child welfare agencies have focused on auditing case records to monitor and report on the extent of compliance with state and federal requirements. This focus paralleled federal approaches to monitoring state child welfare programs that often were directed towards assessing compliance with procedural requirements. Given the historic auditing focus in the child welfare field, small quality assurance staffs on the margins of agencies usually carried out the monitoring function, and their reports often had minimal impact on the services delivered by the agency.

Today, many child welfare agencies are developing systems that move beyond compliance monitoring. These systems attempt to gather and assess a range of information on quality, and they work to implement needed improvements on an ongoing basis. As a way of differentiating these efforts from traditional compliance monitoring, the new approaches often are called continuous quality improvement systems. Moreover, recent federal initiatives, such as the new Child and Family Service Reviews, also support and encourage the move towards continuous quality improvement processes.

The new approach improves upon traditional compliance monitoring in three ways. First, quality improvement programs are broader in scope, assessing practice and outcomes, as well as compliance. Second, they attempt to use data, information and results to affect positive changes in policy and case practice, along with compliance with federal, state and agency requirements. Third, these programs engage a broad range of internal and external partners in the quality improvement process, including top managers, staff at all levels, children and families served and other stakeholders.

These characteristics of continuous quality improvement systems parallel the approach of the new federal Child and Family Services Reviews. Thus, states with strong quality assurance systems that focus on outcomes, involve a broad range of stakeholders, and facilitate continuous improvement will be better prepared for the new review process. In addition, they will be accomplishing the ultimate goal of the federal reviews, which is to continually improve outcomes for children and families.

The National Child Welfare Resource Center for Organizational Improvement (NCWRCOI) has created the QA framework to reflect the current focus on developing more comprehensive and effective quality improvement systems. This framework and implementation guide strips away the rhetoric and confusing terminology and presents straightforward information that will help agencies develop continuous quality improvement systems.

The framework consists of five main steps. Each will be addressed in detail in this guide:

- Step 1: Adopt outcomes and standards
- Step 2: Incorporate QA throughout the agency
- Step 3: Gather data and information
- Step 4: Analyze data and information
- Step 5: Use analyses and information to make improvements

Each section includes a description of the framework element, the specific tasks involved, and illustrative state examples of ways to accomplish the work.

In addition to detailing the framework steps, the guide includes several attachments that provide excellent information and resources for states. The first attachment presents several comprehensive case studies of state quality assurance systems, as well as information on related components in other states. These case studies and examples illustrate a few of the varied QA approaches states have taken in recent years in an effort to improve their services and the outcomes for the children and families served. The second attachment summarizes the federal requirements for state quality assurance systems. The third attachment presents a variety of quality assurance standards that national child welfare organizations have developed in recent years. Finally, the fourth attachment presents an annotated bibliography of various quality assurance resources across a number of specific topics.

Step 1 — Adopt Outcomes and Standards

At the root of child welfare work are the goals agencies want to achieve with the children and families involved in their cases. The complexity of child welfare work, demands for public accountability, and new federal requirements increasingly have pushed agencies to make their goals an explicit part of their statewide strategic plans. From a quality assurance perspective, explicit goals are critical because they suggest the outcomes an agency intends to achieve with/for its clients. In turn, these client level outcomes suggest the key service level standards necessary to guarantee that children and families receive quality services to meet their needs. Therefore, these outcomes and standards provide the underpinning for the agency's decisions about the types of quality assurance data and information to collect and analyze in Steps 3 and 4. This section provides examples of the types of outcomes and standards child welfare agencies adopt and highlights their implications for quality assurance systems.

Define Child Welfare Outcomes

In recent years, a number of laws, regulations and initiatives on the federal and state levels increasingly require state child welfare agencies to define the outcomes they intend to achieve and then track performance on these outcomes over time through their QA activities. Most commonly, child welfare agencies have begun to focus on three broad outcomes: safety, permanency and well-being for children and families. Some examples of recent initiatives pushing these outcomes are the following:

Child and Family Services Plan (CFSP): Federal regulations require that child welfare agencies, in order to be eligible for Title IV-B funds, develop and implement a five-year comprehensive child and family services plan. The plan must include goals expressed in terms of improved outcomes for the safety, permanency and well-being of children and families, and specific, measurable objectives that will be undertaken to achieve the goals. The plan also must describe methods used to measure annual progress towards meeting the goals and objectives, especially the outcomes for children, youth and families.

Adoption and Safe Families Act (ASFA): In 1997, ASFA elevated the importance of safety and expedited timeframes for the achievement of permanency for children served by the child welfare system. ASFA also required the U.S. Department of Health and Human Services (DHHS) to develop a set of outcome measures to assess state performance, and to report annually to Congress on state performance on these measures. The first annual report, released in August 2000, highlights data on state performance on seven outcomes related to safety and permanency, and thirteen associated performance indicators. Future reports also may include outcomes related to child and family well-being.

Child and Family Services Review (CFSR): In the summer of 1999, the Children's Bureau began to implement a new federal review process for state child welfare agencies. Under the Child and Family Services Review process, state officials, federal officials and community partners work together to assess state performance on seven outcomes and seven systemic factors supporting the achievement of the outcomes. The seven outcomes are divided into the broad areas of safety, permanency and well-being:

Safety

- Children are, first and foremost, protected from abuse and neglect
- Children are safely maintained in their homes whenever possible and appropriate

Permanency

- Children have permanency and stability in their living situations
- The continuity of family relationships and connections is preserved for children

Child and Family Well-Being

- Families have enhanced capacity to provide for their children's needs
- Children receive appropriate services to meet their educational needs
- Children receive adequate services to meet their physical and mental health needs.

State Example — Utah's Performance Milestone Plan

A strong feature of Utah's quality improvement system is the clear outcomes and indicators that have been established in the state's strategic plan. Based on these outcomes and indicators, Utah has created systems for regular tracking and reporting of related data and information.

In May, 1999, the Utah Division of Child and Family Services (DCFS) released the Performance Milestone Plan, which describes in detail how the Division will improve services to its clients. The Performance Milestone Plan evolved out of court involvement in the child welfare system, but the Department views it as their business plan, which they intend to implement with or without continuing court involvement or outside monitoring. Since 1994, the state has been working to comply with the monitoring requirements of the "David C. vs. Leavitt" Settlement Agreement. The Performance Milestones Plan was developed with the assistance of the Child Welfare Policy and Practice Group (CWPPG) after a 1998 court order directing the Department to design new, more valid and instructive measures of performance.

The Performance Milestone Plan consists of 9 milestones which describe the activities the state will engage in to measure progress towards performance goals and make program adjustments based on feedback on how well the system is functioning. It defines the Division's outcomes and the indicators that will be tracked to measure progress on those outcomes. In addition, the Performance Milestone Plan describes the development and implementation of a Practice Model to guide casework practice, defines the structures and processes that will be used to gather and analyze information from data and case reviews, and describes the development of Quality Improvement Committees which will use information from these sources to guide necessary changes in the system. Many of the components of the plan have been implemented and are being used to make program improvements.

The seven systemic factors relate to the state agency's capacity to deliver services leading to improved outcomes for children and families. Therefore, the CFSR process encourages states to examine these systems and make necessary improvements on a regular basis. The systemic factors are:

- Statewide information system
- Case review system
- Quality assurance system
- Staff training
- Service array
- Agency responsiveness to the community, and
- Foster and adoptive parent licensing, recruitment and retention.

The review process defines the specific indicators that will be assessed for each outcome and for each systemic factor. These outcomes and indicators, along with those used by the Children's Bureau in the Annual Outcomes Report, provide a good starting point for states in assessing their current focus and determining whether they need to modify the goals and outcomes underlying their child welfare systems.

Define Practice Standards

Adapting outcomes and indicators to your state's system is one way of identifying key areas on which to focus through QA activities. In addition, many agencies take another step to ensure that these outcomes and indicators are communicated throughout their organizations: they develop practice standards that define the agencies' expectations for day-to-day case practice.

State Example — Utah's Practice Model

Utah also has a practice model that establishes a baseline for the Division of Child and Family Services' interactions with families, community partners and staff. The model includes seven practice principles and a set of key practice skills that are developed through training. For example, one of the principles is "partnership," and related skills are "engaging" children, families and other essential individuals. The Division is conducting training for all staff on the Practice Model, and as of May 2001 about 2/3 of the staff had received the training. The protocol for the qualitative case reviews Utah conducts reflects the practice principles. Therefore, the case reviews help communicate to staff the type of practice that is expected under the model and assess the extent to which it has been implemented.

Defining and communicating practice standards can lead to an increase in compliance with requirements, improvements in case practice, and ultimately the achievement of the agency's outcomes. For example, a state might define a practice standard as "engaging clients," and then focus on ensuring that clients are invited to participate in case planning conferences, workers make required visits to homes, and

clients feel they are included in the process and their needs are being addressed. The desired outcome of “engaging clients” in these ways might be reunifications happening more quickly, and/or safer and more stable home environments that make reunifications less likely to be disrupted.

Based on current knowledge in the field, as well as the various federal and state initiatives mentioned above, each state child welfare agency needs to decide what outcomes to emphasize and how to drive its practice accordingly to achieve them. One important method is covered in the next step of the framework: incorporating outcomes and the organizational QA structure into agency-wide plans.

Step 2 — Incorporate QA Throughout the Agency

The next step in building an ongoing quality improvement system is incorporating the main child welfare outcomes and indicators into the agency's strategic plan, and creating a QA structure within the organization to facilitate the achievement of these outcomes and indicators. Creating a culture throughout the agency that supports quality improvement requires frequent, clear and consistent communication about agency expectations for performance on outcomes and compliance with practice expectations. The creation of this culture begins with top management's commitment to quality assurance. In addition, agencies should have dedicated quality assurance staff to work with internal staff and external stakeholders and to send a strong signal that quality improvement is an agency priority.

Include QA Elements in Strategic Plan

Federal requirements, national standards, and academic research all emphasize the importance of communicating quality improvement concepts through an agency's strategic planning process. To comply with federal regulations around the Child and Family Services Plan (CFSP), states should engage in a strategic planning process to define the outcomes and practice standards they plan to track over time. The CFSP process calls for states to set long-term timetables and interim benchmarks for achieving their objectives. In support of these elements, the CFSP must include a description of the state's quality assurance system and measures that will address any problems identified. Finally, federal regulations require states to submit annual progress and services reports (APSRs) in which they review and update their CFSPs where necessary.

These federal regulations complement national standards for quality assurance systems that stress the importance of having a strategic planning process, and of developing both a long term plan and an annual operating plan (see Attachment on National Standards). The National Child Welfare Resource Center for Organizational Improvement is in the process of developing a practice package on strategic planning that will provide a framework and numerous materials to help state child welfare agencies implement an ongoing planning process. Similarly, various academic and management studies also discuss the need to establish child welfare program outcomes and continually evaluate program effectiveness (U.S. Department of Health and Human Services, 1997, Casey Outcomes and Decision Making Project, 1998, Young et al, 1994).

Create a QA Structure

In order to have an effective quality assurance process that monitors performance and supports quality, states need to involve a wide range of staff and organizations in quality assurance initiatives. Many states stress the responsibility of all managers and staff in the quality improvement process, and work to engage a broad range of personnel in the process. Many also work to engage external stakeholders, including other agencies and community members, in the work. The federal CFSP encourages such broad involvement in QA through its requirement that states conduct staff training to support the agency's ability to meet its goals, and to involve major actors in the child and family service system in meeting the agency's goals.

Commitment to QA begins with top managers who are committed to the agency's quality expectations. This commitment on the part of top managers, and their ongoing work to make quality a priority, is one of the major shifts necessary in moving an agency from a compliance monitoring focus to one of quality improvement. Lawrence Martin notes that all of the major American quality experts agree that the unqualified commitment of top management is absolutely essential to successfully promoting quality within human service agencies. He describes the need for managers to provide leadership in creating a culture of quality by both setting the tone for change and taking specific actions designed to facilitate the transformation. Setting the tone can involve the use of themes, slogans and symbols which are repeated so often that they essentially become part of the organizational psyche. For example, the Maricopa County Department of Social Services in Arizona developed a vision, mission and values statement that can be found prominently displayed in offices, meeting rooms and hallways of the organization's facilities. Specific actions can include requiring managers to report on quality improvements within the agency, and giving positive recognition to those that are implementing quality improvements (Martin, 1993). Simply put, if top managers are not committed to quality, the agency's efforts to change the culture almost certainly will fail.

Also, at a minimum, states should dedicate child welfare staff to QA initiatives in order to monitor performance. QA staff can work to ensure that people throughout the agency use information on quality, and to engage all staff in the process of examining data and acting to make improvements. Creating a separate, dedicated QA function in the organization sends a strong signal that quality is a major focus, and provides staff who can undertake and support the work throughout the agency on an ongoing basis. Generally, these staff will vary in their abilities and experience, depending on the QA activities the agency implements. Among the most critical characteristics necessary among various QA staff will be data analysis skills, an understanding of child welfare practice, work and processes, and an ability to translate and communicate the results of data analyses into formats that child welfare staff in the rest of the agency can understand and use to improve their work.

State Example — Illinois' Quality Improvement Structure

The Illinois Department of Children and Family Services (DCFS) has staff and organizations dedicated to quality assurance and quality improvement, and they draw on outcome data, case review results and consumer input to evaluate the quality of services. The Division of Quality Assurance, headed by an Associate Director for QA and QI, oversees the quality improvement process. In this Office, there are 9 regional quality specialists and 10 data analysts who are assigned to the state's six regions to assist regional staff with the quality improvement process. There are also 9 staff in a field review unit, and four program analysts who compile data and produce reports at the state level. Staff who conduct special projects, and the Office's managers make up the rest of this office. The regional quality specialists and the field review unit both participate in reviews and provide support to other staff involved in the quality improvement process. The program analysts who produce data on the state level and the data analysts assigned to regions both work to assure that data are available and utilized on the local level.

Since purchase of service agencies provide over 75% of its services, the state has worked to improve its process of provider review and monitoring in recent years. On the state level, a Purchase of Service monitoring division was created that consists of the licensing unit, a field audit team, a provider technical assistance and training function, and agency performance teams (APTs). The APTs conduct monthly reviews of all agencies, reading cases and conducting satisfaction surveys. They also work to develop and analyze data profiles of contractors' services and outcomes. The Purchase of Service Division joins the Division of Quality Assurance in providing oversight of the quality of services statewide.

Illinois is taking the approach of involving all staff in the quality improvement process. Each team of employees takes on the role of a local quality improvement (QI) team, and meets at least quarterly to review items on a standardized quality improvement agenda. These teams are part of a multi-tiered structure of QI teams, where the local teams send representatives to the site QI team, that team feeds into a regional quality council, and the regional quality councils are linked to the State Performance Support Team. This allows issues to be raised to the appropriate level.

The items on the quality improvement agenda lead QI teams and councils through a review of all of the information on quality—the results of peer review, consumer satisfaction data, data on incidents, accidents and grievances, program evaluation data and information generated by special projects such as accreditation. As the state continues to work to engage all staff in QI, they are assisted by the commitment of the agency director to quality and accreditation. He has made it clear that the quality of agency services is a priority within the agency, and that he expects all offices and contractors to work towards a high standard of service. The Associate Director for Quality Assurance reports directly to the Director.

The state also has engaged other organizational systems in focusing the agency on outcomes. Through the budget process, regional management agreements (RMAs) are developed which include performance targets and actual regional performance data on specific indicators. The RMAs contain 25 specific measures for safety, permanency and well-being, and also have measures for other outcomes (including continuity of care) and system issues. For example, under child safety, one indicator in the agreement is the percent of child abuse and neglect investigations completed within 60 days. For one region, the target was 98%, the YTD actual performance was 96.3%, and the historical baseline for the last two fiscal years was 86.7% and 90.8%.

Another factor to consider in creating a QA structure is the federal requirement that state quality assurance systems be in place across all jurisdictions providing the services detailed in the Child and Family Service Plan. In effect, states need to develop quality improvement processes that cover all regions of the state, and all groups of families served. Thus, states with quality assurance processes covering only limited groups of children or areas of the state need to expand their systems. Minimally, states should develop a plan to implement the quality assurance processes in a comprehensive manner over time, with a goal of eventually reaching all the jurisdictions in the state where services are delivered. For example, if a state uses a key quality review mechanism only for a targeted group of children (e.g., those in residential care), the state should expand the mechanism or develop new ones for other children served (e.g., those in foster care and/or at home). Similarly, if critical quality assurance data are being gathered or case reviews undertaken in a pilot area of the state or with a targeted group of providers, the state should expand the pilot to cover all areas and providers.

Communicate Quality Expectations Throughout the Agency

In addition to including QA elements and the QA organizational structure in the state mission and related plans, child welfare agencies should undertake several ongoing strategies for communicating quality expectations throughout the agency and the broader child welfare community:

- Incorporate expectations into training for new workers, existing staff and foster parents
- Update policy and procedure manuals to reflect quality expectations
- Include quality expectations in personnel performance evaluations
- Include quality expectations in budgets
- Use existing case review processes to review for quality issues
- Include quality standards in licensing procedures
- Include quality expectations and standards in provider contracts

The next step in the framework describes the way QA staff gather data and information related to the state's outcomes and indicators.

Step 3 — Gather Data and Information

Once a child welfare agency has defined the key outcomes and indicators and created a QA culture, including a separate QA function within the organization, the QA system must gather a variety of relevant data and information. As in the previous steps of the framework, a number of federal regulations, state initiatives, and academic studies help inform the quality improvement process. First, all these sources agree that child welfare agencies must use quantitative data to track both the status of clients and services and the program outcomes achieved. Second, QA systems should include a case review process. Third, they should implement strategies to listen to and involve the agency's clients in assessing quality, as well as obtain input from external stakeholders in the community. Fourth, these systems will use a variety of other information at their disposal as a result of other review processes.

Collect Quantitative Data

Data used to monitor quality can be gathered through automated information systems, or through other reporting mechanisms in place within the agency. Two federal initiatives, the Child and Family Services Plan (CFSP) and the Child and Family Services Review (CFSR) process, make it clear that state quality assurance systems should be continually tracking data on both outcomes and systemic factors.

Each state's CFSP must describe how the state will produce valid and reliable data to determine whether the timetable for accomplishing its goals and objectives is being met. In addition, updated information must be obtained throughout the five-year plan period to measure progress in accomplishing the goals and objectives cited in the CFSP.

Similarly, the CFSR process requires states to analyze data on their performance, and these data are used in determining the extent of the state's substantial conformity to federal expectations. Rather than waiting for their federal review to occur, states can benefit from incorporating these same data into their ongoing QA activities. For example, state QA systems should regularly examine statewide aggregate data elements obtained from the Adoption and Foster Care Analysis and Reporting Systems (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), especially those included in the data profiles provided to the state at the beginning of the federal review process. These data elements include:

- Children entering care based on child abuse/neglect reports
- Child fatalities
- Recurrence of maltreatment
- Incidence of child abuse and/or neglect in foster care
- Permanency goals for children in care

- ☒ Number of placement settings
- ☒ Number of removal episodes
- ☒ Number of children in care 15 of most recent 22 months
- ☒ Median length of stay for foster care
- ☒ Length of time to achieve permanency goal

Under two of the seven outcomes to be assessed in the CFSR process (safety outcome #1 and permanency outcome #1), there are six statewide data indicators on which state performance will be compared to a national standard in determining substantial conformity. States should pay particular attention to monitoring these statewide data indicators on an ongoing basis. These six statewide data indicators are:

- ☒ Recurrence of maltreatment
- ☒ Incidence of child abuse and/or neglect in foster care
- ☒ Foster care re-entries
- ☒ Length of time to achieve reunification
- ☒ Length of time to achieve adoption
- ☒ Stability of foster care placements

State Example — Utah's Use of Outcome Data

One of the milestones in Utah's Performance Milestones plan describes the 16 trend indicators that will be used to track the outcomes of protection, permanence and well-being for those served by the DCFS. Data on the trend indicators are drawn from the state's SACWIS system, and are published in an Annual Outcomes Report. In this report, data on the indicators are used to measure progress towards specific performance goals under nine outcomes in the general categories of protection, permanency and well-being. The report provides multi-year trend data on each of the indicators, which allows the Division to track performance over time. The Annual Outcomes report also includes an appendix which reports on the state's performance on the 13 indicators used in the national Annual Report to Congress, and recent trend data on those indicators. Recently, the state has also begun to produce parallel annual reports on the regional level, with data on the indicators and outcomes.

The CFSR process also requires states to obtain supplemental data, other than the NCANDS and AFCARS profiles, to review the well-being outcomes and the systemic factors. Since data to assess well-being and the functioning of systems will be required during the regular review process, states also could benefit from establishing quality assurance processes to regularly obtain and evaluate information on these areas.

In addition to these data elements included in the federal review process, state QA systems should collect and analyze data on a number of other areas. Although quality improvement systems move beyond mere compliance monitoring, state QA systems still must undertake such monitoring in practice. Thus, many QA systems collect and monitor data reflecting the timeliness of work in various areas, including investigations, service plan development, home visits with parents and children, permanency hearings, and other information that helps managers and supervisors identify trends and adjust their staff's work.

State Example — Alabama's Use of Data

Alabama has geared its QA system to examine, report on and improve department performance under three outcomes—safety, permanency and well-being—and seven systemic factors—community collaboration, service array and resource development, individualized service plans, quality assurance and supervision, staffing and caseloads, staff and provider training, and information system capacity. The Department has developed 51 indicators for these outcomes and systemic factors, which are regularly assessed by the QA system.

Alabama uses several types of information to assess these indicators, including:

- Quantitative and factual information to describe activities, service capacity and other measurable factors
- Qualitative and outcome information
- Information obtained from community stakeholder interviews
- Information related to compliance with federal, state and department program requirements.

As these diverse sources of information indicate, the QA system relies on data gathered centrally from the state's automated systems and locally from records kept on the county level to assess the outcomes and systemic factors. As part of the QA process, the state QA staff supplies counties with data on safety and permanency from the state's information systems. Counties then supplement the data on some aspects of permanency and well-being, and also provide extensive data on systemic factors. For example:

- On permanency, the state supplies data on length of stay and permanency goals for children in out of home care, while the county supplies the number of children placed in and out of county and the number committed to care by different agencies.
- Counties complete an education data chart on the educational status of children in the system.
- The counties provide data on staff and provider training, including the number of staff and providers who have completed specific trainings and the number who need training.

Conduct Case Reviews

Child welfare agencies conduct two primary types of QA case reviews: case record reviews and qualitative case reviews. Many states have found that involving child welfare staff, including caseworkers, supervisors and managers, makes their case review process more effective. In addition, child welfare agencies often benefit from involving external stakeholders in conducting qualitative case reviews.

- **Case record reviews:** Many states review case records to monitor the extent of compliance with requirements. The review process usually entails reading case records and applying a standardized case review instrument that specifies the items to be reviewed. In one approach, state review staff dedicated to this function conduct these reviews. Another approach that many states have found beneficial is to conduct peer reviews, where child welfare staff are involved in reviewing the work of their colleagues.
- **Qualitative case review:** In qualitative case reviews, review teams read the case record but also interview all those involved in the case to assess the quality of services provided—the child and family, foster parents or other care providers and others who are involved. These intensive, in-depth reviews usually are conducted on a small sample of cases within a local office or county. Review teams made up of state staff and a range of external individuals often conduct these reviews. Consultants or university staff sometimes provide professional reviewers. States also may include external stakeholders such as representatives from other service systems, the legislature and advocacy groups on the review teams. Finally, in some cases, community members serving on quality improvement committees conduct these qualitative case reviews.

The new federal CFSR process also relies on in-depth, qualitative case reviews to assess performance on some outcomes. For example, the CFSR assesses Safety Outcome # 1 (“children are, first and foremost, protected from abuse and neglect”) through two statewide aggregate data indicators (the recurrence of maltreatment statewide and the incidence of child abuse/neglect in foster care statewide) and through two qualitative indicators reviewers evaluate on site for each case included in the sample.

In developing case review systems to assess the quality of services, states also should consider systems that may already be in place. Under CAPTA requirements, states receiving grants for child abuse and neglect prevention and treatment programs are required to develop citizen review panels to examine the state’s policies and procedures by reviewing specific cases if appropriate. States receiving community based family resource and support grants also have a requirement for a peer review process. Finally, states should look at their ongoing case review processes already used to conduct the required periodic reviews for children in out of home care. All of these systems may offer important lessons and or adaptable structures for states that decide to examine the quality of services through case reviews.

State Example — Case Reviews in Illinois

A field review unit in Illinois conducts case reviews, and an extensive peer review process examines compliance with key department policies and case practices. Field review staff from the Division of Quality Assurance conduct reviews of DCFS operations through on-site audits. Reviewers read and assess a random sample of cases for compliance with department policies and procedures, accreditation standards, as well as good casework practice. They share their findings with operations staff and discuss them in detail during regional reviews.

Through the peer review process, caseworkers and supervisors conduct reviews of cases in which they are not involved. In each of the state's 74 field offices, peer reviews occur every quarter of each year. The state aims to review 10% of the total cases served each year, and occasionally adds extra cases to the sample to ensure that there are at least two cases from each team reviewed each time. The peer review instrument focuses on assessing whether key policies and practices were followed. The results of the peer review are tabulated and shared at the field office level and at the regional level. In addition, the caseworkers and supervisors for the cases receive the results of the review. If there are areas where a case did not score well, an improvement plan must be developed for that case.

The state also has begun conducting preparatory child and family services reviews that mirror the federal Child and Family Service Review process. These are qualitative reviews that involve reading the case record and interviewing all parties involved in the case. DCFS staff, along with staff from other agencies (such as university educational partners) are reviewing 120–150 cases in each region. The Department has contracted with a group at a university to assist with the reviews of contracted private providers. The reviews focus on assessing outcomes and the service delivery process, and result in written reports. The Division of Quality Assurance then works with the regions to develop action plans to make needed changes.

Gather Input from Children and Families

Qualitative case reviews usually involve interviews with the children and families being served, and their input helps determine the effectiveness of child welfare services. This emphasis on listening to children and families as part of the review process reflects a growing tendency to involve families in the process of planning and delivering services. Reforms like family-centered practice, family group conferences, strengths-based assessments and wraparound services reflect a shift in focus. Rather than merely seeing families served as clients to whom things are provided, child welfare agencies have begun to consider them as active consumers whose strengths and needs should help drive the agency.

Thus, in addition to qualitative case reviews, many states use a variety of mechanisms to obtain input from the children and families served by the child welfare system. These include:

- Discharge interviews with children and families
- Grievance/complaint mechanisms
- Staff dedicated to assuring agency responsiveness to consumers

- Periodic focus groups
- Surveys.

This emphasis on involving and listening to children and families also corresponds to the way many other public organizations and businesses are assessing quality. For example, one of the primary shifts in recent years in the business world has been towards total quality management (TQM). TQM is defined as a new way of thinking about the management of agencies, and one of its primary characteristics is a total commitment to customers. Organizations gather regular feedback and data on customer satisfaction, and consumers are active participants in the agency's quality programs (Martin, 1993 and Gunther and Hawkins, 1996).

State Example — Missouri's Children and Family Surveys

In Missouri, the Division of Family Services realized that to build a total quality organizational culture, it needed feedback from the children and families whom it served. A team of participants representing all sections and levels of the organization worked together to develop a survey mechanism. As a result, five survey instruments were designed to target: 1) adults recently receiving Child Protective Services, 2) adults served through Family-Centered Services, 3) adults served through Intensive Family Preservation Services, 4) Foster/Kinship Care providers, and 5) youth in Out-of-Home Care. Each survey addresses broad consumer issues such as participation in the service delivery process, how they feel they were treated, if they feel their needs were met, and the availability of agency staff. In addition, each survey contains items that address the specific needs of each targeted respondent.

An automated system generates the surveys and they are sent via mail at specific points in time during and after service delivery. Each survey includes a self-addressed, stamped envelope to facilitate a higher response rate and ensure confidentiality. Information from all returned surveys is entered into a database, aggregated, and provided in report form for review in the Continuous Quality Improvement Meeting process. The agency expects the survey information to assist staff in responding to consumer needs and in providing the best quality services possible.

Gather Input from External Stakeholders

Many states have built the involvement of external stakeholders into their ongoing quality assurance processes. In addition to interviewing some external stakeholders during qualitative case reviews, many states involve stakeholders through other QA mechanisms:

- Stakeholders serve on quality improvement committees
- QA staff conduct stakeholder interviews, focus groups, and/or surveys
- External review organizations participate in agency activities
- Dedicated staff respond to external reviews.

These activities also help states meet the CFSP and CFSR requirements for external stakeholder consultation. For example, each state's CFSP must describe the ongoing consultation process that will ensure the continued involvement of a wide range of major actors in meeting the agency's goals and objectives over the five-year period of the plan. In addition, the CFSR encourages states to continue consultations with these stakeholders on an ongoing basis. The CFSR measures the extent of consultation directly under the systemic factor of "agency responsiveness to the community."

The literature also offers persuasive arguments about the benefits of involving external stakeholders in the QA process. The child welfare field increasingly recognizes that child welfare agencies cannot, on their own, protect children at risk of abuse or neglect. By joining in collaborations with other service providers and community based organizations, child welfare agencies can leverage more of the necessary resources to address the needs of children and families. Similarly, since lack of resources often stymies the successful implementation of service plans, collaborative efforts to enhance service networks are critical to effective services (Farrow, 1997).

State Example — Stakeholder Involvement in Utah

Under its Performance Milestone Plan, Utah has established Regional and State Quality Improvement Committees. Along with management at the state and county level, these committees work to review information on quality and identify needed improvements.

The Regional Committees have up to ten members, including two Division staff—the Associate Regional Director and the regional data person—and up to eight community members. Community members have a leading role on these committees, charged with studying the data and outcomes children, families and communities experience, and suggesting changes in resource deployment, policy, procedures and practice that will improve or maintain favorable outcomes. Some of the Regional Quality Improvement teams have been very active in reviewing information on quality and working for needed improvements.

Utah obtains input from the children and families served through the qualitative services reviews. These are intensive reviews of a small sample of cases that involve a review of case records and interviews with all parties involved in each case. The state involves other stakeholders in conducting these reviews and as members of the quality improvement committees. The state has also created a staff position titled "Constituent Services Specialist" who is charged with streamlining the process for complaints from consumers and working to integrate the recommendations of external review bodies into the ongoing work of the Division. This person has worked extensively with regional administrators to assure that issues or problems experienced by those served are addressed, and that a response is made at the lowest possible level.

Use Other Available Information

Finally, the quality assurance process should draw on information generated through a variety of other sources that might reflect on the quality of services and outcomes. For example:

- Internal and external evaluations of agency programs
- Evaluations of staff/provider training sessions
- Legislative audits
- Reports from citizen review boards
- Child fatality review team results

The next step in the framework focuses on analyzing the types of data and information covered in this section.

Step 4 — Analyze Data and Information

As the previous section illustrates, states rely on a vast array of data and information to assess the quality of their services and the outcomes achieved for children and families. Given these diverse data and sometimes complex sources, state QA staff often need to take the lead in developing analyses and reports that help translate the results into understandable and relevant information. However, as with the other steps in the QA framework, state child welfare agencies should include a variety of staff and other stakeholders in the data analysis process itself. This ensures an inclusive process and improves the data interpretation and adjustment of agency activities in response to the findings.

Involve Varied Staff in Analyzing Information

States with a quality assurance structure usually have both dedicated quality assurance staff and a wide range of other staff and organizations involved in analyzing information on the quality of child welfare services. Models for dedicated quality assurance staff include the following:

- **Office of Quality Assurance, with Regional Quality Specialists:** Many states have state level staff dedicated to quality improvement activities. In addition, these states often have staff assigned to regions, counties or local offices. These local staff—called, for example, quality specialists or quality assurance coordinators—often play a key role in working to encourage staff to examine and act on data; organizing staff and others to conduct case reviews; overseeing stakeholder input; and staffing local quality teams, councils or committees. Often the state level office provides support to the regional staff, and takes an active role in organizing the quality improvement process. In some states, the state office organizes reviews, or works closely with the unit that manages the case review process. These offices often are headed by Deputy or Associate Directors of the agency who report directly to and work extensively with top agency management.
- **Data Analysts:** Staff who work with information and reporting systems and produce and distribute data reports are a key part of quality improvement systems. These staff sometimes are part of a state QA division, or they may be organizationally separate but work closely with QA staff and organizations. These data analysts, or their managers who direct and review their work, must have a thorough understanding of the agency's case practice in order to translate QA data into clear and relevant reports and analyses.
- **State, Regional and Local Quality Improvement Teams/Councils:** These exist in states that require all staff members to be on a site or unit quality improvement team. Usually, the site team sends members to a local or regional quality improvement team or council, which in turn sends members to a statewide quality im-

provement council. Issues identified at any level can be addressed at that level, or raised to a higher-level team for their consideration. The teams at each level must meet regularly and cover points on a standard quality improvement agenda. The teams review available quality data, and plan and work towards implementing needed improvements. The regional and state level teams often include representatives from the community in addition to child welfare staff.

- **State and Local Quality Improvement Committees:** Quality improvement committees often are composed primarily of stakeholders from other service providers and from the community. Sometimes, data analysts or quality assurance coordinators will be members of these groups, and other times they will assist these groups as staff who help organize the meetings, provide materials, and work to ensure follow up. These committees are often charged with examining information on quality and working for improvements in the child welfare system. Sometimes the committee members are involved in gathering quality data by conducting qualitative case reviews or stakeholder interviews.

The quality assurance structure often involves other staff and organizations in analyzing and using information on quality, including:

- **Administrators and managers:** The Director of the Department can play a major role in the quality improvement process by establishing quality as a goal and reinforcing it through his or her expectations of managers. Managers at the state, regional, local and unit level—from Regional Administrators to unit supervisors—play a critical role by examining information on quality and working in conjunction with the QA staff, committees or teams to identify and address areas for improvements.
- **Case Review Units:** Some child welfare agencies locate staff involved in conducting case reviews in distinct units apart from the quality assurance staff. Nevertheless, the quality assurance staff and organizations can use these case reviews as a critical source of information. These case review units may focus on department level case reviews and/or the required periodic reviews for children in out-of-home care.
- **External stakeholders and community members:** Representatives from external stakeholder groups, such as other service systems, the courts, the legislature or advocacy groups, may participate in review teams for qualitative case reviews, or serve on quality improvement committees
- **All staff:** Some agencies see the continuous quality improvement process as an agency-wide effort. Thus, every employee serves on a quality team which meets regularly to review quality data and plan and implement needed improvements. In this approach, quality is not something to be pursued merely by the QA staff and top management, but instead is an expectation of every staff member.
- **Consultants:** Some states use consultants to help organize a qualitative review process or other evaluations. These consultants provide professional reviewers who work with state staff and stakeholders and train them to conduct qualitative case reviews and utilize data on an ongoing basis.

- **University staff:** University researchers or other staff may help organize a case review process, conduct surveys or focus groups of children, families or other stakeholders, and/or develop data analysis techniques in concert with state QA staff.

State Example — Alabama's QA Staff/Structure

Many staff and organizational units in Alabama participate in gathering and analyzing information on quality. The system in Alabama has three components: (1) county quality assurance systems, (2) the Office of Quality Assurance in the State Department of Human Resources, and (3) the State QA Committee.

County QA systems consist of a QA coordinator and a county QA Committee. There are 67 counties in Alabama, and each has an allocated position for a QA coordinator. Counties with populations larger than 80,000 have a full time QA coordinator, and smaller counties have a half-time position. Coordinators' responsibilities include organizing and supporting the county QA committees, collecting and evaluating information, and issuing the required quarterly and annual quality assurance reports.

Each county has a county QA Committee appointed by the County Director of Human Resources. These county QA committees primarily include representatives of past service consumers, service providers, other public and private agencies, allied professionals, the courts and community stakeholders. The County QA coordinator serves on the Committee as a liaison to the agency, and occasionally other staff may also join to help integrate QA functions into the Department's on-going service delivery process.

In Alabama, these community-based QA Committees are responsible for conducting intensive, qualitative case reviews on a minimum number of cases annually and making recommendations back to the Department. The county QA committees also are responsible for holding regular meetings, routinely reviewing data related to the outcomes and systems, and conducting special studies of issues raised by the case reviews and data. The Committee also participates by providing input to and approving the county QA reports made to the state, and advocates on behalf of the agency, consumers or providers for issues related to improving services, agency capacity or outcomes.

The Office of Quality Assurance (OQA) includes a Program Manager, Program Supervisor and five Quality Assurance Specialists. This state level office supports the State QA Committee, and assists counties in developing and maintaining quality assurance functions. OQA works closely with the one staff person in the Office of Data Analysis who produces data from state systems for the counties. The OQA analyzes data, and conducts on-site reviews.

Stakeholders are involved in assessing the quality of child welfare services both through the county quality assurance committees and through the State QA committee. The State QA committee includes representatives from twenty specific organizations and entities that make up the child and family service delivery system. The Committee has responsibility for monitoring outcomes and agency performance from a statewide perspective and for facilitating the development of and networking between county QA committees. The State QA committee also serves as a link between the community and the State Department of Human Resources, and works to promote an effective child welfare system that supports positive outcomes. Specifically, the Committee receives information from county QA reports, state QA review reports and statewide QA reports, initiates special studies to investigate issues raised by the reports or information received from other sources, and makes recommendations for improvements.

Translate Data and Information into Quality Assurance Reports

Quality assurance staff and others involved in promoting quality services need to analyze information gathered on quality and produce understandable reports. These QA reports should illustrate the agency's performance and help other staff in the agency plan and make necessary improvements. The basis for these reports will be the types of data and information detailed in Step 3: data gathered through automated information or other reporting mechanisms; results of case reviews; input from children, families and external stakeholders; and information from a variety of other sources that QA staff may include in the analysis.

The capability of state automated information systems to track and report relevant information on quality is expanding. While some automated systems produce reports mainly at the state level, a growing number produce regional, local, unit and even worker level reports. In addition, some states have systems that allow staff at the state, regional or local levels to customize their own reports, and have taken other steps to encourage staff at all levels to use data as part of their ongoing work. The staff involved in designing and promoting the use of reports from automated systems—sometimes called data analysts—are key partners in quality assurance systems. Quality assurance staff and data analysts must work together to ensure that staff within the agency can understand QA reports and their implications for the quality of services and/or the outcomes among children and families.

The main types of QA reports from automated systems that states have found to be useful are the following:

- **Outcome reports:** These focus on agency outcomes. Examples include lengths of stay for children in out of home care or foster care reentry rates.
- **Practice reports:** These focus on key practice issues that can be gleaned from automated or other reporting mechanisms. An example is the number or percentage of cases where family team meetings were held.
- **Compliance reports:** These reports provide information on the extent of compliance with agency requirements. For example, reports might indicate the percentage or number of cases with permanency goals established within required time frames, or the percent of investigations completed within required time frames.

Some examples of formats that have been helpful include:

- Reports that allow easy comparison across regions, local offices, and units.
- Reports on exceptions, such as reports flagging cases where investigations are past due.
- Early warning reports identifying cases that do not meet requirements prior to a review. For example, a report may list all cases that do not have permanency goals developed within required time frames.

State Example — Alabama's QA Reports

Each county QA coordinator in Alabama, with input from the County QA Committee, puts together written Quality Assurance reports on a quarterly basis, and produces an annual report at the end of each year. Among the people and units who review, or have the opportunity to review, these reports are the state Office of Quality Assurance, other state office staff, the Federal Court Monitor, the Plaintiff's attorney and the State QA Committee.

The Quality Assurance reports provide a structure for pulling together state and county data, and they ensure the regular evaluation of data under each of the outcomes and systemic factors. Each of the areas in the reports includes a "Discussion/Analysis of the Data" narrative section, through which the county must answer specific questions that involve analyzing the state and county data in the report. For example:

- For children with a length of stay of 13 consecutive months, summarize the barriers to achieving permanency and describe efforts underway to ensure that children achieve their permanency goals in a timely manner.
- Describe the reasons children identified as needing special education services did not receive such services during the reporting period.
- Describe any training needs that were identified during the reporting period and how these needs are being addressed.

The state Office of Quality Assurance conducts on-site reviews of the County Departments of Human Resources. During these reviews, state staff uses the qualitative case review protocol to review a small sample of cases and also validates the county QA committee's previous reviews by re-reviewing a small sample of the same cases. They also interview community stakeholders to assist in evaluating the status of outcome and systemic issues, with a particular focus on evidence of a functioning County QA Committee. The OQA reviewers use the findings from this review, in conjunction with information from the county's QA report and the outcomes of county QA committee work (e.g. case reviews, special studies, etc.), to complete the "Summary of Findings and Recommendations Form," which reports on the 51 key indicators of outcomes and systemic factors, highlighting strengths, areas needing improvement and necessary recommendations.

The development of QA reports often will be an iterative process and usually will include a variety of staff members. Quality assurance staff and data analysts should work together to produce draft reports and validate the applicability of the data elements involved. They should test each report's clarity and usefulness through consultation with agency administrators, managers and other staff and make changes based on their reactions and input. Once the data elements and format of the reports have been finalized, the QA staff can take the lead in producing the reports on a regular basis and ensuring their distribution to the relevant staff within the agency.

In addition to reports developed using data from automated systems, QA staff also will utilize data and information from other sources that reflect on the agency's quality of services. For example, if a case review system routinely reports on compliance with key policies or practice issues, these analyses should be used as part of the ongoing quality assurance system.

On a system wide level, staff often examine data from a variety of sources to assess agency progress towards the outcomes and practice standards adopted and incorporated into the state plan. Quality assurance staff, or quality improvement

teams, usually have a regular process for analyzing information on quality from data systems, case reviews, stakeholder input and other sources. These include:

- Quality improvement team meetings that follow a predefined agenda and involve reviewing quality information from a number of sources.
- Quality assurance reports that pull together information from data, case reviews and stakeholder input to analyze the system's strengths and weaknesses.

State Example — Analyzing Data in Utah

DCFS staff in Utah review and use outcome data in two organized ways. The Division has established trend analysis teams on the state level who are charged with reviewing and assessing the meaning behind the data. The state also has information analysts on the state level who produce the reports, and work with data contacts in each region of the state. These regional data contacts have been producing reports on the outcomes and indicators in the statewide report on the local level, and working to facilitate the use of data. They serve on the Regional Quality Improvement Committees to assist them in their work of reviewing and analyzing trend data.

Broadly, quality assurance efforts throughout the agency should ensure that all employees receive regular information about the quality of services. Regular and open communication to all levels about performance helps engage staff in efforts to improve the quality of services. The next section details ways to use the data analyses and information that result from the QA process to make improvements throughout the child welfare agency.

Step 5 — Use Analyses and Information to Make Improvements

Quality assurance information from data, case reviews, stakeholder input and other sources must be fed back into the organization to make staff and managers aware of their performance. To make the enormous effort involved in creating and maintaining the QA system worthwhile, however, the agency must take a final step beyond merely distributing reports: it must use the information to plan and implement improvements that will enhance the quality of services and ultimately the outcomes for children and families.

Create Feedback Loops

QA systems feed the results of QA processes and data analyses back to staff throughout the agency in a variety of ways. Some examples of information feedback loops that should help promote improvements in case practice, agency services, and systemic factors include:

- Staff at all levels, including caseworkers, supervisors, regional or area managers and state level managers, receive regular data reports and use the information to plan and implement changes in practice.
- During the case review process, reviewers meet with caseworkers and supervisors whose cases are being reviewed to debrief their findings and discuss practice issues.
- QA staff report the results of interviews or surveys to quality improvement teams or committees.
- Quality improvement teams/councils report system strengths and needs to a higher level team that takes action to make improvements.
- Regional management, community stakeholders, and state level management receive written reports on quality assurance reviews.
- Review teams meet with regional management, community stakeholders, and state level management to present and discuss the results of their reviews.
- States require specific, written improvement plans to be developed and QA staff monitor progress towards implementing the plans through regular follow up reports and/or site meetings.

State Example — Changes in Utah Based on QA Feedback

Several examples from Utah illustrate the impact of QA feedback on practice and policy issues. First, Utah's qualitative review process has revealed that many staff are comfortable inviting providers to be involved in service planning, but are having difficulty involving family members in the child and family services team. During each on-site review, reviewers discuss this with caseworkers and supervisors, and find that they sometimes "get the concept." The regular focus on these issues during the reviews not only emphasizes the agency's commitment to family involvement, but also provides ideas and techniques for caseworkers and supervisors on how to make improvements in the future.

Second, one of the priority focus areas in Utah's Performance Milestone Plan was proximity issues, or ensuring that children in out of home care are placed as close as possible to their familiar surroundings. Some Regional QI committees have conducted proximity studies, to examine what could be done to improve performance in this area. As a result of its study, one region conducted a special recruitment of foster homes for adolescents. Another region determined a need for better representation of ethnic minorities among its foster homes, and worked with a private foundation to recruit such homes in response.

Make Improvements

Some examples of the types of improvements based on quality information, and the way they may occur, are the following:

Improvements in compliance with policy and case practice requirements

During case review processes, reviewers will point out discrepancies between requirements and what is in case records, and work to educate workers on the requirement and provide assistance to help them improve compliance. For example:

- During a case record review, if a case record does not include a required permanency goal, a reviewer would discuss with the caseworker why this had not happened and why it is important. In addition, if peers are conducting the reviews, the reviewer might share his or her own experience on how these goals are completed in his or her own unit. This type of feedback often leads to improvements in compliance on the particular case, and in the worker's other cases in the future.
- During a qualitative review, if significant parties have not been included in the service planning process, the review team would raise this issue with the caseworker and supervisor to remind them of the desired practice, discuss obstacles to this practice and provide ideas about how to engage parties, or how to develop the skills needed to do so.

Data reports also may point to practice issues that need to be addressed to improve outcomes. For example, if automated reports from information systems show that a particular unit has a much lower rate of family group conferences than other units, managers might arrange for enhanced training for caseworkers in the unit, and/or expect supervisors to work more closely with caseworkers to improve their practice.

State Example — Oklahoma's Reports and Improvements

The Oklahoma DHS quality improvement process includes the capacity to assess service outcomes through its SACWIS system as well as through a variety of field based initiatives. Oklahoma's SACWIS system, KIDS, was the first in the nation when it became operable in 1995, and it produces extensive data. The system produces and distributes over 150 reports that track basic case data, compliance with policy, the utilization of resources, and outcomes. The KIDS office produces data reports, and Program Field Representatives in local areas review data and work with staff to encourage them to make use of this information. In some areas, the field representatives convene meetings of supervisors to review their performance on key outcomes and compare their performance to other units and offices. Some supervisors use the data to increase awareness among staff of outcomes, and to improve practice. For example, areas and units receive a report on total length of time to achieve permanency plans, and the report breaks down cases for each worker. Supervisors have used this to discuss their unit's performance relative to other units and to highlight individual cases with workers that indicate success or require attention.

Improvements in documentation

Review of data reports and case reviews may alert staff to problems in documenting their actions through automated systems or case records, or to problems in entering data correctly when they do document their action. This often leads to improvements in documentation, and subsequently in performance. In the examples above, the permanency goal may not have been entered into the record, or the documentation of participants in service planning may not have been completed accurately.

Improvements in policy

Some issues identified as staff and organizations examine information on quality are raised to managers, and have to be addressed by making changes in policy.

Resource development

As quality improvement systems examine the performance of child welfare systems, it often becomes clear that resources available for children and families are inadequate. The QI process has resulted in initiatives that have increased the numbers and types of different kinds of placements, and contracts that have expanded the availability of services.

Evaluate Actions Taken

After the agency has taken action to make improvements in the child welfare system, the quality assurance system needs to evaluate the effectiveness of the action. Federal regulations require quality assurance systems to evaluate measures taken to address identified problems, and the literature on quality improvement confirms the importance of this step in the iterative quality process. For example, in the "Plan, Do, Check, Act" cycle, an organization plans an improvement, implements it on a small scale, reviews the results and then decides to either implement on a larger scale or begin the process over again with more planning (Cassafer, 1996). This implies that once a problem has been studied and actions to address the prob-

lem have been taken, the process needs to continue. The quality improvement process should examine the results of actions taken, and plan further action if necessary based on the initial impact. For example, if the agency provides additional training to staff to improve their practice after an area of weakness has been identified, the quality improvement process should reexamine those practice issues sometime after the training to see if the action had the intended effect. This continual process of checking and revising the actions taken to address identified weaknesses is critical to the success of quality assurance systems.

State Example — Alabama's Focus on Improvements

The multi-faceted QA structure in Alabama and the rich array of information from data, case reviews and stakeholder involvement has resulted in positive changes in the system and in improvements for the children and families served. For example, County QA Committees have made recommendations that have led to improvements in specific cases. Both county and state efforts have identified needs for resource development that have been addressed. Also, areas where practice needed to be strengthened system wide have been identified and steps taken to address them.

The state also continues to strengthen the follow-up process to ensure that the Department's managers act on recommendations generated by the QA system. For example, the state recently added a follow-up process for its on-site county reviews. Four to six weeks after an on-site review, the Office of Quality Assurance leads county and state staff and any others deemed appropriate (e.g. community stakeholders, county QA committee members, etc.) in a review of the findings. Then the State Conversion Team, comprised of System of Care consultants and other state office staff, works with the county to develop or expand upon the county's individualized service plan (ISP). In a process designed to parallel the process workers go through with families, the county department must set goals and determine the steps they will take within specified timeframes to meet those goals. This ISP will be reviewed and updated following subsequent reviews. Additionally, staff from other counties provide coaching/mentoring to staff in counties that are moving toward full implementation of the QA system.

Comprehensive Case Studies of State Quality Assurance Systems

This section presents case studies of three comprehensive quality assurance systems, and provides information about components of quality assurance systems in other states. The National Child Welfare Resource Center for Organizational Improvement identified the states included in this package through recent work and consultation with national experts and state officials. To develop these descriptions, we identified the contact in each state who was best able to provide an overview of all components of the quality assurance system. Over the fall and winter of 2000-2001, we conducted telephone interviews with these contacts, and reviewed written information about their quality assurance systems. In some cases we conducted follow up calls to clarify information or obtain additional information. We asked each contact to review the written descriptions, and revised them based on their comments.

The three comprehensive systems, in Utah, Illinois and Alabama, have the essential elements of quality assurance systems in place. Each agency:

- has established outcomes and indicators as part of a planning process and is tracking performance on them
- has a comprehensive quality improvement processes with staff and others involved in examining information on quality in ways that lead to program improvements
- collects and analyzes information from various data sources, case reviews and stakeholders in its quality improvement process, and
- has a quality assurance system operating in all of the state jurisdictions where services detailed in the child and family service plan are provided.

These three states provide examples of the multi-faceted quality improvement processes called for by the new federal Child and Family Services Reviews. These systems illustrate that states and counties can set priorities, examine performance and make improvements in the service systems that provide care for children and families in need.

The case studies highlight three key strategies employed in quality assurance systems:

- developing and using data on outcomes
- using peer review or another effective case review system
- implementing effective strategies for stakeholder involvement in assuring quality.

Specifically, the descriptions highlight Utah's outcome data, the peer review system in Illinois, and Alabama's strategies for obtaining stakeholder input. After each of these case studies, we list other states using that key strategy, including New York, Missouri, Iowa, Oregon, Oklahoma, and Texas. These examples provide a broader picture of approaches to using outcome data, conducting case reviews, and obtaining stakeholder input.

By highlighting elements of these states' quality assurance systems, we aim to facilitate an exchange of practice information among agencies. Towards this end, the state descriptions include contact information for key staff in each state. We will add examples from other states in the future, and welcome input about efforts to improve the quality of services in other states, counties and localities.

Strategy #1 — Developing and Using Data on Outcomes

Utah

Utah's quality improvement system includes clear outcomes and indicators that have been established in the state's strategic plan, and regular tracking and reporting of data on the indicators. Utah also gathers information on quality through case reviews and stakeholder input, has developed and implemented practice principles, and uses information on quality to make improvements. Key features of the system include:

- Utah tracks and reports performance data on indicators of outcomes established in the state's Performance Milestone Plan.
- A Department level Office of Services Review (OSR) provides evaluation for the Division of Child and Family Services (DCFS). OSR conducts both compliance oriented case reviews and outcome oriented qualitative case reviews.
- Stakeholders participate in qualitative case reviews and serve on statewide and regional quality improvement committees.
- State and regional managers oversee the quality assurance system, and state and local data staff produce data and promote its use. A state level trend analysis team also reviews data.
- Practice principles have been defined and staff trained on related practice skills.
- The quality improvement process in Utah has led to changes in practice, improvements in documentation, policy changes and the development of new resources.

Background

In May, 1999, the Utah Division of Child and Family Services (DCFS) released the Performance Milestone Plan, which describes in detail how the Division will improve services to its clients. The Performance Milestone Plan evolved out of court involvement in the child welfare system, but the Department views it as the business plan, and intends to implement the plan with or without continuing court involvement or outside monitoring. Since 1994, the state has been working to comply with the monitoring requirements of the "David C. vs. Leavitt" Settlement Agreement. After a 1998 court order directed the Department to design new, more valid and instructive measures of performance, the Child Welfare Policy and Practice Group (CWPPG) assisted in the development of the Performance Milestones Plan.

The Performance Milestone Plan consists of 9 milestones describing the activities the state will engage in to measure progress towards performance goals and make program adjustments based on feedback on how well the system is functioning. It defines the Division's outcomes and the indicators that will be tracked to measure progress on those outcomes. In addition, the Performance Milestone Plan describes the development and implementation of a Practice Model to guide case-work practice, defines the structures and processes that will be used to gather and analyze information from data and case reviews, and describes the development of Quality Improvement Committees which will use information from these sources to guide necessary changes in the system. Many

of the components of the plan have been implemented, and program improvements have resulted in the system.

Data on Outcomes

One of the milestones in the plan describes the 16 trend indicators that will track the outcomes of protection, permanence and well being for those DCFS serves. Data on the trend indicators come from the state's SACWIS system, and an Annual Outcomes Report presents the analysis that results. This report uses data on the indicators to measure progress towards specific performance goals under nine outcomes in the general categories of protection, permanency and well being. The report provides multi-year trend data on each of the indicators, allowing the Division to track performance over time. The Annual Outcomes report also includes an appendix that reports on the states' performance on the 13 indicators used in the national Annual Report to Congress, and recent trend data on those indicators. Recently, the state also has begun to produce parallel annual reports on the regional level, with data on the indicators and outcomes.

DCFS staff review and use outcome data in two organized ways. The Division has established trend analysis teams on the state level who are charged with reviewing and assessing the meaning behind the data. The state also has information analysts on the state level who produce the reports, and work with data contacts in each region of the state. These regional data contacts have been producing reports on the outcomes and indicators in the statewide report on the local level, and working to facilitate the use of data. They serve on the Regional Quality Improvement Committees to assist in the work of reviewing and analyzing trend data.

Case Reviews

Two case review processes measure compliance with requirements and assess the quality of services delivered. The Office of Services Review (OSR) manages the reviews. OSR has six staff who conduct and manage case process reviews and qualitative case reviews.

Case process reviews consider the extent to which key case practices are in conformity with policy, statute and the milestone plan. These are strictly case file reviews. The Division has streamlined these reviews to focus on 46 case processes, ten of which are judged "critical," and the other 36 considered "essential." The reviews occur annually and examine these case processes in CPS, Foster Care and Home-Based cases. Reports go to the regional administrative teams, who discuss, among themselves and with supervisors, areas that need to be addressed and strategies for improvement.

Qualitative case reviews are intensive reviews of a small sample of cases that involve a review of the case record and interviews with all parties involved in the case. In each full year, reviews occur on 24 cases in each of the state's seven regions. Working with a contractor, Human Services and Outcomes, Inc., the state has developed a qualitative case review protocol, and staff from both the OSR and DCFS have become certified reviewers. In conducting the reviews, OSR involves other Department staff, managers and community partners on review teams. The reviews examine specific indicators of the status of the child and family, and of the performance of the service system. Every qualitative case review generates a narrative that scores these status and system indicators, identifies strengths and areas needing improvement, and includes a brief 2-3 paragraph description of the issues that need to be addressed. The caseworker, the supervisor and the regional administrator receive copies of these narratives.

The OSR also conducts vexing problem studies, in which they study a problem for which finding a solution or answer is difficult. Once the study has been conducted, the Executive Director, DCFS management and the DCFS Regional Directors review the results. In addition, OSR staff often will review the results of the study with quality improvement committees in the regions.

Stakeholder Involvement

Under the milestones plan, the state has established Regional and State Quality Improvement Committees. Along with management at the state and county levels, these committees work to review information on quality and identify needed improvements. The Regional Committees have up to ten members, including two Division staff—the Associate Regional Director and the regional data person—and up to eight community members. Community members have a leading role on these committees, charged with studying the data and outcomes children, families and communities experience, and suggesting changes in resource deployment, policy, procedures and practice that will improve or maintain favorable outcomes. Some of the Regional Quality Improvement teams have been very active in reviewing information on quality and working for needed improvements.

Utah obtains input from the children and families served through the qualitative services reviews, and involves other stakeholders in conducting these reviews and as members of the quality improvement committees. The state also has created a staff position titled “Constituent Services Specialist” who is charged with streamlining the process for complaints from consumers and working to integrate the recommendations of external review bodies into the ongoing work of the Division. This staff member works extensively with regional administrators to assure that issues or problems experienced by those served are addressed, and that responses occur at the lowest possible level.

Quality Improvement Staff

In addition to the state and regional data staff, the trend analysis team, the Office of Services Review, and the Constituent Services Specialist, the Division’s managers have a role in quality improvement. The milestones plan specifies six priority areas where management will focus their attention. Regional Directors have developed regional performance plans that detail how these priorities will be addressed. These plans have been shared with QA Committees that work with managers to implement the plans. Within the DCFS, the administrative teams of top managers at both the state and the regional levels have the responsibility for implementing these plans and supporting quality improvement activities. On the state level, the Director for Operations was heavily involved in the development of the Practice Model, and a Milestone Plan Coordinator also oversees the production of data and implementation of the milestones plan. The state also plans to fill positions for Regional Milestone Coordinators (to work with the state level coordinator).

Practice Standards

The practice model establishes a baseline defining how the Division interacts with families, community partners and staff. The model includes seven practice principles, and a set of key practice skills that will be developed through training. For example, one of the principles is “partnership,” and related skills are “engaging” children, families and other essential individuals. The Division conducted training for all staff on the Practice Model. The qualitative case review protocol reflects the practice principles, so the case reviews help communicate to staff the type of practice expected under the model.

Improvements Made

The process of conducting case process reviews and qualitative services reviews has led to changes in practice and improvements in documentation, while the vexing problem studies and the work of the quality improvement committees have led to policy changes and resource development. Some examples include:

- The review processes often highlight that case records do not accurately reflect what case-workers are doing. For example, OSR reviewers have found that some data have not been entered accurately because of a coding problem. Utah addressed this issue through training workers on the correct way to enter data into the system.
- The qualitative review process reveals that while many staff are comfortable inviting providers to be involved in service planning, they have difficulty involving family members in the child and family services team. During the on-site review, reviewers discuss this with caseworkers and supervisors, and find that they sometimes “get the concept.” The regular focus on these issues during the reviews not only emphasizes the agency’s commitment to family involvement, but also provides ideas and techniques for caseworkers and supervisors on how to make improvements in the future.
- One milestones plan priority area reflected in some regional plans was proximity issues, or ensuring that children in out of home care are placed as close as possible to their familiar surroundings. Some Regional QI committees have conducted proximity studies to examine what could be done to improve performance in this area. As a result of the studies, one region conducted a special recruitment of foster homes for adolescents. Another region uncovered a need for better representation of ethnic minorities among foster homes, and worked with a private foundation to recruit additional homes.

Utah has many of the key elements of quality improvement systems in place. The system tracks specific outcomes, conducts case reviews examining both compliance issues and the quality of care, and includes quality improvement committees that involve stakeholders in examining and improving the quality of care. In addition, the state has defined practice principles, and trained all staff in related practice skills. Finally, many of these sources of information and processes result in improvements in the quality of services delivered to children and families.

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Other States

Oklahoma: Oklahoma has a strong culture of quality improvement, and a history of top managers committed to the quality improvement process. In the early 1990s, Oklahoma's governor worked with private business representatives to establish a quality effort known as "Quality Oklahoma" throughout state government. The governor issued an executive order stating that "quality is Oklahoma's basic operating principle," and that "quality means the continuous improvement of services to our internal and external customers." A strategic plan emphasized the need to gather data on quality, train all staff on quality, make quality criteria a part of performance evaluations, and recognize quality performance. The agency developed a state Quality Council composed of top government managers and representatives from the community, and the agency stressed customer input and collaborative, problem-solving teamwork (Gunther and Hawkins, 1996).

This commitment to quality has continued over the years, and the Department of Human Services has been accredited by the Council on Accreditation of Services to Children and Families (COA) since the mid 1980s. Today, all staff participate in training on continuous quality improvement, and managers and staff support assessment, planning and enhancement activities.

The DHS quality improvement process includes the capacity to assess service outcomes through its SACWIS system as well as through a variety of field based initiatives. Oklahoma's SACWIS system (known as KIDS), the first in the nation when it became operable in 1995, produces extensive data. The system allows the production and distribution of over 150 reports that track basic case data, compliance with policy, the utilization of resources, and outcomes. The KIDS office produces data reports, and Program Field Representatives in local areas review data and work with staff to encourage them to make use of this information. In some areas, the field representatives convene meetings of supervisors to review their performance on key outcomes and help them compare themselves to other areas. Some supervisors use the data to increase staff awareness of outcomes, and to improve practice. For example, the state distributes the report on total length of time to achieve the permanency plan to areas and to units, and breaks down results to the worker level. Supervisors have used this to discuss their unit's performance relative to other units and to highlight individual cases with workers (See Attachment #4 — Resources — Teleconferences).

The Department also has initiated a variety of assessments of service quality that engage children, families, providers, field and state office staff. The Continuous Quality Improvement Unit, which has been significantly expanded in the past year to include a manager and seven professional staff, facilitates these efforts. Each county of the state assesses outcomes and systemic factors on an annual basis using teams consisting of external stakeholders as well as local and state office staff. For a random sample of children, interviews with the child, their family, providers, advocates and case worker gather information regarding outcome achievement. Interviews with local community stakeholders collect information regarding systemic performance. After reviews occur, County and Area Directors should receive completed written reports within a one week interval. Designated CQI staff serve as a resource to local offices in efforts to plan for and achieve targeted improvements in service outcomes. Follow up reviews occur within six months to affirm these initiatives.

The Department supplements this performance information through the distribution of surveys to children, families, providers, staff and stakeholders soliciting feedback regarding their experiences with child welfare services. Questions address the realization of key outcomes as well as the respect afforded service participants. Staff aggregate findings at the state level on a quarterly basis and

immediately forward individual concerns to local offices for action when authorized by the respondent. Quarterly consultation with an advisory committee consisting of state staff and stakeholders helped develop and continues to influence all these efforts.

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Texas: Texas has a strong data system, and has been using its SACWIS system — the second oldest in the nation — to produce extensive reports for several years. The system produces reports on demographics, administrative data and outcomes. Examples include lists of service authorizations for clients, the timeliness of initial investigations, and the length of time in placement by permanency goal. Some of these reports are available at the unit and worker level to help caseworkers, supervisors and other managers focus on performance. In some regions, regional managers, program directors and supervisors use the reports extensively to monitor compliance with performance standards and to monitor administrative issues such as workload and equity of assignments and resources. Each region has an Automation Coordinator who received training from the state and provides training to regional staff on accessing and using data from the automated system.

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Strategy #2 — Using Peer Review/Case Review

Illinois

A prominent feature of the quality improvement system in Illinois is the peer review process, through which staff of the Department of Children and Family Services (DCFS) conduct reviews of cases to assess compliance with policies. Peer review is part of the Department's strategy to involve all staff in continuous quality improvement. The Department also tracks and reports outcome data, and obtains stakeholder input. The state has dedicated staff working on quality improvement, data analysis and overseeing contracted services. Highlights of the system include:

- All staff in Illinois participate in a continuous quality improvement process and serve on quality improvement teams. Local, site and regional quality improvement teams, and a state level performance support team, meet regularly to review a whole range of information on quality.
- Through the peer review process, staff not directly involved in the cases conduct regular case reviews in every field office. The reviews assess compliance with required policies and practices, and aim to promote improvements.
- Illinois has established outcomes for children and family services and reports data on those outcomes.
- DCFS gathers stakeholder input through surveys at the state and local levels, and through child and family services preparatory reviews.
- The state Division of Quality Assurance includes state level and regional level quality specialists and data analysts, and field review staff. In addition, a Purchase of Service Division oversees the work of contracted agencies.
- Illinois has developed organizational support for quality improvement through management commitment to the process, the involvement of all staff, and a budget process that includes target and actual performance data on key indicators of quality.
- The quality improvement process has improved practice in individual cases, and improved compliance with requirements system wide.

Background

Since 1981, Illinois has had a Quality Assurance division which has gathered information and produced reports. In the mid 1990s, the Department began to develop a continuous quality improvement (CQI) process stressing the use of information on quality to make improvements. In 1997, it adopted a quality improvement model with the help of a consultant, Fortena Zerps. Simultaneously, the Department committed to seeking accreditation from COA, which required developing a number of aspects of its quality improvement process (see Attachment #3—National Standards) The current CQI process involves collecting data, analyzing it, planning improvements, acting to make improvements, and evaluating whether they were effective.

The content of state and regional quality improvement plans guides the work. The state's five-year child and family services plan includes the quality improvement plan, describes the components of the QI system that are in place and details what additional elements the state intends to develop over the five-year timeframe. Regional managers have developed regional quality improvement plans that help guide the work of managers and staff working on improving quality on the regional level.

Data on Outcomes

The Illinois Department of Children and Family Services has established outcomes for the Department, and tracks performance on these outcomes regularly. Illinois' child and family services plan describes the Department's mission, vision and core principles, and the goals and objectives of services, defined as measurable outcomes. The Child and Family Outcome Measures Report tracks many of these outcomes twice a year on the state level. For each indicator, the report presents trend data over multiple years by region. DCFS also produces many other reports on outcomes and makes them available at the regional, unit and worker level. For example, the "by worker caseload" report lists, for each worker in a unit, the number of children in out of home care by their lengths of stay, their permanency goals, and the number who had achieved permanency that month. In addition, the state maintains a Performance Outcome and Tracking System (POTS) that allows staff and managers to access reports at their desktop.

State and local level staff examine data. At semi-monthly caseload tracking meetings, central and regional office staff discuss and analyze program evaluation data, and focus on improving performance in meeting permanency outcomes. At the local, regional and state level, QI teams examine program evaluation data, including outcomes, as part of the standardized QI agenda.

Case Review

The field review unit conducts case reviews, and examines compliance with key department policies and case practices through an extensive peer review process. Field review staff from the Division of Quality Assurance conduct reviews of DCFS operations through on-site audits. The staff read and assess a random sample of cases for compliance with department policies and procedures, accreditation standards, as well as good casework practice. During regional reviews, the review team shares findings with operations staff and discusses them in detail.

Through the peer review process, caseworkers and supervisors conduct reviews of cases in which they are not directly involved or have line authority over. In each of the state's 74 field offices, peer review occurs every quarter of each year. The state aims to review 10% of the total cases served each year, and occasionally adds extra cases to the sample to ensure that each team reviews at least two cases. The peer review instrument focuses on assessing whether key policies and practices were followed. The field review unit tabulates results of the peer review and shares them at the field office and regional levels. In addition, caseworkers and supervisors for the cases review results. If cases do not score well, staff must develop improvement plans for them.

The state has also begun doing preparatory child and family services reviews that mirror the federal review process. These are qualitative reviews that involve reading the case record and interviewing all parties involved in the case. The state has conducted these reviews in four regions, and intends to have a first round done in all regions by late fall of 2001. DCFS staff, along with

staff from other agencies (such as university educational partners) review 120-150 cases in each region. The Department contracts with a group at a university to assist with the reviews of contracted private providers. The reviews focus on assessing outcomes and the service delivery process, and result in written reports. The Division of Quality Assurance then works with the region to develop action plans to make needed changes.

Stakeholder Input

Illinois gathers stakeholder input through extensive surveys at both the state and local level, and also examines data on incidents, accidents and grievances. The state has contracted with the Northern Illinois University to survey foster parents, and the University of Illinois Research Center has worked with regional quality councils to survey parents, children and foster parents about their level of satisfaction. Local quality teams have access to data on incidents and accidents and reports on grievances that have been appealed. In addition, the preparatory child and family services reviews provide stakeholder input.

Quality Improvement Staff

The state has staff and organizations dedicated to quality assurance and quality improvement who draw on the outcome data, case review results and consumer input to evaluate the quality of services. The Division of Quality Assurance, headed by an Associate Director for QA and QI, oversees the quality improvement process. This Office includes 9 regional quality specialists and 10 data analysts assigned to the state's six regions to assist regional staff with the quality improvement process. A field review unit also has 9 staff, and four program analysts compile data and produce reports at the state level. Staff who conduct special projects, and the Office's managers make up the rest of this office. The regional quality specialists and the field review unit both participate in reviews and provide support to other staff involved in the quality improvement process. The program analysts who produce data on the state level and the data analysts assigned to regions both work to assure that data are available and utilized on the local level.

Since purchase of service agencies provide over 75% of services, the state has worked to improve its process of provider review and monitoring. The state created a Purchase of Service monitoring division that consists of the licensing unit, a field audit team, a provider technical assistance and training function, and agency performance teams (APTs). The APTs conduct monthly reviews of all agencies, reading cases and conducting satisfaction surveys. They also work to develop and analyze data profiles of contractor's services and outcomes. The Purchase of Service Division joins the Division of Quality Assurance in providing oversight of the quality of services statewide.

Organizational Support

Illinois takes the approach of involving all staff in the quality improvement process. Teams of employees take on the role of local quality improvement (QI) teams, and meet at least quarterly to review items on a standardized quality improvement agenda. These teams are part of a multi-tiered structure of QI teams, where the local teams send representatives to the site QI team, the site QI team feeds into a regional quality council, and the regional quality councils are linked to the State Performance Support Team. This allows issues to be raised to the appropriate level.

The items on the quality improvement agenda lead QI teams and councils through a review of all of the information on quality—the results of peer reviews, consumer satisfaction data, data on

incidents, accidents and grievances, program evaluation data and information generated by special projects such as accreditation. The agency director's commitment to quality and accreditation assists the state's continued work to engage staff in QI. He has made it clear that the quality of agency services is a priority within the agency, and he expects all offices and contractors to work towards a high standard of service. The Associate Director for Quality Assurance reports directly to the Director.

The state also engages other organizational systems in focusing the agency on outcomes. The budget process includes the development of regional management agreements (RMAs), and RMAs include performance targets and actual regional performance data on specific indicators. The RMAs contain 25 specific measures for safety, permanency and well-being, and also have measures for other outcomes (including continuity of care) and system issues. For example:

- Under child safety, one indicator in the agreement is the percent of child abuse and neglect investigations completed within 60 days. For one region, the target was 98%, the YTD actual performance was 96.3%, and the historical baseline for the last two fiscal years was 86.7% and 90.8%.

Improvements Made

Both the peer review and the preparatory child and family review process have resulted in improved practice in individual cases, and improved compliance with requirements system wide. For example:

- One caseworker described a situation in which a judge wanted to adjudicate a case quickly, and asked for the dispositional report within a day. Unexpectedly, the Department was able to supply this because the social histories had been completed on time. The staff attributes this to the constant vigilance of the peer review process, which is constantly looking at and reminding staff about what needs to be done. One of the items peers review and score is whether, for intact and substitute care cases, the social history was completed within 30 days of case opening (See attachment #4 — Resources — Teleconferences).
- When the preparatory child and family services reviews uncover safety issues in a case, clinical staffings must be held immediately and actions taken to reduce the risk of harm to the child.

The system for assuring quality in Illinois emphasizes continuous quality improvement through teams and councils and the involvement of all staff in the QI process. A large state staff produces data, helps coordinate different types of case review and stakeholder input, and assists staff involved in the QI process.

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Other States

Missouri: The Division of Family Services in the Missouri Department of Social Services works to involve all staff in a Continuous Quality Improvement (CQI) process for child welfare services. The CQI process allows the Division to examine agency performance and create plans for ongoing improvement. The Division currently is pursuing accreditation with the Council on Accreditation for Children and Family Services (COA), which has promoted the establishment of a comprehensive approach to the continuous improvement of service quality. This CQI approach involves numerous components, including a CQI Meeting Process, Peer Reviews, and Consumer Satisfaction Surveys.

On the state level, Missouri has a Quality Improvement Unit comprised of a manager, four professional staff, and two support staff who oversee a range of functions related to service quality improvement, including the accreditation process and all CQI activities. This unit works closely with staff members in the Division's seven administrative areas who have direct involvement and responsibility for various parts of the CQI process.

The CQI process intends to empower staff at all levels to be involved in self-directed, self-determined change. The CQI Meeting Process involves all staff in the evaluation of the effectiveness of the services that the Division provides to children and families. All staff are expected to be members of a CQI team that meets regularly to discuss areas needing improvement, develop and implement plans to make improvement, and advocate for their proposed improvements. The process includes regular team meetings at a variety of levels, including First, Site, Area, and State Level Teams. The multi-level structure provides for the participation of all staff in evaluating agency performance and in generating and implementing solutions. In addition to agency staff, community members and adult/youth consumers also are involved in the teams at the Site, Area, and State Level Teams. All CQI teams must meet at least quarterly, and follow an agenda that may include reviews of peer case reviews results; incidents, accidents and grievances; program evaluation data; strategic plans and training needs; and consumer/personnel surveys. Each of the state's seven administrative areas has a staff person who, in addition to his or her regular responsibilities, takes on the role of CQI Coach to assist the teams and the CQI process in their areas.

The Division has implemented a two-pronged peer review process to assure quality services for children and families. These two components include the Peer Record Review (PRR) and the Practice Development Review (PDR). Information gained through the two processes provides feedback to front-line, supervisory, and administrative staff to assist in the continuous improvement of child welfare services.

The PRR process has been designed to ensure that documentation of essential service components exist in the family record, to provide objective input regarding quality service provision, and to identify systemic barriers to quality services. The PRR is an objective process through which peer reviewers review randomly selected child welfare case records. Caseworkers and supervisors who have had no direct involvement with the case conduct the reviews and focus on assessing compliance with key requirements of policy and case practice.

The peer reviewers utilize a specially designed tool, the Peer Record Review Protocol, for each record. A statewide database of data from completed review protocols generates aggregate quarterly reports and periodic CQI Teams review them and conduct action planning. Local agency staff

receive the completed protocols for detailed review once they have been included in the database. The agency expects supervisors to share the protocol information with the direct service worker for the purpose of developing and implementing action plans for service quality improvement. Also, the agency intends the PRR to be constructive in nature and wants findings communicated to case managers to promote knowledge and skill development. The state's goal is to review a minimum of 10% of the total number of cases served annually.

For the last three years, Missouri also has conducted Practice Development Reviews (PDR's) in each of the Division's administrative regions. The PDR is a quality improvement approach developed to not only measure the status of children and families served by child welfare, but also to assess how effectively other publicly funded service systems (e.g., child welfare, juvenile justice, education, mental health, and health, etc.) function to serve children and families.

The PDR is a professional appraisal of the: 1) status of a child on key indicators; and, 2) adequacy of performance of essential service functions for that child and his/her caregivers. Each child reviewed serves as a unique "test" of child status and as a window into assessing family status and related system performance results. A PDR provides a combination of quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and what is working at that point in time for a specific child and family.

PDR activities occur in local communities, and review a representative sample of children currently open in child welfare caseloads. The review includes written documentation and face-to-face interviews with the focus child (if age appropriate), caregivers, essential family members/significant others, and key service system personnel. Division staff and community partners who receive specialized PDR training focused on ensuring inter-rater reliability conduct the reviews.

The PDR focuses on six core examinations, serving as indicators to determine overall child status: safety, stability, physical well-being, emotional well-being, caregiver functioning, and learning progress. Concurrently, six core examinations determine overall system performance: functional assessment, long-term view, integrated service plan, plan implementation, service coordination, and tracking/adaptation. The PDR is designed to assess outcomes for children, families, and service systems for the purpose of identifying strengths and areas in need of improvement.

At the end of the review week, the review team produces "core stories" and presents them to management and to community stakeholders in separate meetings. The review team also meets with the caseworker and supervisor involved in each case to discuss their findings. In addition, the PDR aggregates information from individual reviews and reports it in a community feedback meeting at the end of the on-site review week. The administration receives a PDR report within two weeks of the review. It is expected that a Practice Development Plan be completed within 90 days after receipt of this PDR Report. The Practice Development Plan is a strategic plan for the continuous quality improvement of local child welfare services. It is a course of action based upon the significant findings of the PDR, building upon identified strengths and addressing identified areas of need.

The PDR process in Missouri is geared towards improving case practice, and the feedback provided to caseworkers and supervisors at the end of the review week often leads to improvements in practice. For example, some reviews noted that caseworkers were not involving representatives from education in the required family support team meetings. As this issue has been raised with

caseworkers and supervisors, the state has seen an improvement in how often they are involved, and in the positive benefits for children and families.

Also, see later section on Strategy 3 for a description of Missouri's strategies for stakeholder input.

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Iowa: Under Iowa's Quality Service Review (QSR) project, the state conducts qualitative reviews of child welfare cases to support learning and practice improvement, create the capacity for self-evaluation, and prepare for the federal CFSR process. One staff member on the state level works on this project, with the assistance of consultants under a contract with the Child Welfare Policy and Practice Group. One additional state staff member produces outcome data and reports and the state intends to provide outcome reports and other data that can be used in the quality improvement process. Iowa also has an ongoing quality assurance effort that involves case record reviews to assess compliance with requirements.

As in other sites, Iowa's QSR process involves reading the case record and conducting a series of in-depth interviews with all those involved in a case. Typically each team reviews 10 cases in each area. The QSR also includes a series of focus groups and stakeholder interviews. A team of trained reviewers conducts each case review. The review team consists of a professional reviewer supplied by the contractor, and these reviewers often are experienced reviewers from other states. The QSR pairs the experienced reviewer with an Iowa staff member who shadows the process, thus gaining the experience to qualify as lead reviewers in future QSRs.

Iowa has allowed local areas to volunteer for a QSR review. As of June, 2001, 8 areas had experienced reviews, and 4 more were scheduled for FY '02. Volunteer sites also have been allowed to choose the method for selecting cases to be reviewed, and many have chosen to focus on specific areas — such as CPS cases — or specific groups of cases — such as those that have been particularly difficult for local staff. On the final day of the review, the QSR team invites caseworkers, supervisors, local and regional administrators to attend a feedback session that outlines the review findings and opportunities for practice development.

Within two to four weeks of the review, the supervisors and the area administrator meet with the Directors and senior managers, including the Deputy Directors and the Child Welfare Administrator, to discuss the findings and identify follow-up actions and strategies. The information from each review supports local practice development efforts, addresses system performance issues and guides the content and instructional design of ongoing training. QSR is designed to be a positive, practice development and learning experience.

The QSR project has focused both on developing good practice at the case level and on learning about improvements needed in the organization. For example, the reviews often have shown the need to improve engagement skills and increase the use of family team decision making to involve

the family in developing and carrying out the service plan. To address these needs, the state will expand the training opportunities for staff and supervisors related to engagement skills and family team conferencing. The reviews also have highlighted policies that stand in the way of improved outcomes for children. The state has addressed these issues where possible by making administrative rule changes and pursuing cross-department collaborations at the state level. Despite a dramatically reduced budget due to tax revenue shortfalls, Iowa plans to continue the Quality Service Reviews process as part of its ongoing commitment to improve practice, outcomes and services to children and their families.

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New York City: In New York City, the Administration for Children's Services (ACS) uses multiple approaches to assure the quality of services. ACS has a comprehensive system for ongoing evaluation of foster care agencies called EQUIP. The Office of Management, Development and Research conducts these reviews annually, and they involve an examination of case records, outcomes and timeliness of practice. Foster care agencies are rated on their own performance and compared to others. The Division of Foster Care and Preventive Services also conducts a case-by-case monitoring of services. In addition, the Office of Quality Improvement conducts internal quality improvement through the supervisors conference program, and has recently expanded to work with contract agencies through a quality service review process. Under the supervisors conference program, the office selects a sample of cases in one office and reviews the case records for documentation. Senior supervisors employed by the Office of Quality Improvement then meet with the team of supervisors and the manager associated with those cases to review the aggregate data on case record documentation for that site, and to discuss quality issues related to practice. Under the quality service review process, review teams conduct in-depth reviews of a small sample of cases from a contract agency, interviewing all involved in the case, and interview stakeholders. The review protocol, developed with a consultant, leads agencies through a self-examination of case practice that is an opportunity for learning and for technical assistance on making improvements.

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Alabama

Alabama has a strong quality assurance system built on a commitment to involving community stakeholders in assessing and improving the quality of child welfare services. A comprehensive system is in place to collect and analyze outcome data and to conduct and validate qualitative case reviews. Information on quality flows throughout the system and has led to program improvements. Highlights of Alabama's quality assurance system include:

- The quality assurance system assesses performance on three outcomes and seven systemic factors by gathering and analyzing both quantitative and qualitative information.
- County quality assurance committees, composed primarily of community representatives, meet regularly to review information on quality. The county QA coordinators, with the assistance of county staff and input from county QA committees, produce quarterly quality assurance reports that compile and analyze information from data and from qualitative case reviews.
- The state supplies county quality assurance committees with data on safety and permanence, and county staff then supplement it with county level data.
- County quality assurance committees are responsible for conducting qualitative case reviews.
- The state Office of Quality Assurance, and a State-level quality assurance committee support the county quality assurance committees and the county quality assurance coordinators. The state Office of Quality Assurance conducts regular on-site reviews of county operations that involve qualitative case reviews, an examination of county data for the identified reporting period (quantitative information) and interviews with stakeholders.
- The quality assurance system has resulted in improvements in practice, improved community collaboration/partnership and the development of new resources.

Background

As part of the settlement of the R.C. lawsuit in the early 1990s, Alabama agreed to implement system reforms throughout the state. The reforms called for the state to implement a quality assurance system with several specific components. County by county, the state is going through a process of "converting" counties to compliance with the requirements of the consent decree and working to fully implement the reforms across the state.

Data on Outcomes

The whole QA system is geared to examine, report on and improve department performance under three outcomes—safety, permanency and well being—and seven systemic factors—community collaboration, service array and resource development, individualized service plans, quality assurance and supervision, staffing and caseloads, staff and provider training, and information system capacity. The Department has developed 51 indicators for these outcomes and systemic factors that the QA system assesses.

The system uses several types of information to assess these indicators, including:

- Quantitative and factual information to describe activities, service capacity and other measurable factors
- Qualitative and outcome information
- Information obtained from community stakeholder interviews
- Information related to compliance with Federal, State and Department program requirements

Many staff and organizational units in Alabama help gather and analyze information on quality. The system in Alabama has three components: (1) county quality assurance systems, (2) the Office of Quality Assurance in the State Department of Human Resources, and (3) the State QA Committee. County QA systems consist of a QA coordinator and a county QA Committee. There are 67 counties in Alabama, and each has an allocated position for a QA coordinator. Counties with populations larger than 80,000 have a full time QA coordinator, and smaller counties have a half-time position. Coordinators' responsibilities include organizing and supporting the county QA committees, collecting and evaluating information, and issuing the required quarterly and annual quality assurance reports.

Each county has a county QA Committee appointed by the County Director of Human Resources. These county QA committees primarily include representatives of past service consumers, service providers, other public and private agencies, allied professionals, the courts and community stakeholders. The County QA coordinator serves on the Committee as a liaison to the agency, and occasionally other staff may also join to help integrate QA functions into the Department's on-going service delivery process.

In Alabama, these community-based QA Committees conduct intensive, qualitative case reviews on a minimum number of cases annually and make recommendations back to the Department. The county QA committees also hold regular meetings, routinely review data related to the outcomes and systems, and conduct special studies of issues raised by the case reviews and data. The Committee also participates by providing input to and approving the county QA reports made to the state, and advocates on behalf of the agency, consumers or providers for issues related to improving services, agency capacity or outcomes.

The county QA coordinator with input from the County QA Committee, puts together written Quality Assurance reports and makes them available for review by the state Office of Quality Assurance, other state office staff, the Federal Court Monitor, the Plaintiff's attorney and the State QA Committee. The Quality Assurance reports provide a means of pulling together data the state and counties provide, and for ensuring regular evaluation of data under each of the outcomes and systemic factors. The state has an information system that supplies data on safety and permanency. Counties supplement this with data on some aspects of permanency and well being, and extensive data on the systemic factors that are supplied by the county. For example:

- On permanency, the state supplies data on length of stay and permanency goals for children in out of home care, while the county supplies the number of children placed in and out of county and the number committed to care by different agencies.
- Counties complete an education data chart on the educational status of children in the system.

- Counties provide data on staff and provider training, such as the number of staff and providers who have completed specific trainings and the number who need training.

For each of the data items in the report, the county must answer specific questions in a “Discussion/Analysis of the Data” narrative section. For example, after the data examples we just detailed, counties would be required to analyze the data in the following ways:

- For children with a length of stay of 13 consecutive months, summarize the barriers to achieving permanency and describe efforts underway to ensure that children achieve their permanency goals in a timely manner.
- Describe the reasons that any children identified as needing special education services did not receive such services during the reporting period.
- Describe any training needs that were identified during the reporting period and how these needs are being addressed.

Case Review

Both the county quality assurance committees and the state Office of Quality Assurance conduct qualitative case reviews. Depending on the size of the counties, county quality assurance committees review between 8 and 24 cases each year. They use a written protocol that calls for the reviewers to review the case record and interview all parties involved in the case. Prior to conducting the reviews, reviewers must be trained in the use of the protocol, and must shadow an experienced reviewer and attend the presentation of the case to the Committee. In some counties, QA coordinators or other Department staff may conduct reviews, but must only supplement the primary role of the county QA Committee.

The state Office of Quality Assurance conducts on-site reviews of County Departments of Human Resources. During these reviews, state staff uses the qualitative case review protocol to review a small sample of cases and also validates previous county QA Committee reviews by re-reviewing a small sample of the same cases. They also interview community stakeholders to assist in evaluating the status of outcome and systemic issues, with a particular focus on evidence of a functioning County QA Committee. The reviewers use the findings from this review, in conjunction with information from the county’s QA report and the outcomes of county QA committee work (e.g. case reviews, special studies, etc.), to complete the “Summary of Findings and Recommendations Form.” The Summary form reports on the 51 key indicators of outcomes and systemic factors, highlighting strengths, areas needing improvement and necessary recommendations.

Stakeholder Input

Stakeholders participate in assessing the quality of child welfare services both through the county quality assurance committees and through a state level quality assurance committee. County quality assurance committees receive support from a state quality assurance committee composed of representatives across twenty specific organizations and entities that make up the child and family service delivery system. The Committee is responsible for monitoring outcomes and agency performance from a statewide perspective and for facilitating the development of and networking between county QA committees. The State QA committee also serves as a link between the community and the State Department of Human Resources, and works to promote an effective child welfare system that supports positive outcomes. Specifically, the Committee receives information

from county QA reports, state QA review reports and statewide QA reports, initiates special studies to investigate issues in the reports or information from other sources, and makes recommendations for improvements.

The input of children and families and other stakeholders occurs through the qualitative case reviews, and other strategies solicit input from community members. County quality assurance committees have used various approaches to soliciting stakeholder input, and state staff interview community stakeholders as part of the on-site review. County Departments distribute satisfaction surveys, often in conjunction with county QA committees, to gather input from those directly involved in cases such as families, children, foster parents, providers and educators. These surveys solicit input that is broader than that possible through the qualitative case reviews. The exact process for distributing, completing and returning the surveys is not prescribed; however, the counties must have such a process in place and the information gained should be used to affirm strengths and address areas needing strengthening.

Quality Assurance Staff/Structure

Quality Assurance staff and structures include the county quality assurance coordinators, and the county and state level quality assurance committees. In addition, the Office of Quality Assurance (OQA) presently includes a Program Manager, Program Supervisor and five Quality Assurance Specialists. This state level office supports the State QA Committee, and assists counties in developing and maintaining quality assurance functions. They work closely with the one staff person in the Office of Data Analysis who produces data from state systems for the counties. The OQA analyzes data, and conducts on-site reviews that are used initially to review the extent of the county's conversion to the consent decree principles. Subsequent reviews will determine the level of practice and degree of compliance with the Consent Decree (compliance review), or the capacity to maintain a high level of practice after conversion (sustainability review).

Preliminary on-site views occur during the year following the initiation of conversion activities. As of May 2001, all counties had begun the conversion process and have had preliminary on-site reviews. The timeframe for follow-up reviews depends on the time needed to address the priority areas identified in the on-site review. As of August 1, 2001, twenty-six of Alabama's counties had been deemed "converted" by the Federal Court Monitor. For these counties, the Office of Quality Assurance will continue to provide training and technical assistance, to review the county's quality assurance reports, and to conduct on-site reviews at five-year intervals.

Organizational Support

In settling the R.C. lawsuit, state officials, plaintiffs' attorneys and experts worked collaboratively to develop goals for a new system of care, and operating principles that would guide casework within the agency. Under the new system of care, individualized service plans that are strengths-based and outcome-oriented must be developed with families. The Department is working to train all staff on system of care principles. The Alabama Certification Training (ACT training) offered to all employees incorporates skills on working with families to develop ISPs.

Improvements Made

The multi-faceted quality assurance structure in Alabama and the rich array of information from data, case reviews and stakeholder involvement has resulted in positive changes in the system, and in improvements for the children and families the Department serves.

The County QA Committees have made recommendations leading to improvements in specific cases, both county and state efforts have identified needs for resource development that have been addressed, and areas where practice needed to be strengthened system wide have been noted and steps have been taken. For example:

- One Chair of a County Quality Assurance Committee described doing case reviews and determining that a safety plan existed on paper for a family, but that in practice it was not being adequately monitored. Similarly, he described seeing that a case included a permanency goal, but also needed a plan to include more specific measurable goals that would contribute to reaching that long-term goal (See Attachment 4 — Resources — Teleconferences). These kinds of observations often lead to improvements in practice as the review team and QA coordinator raise the issue with the caseworker and supervisor involved.
- State QA reviews often identify and/or support the need for services that are not available, or not available in the quantities needed in the county. These issues also surface on the state level. For instance, the QA process examines the availability of therapeutic foster homes. These resources were deemed as inadequate in earlier reviews, and these findings supported some initial movement to provide the resources, including promoting additional state contracts for therapeutic foster homes.
- The QA process helped state officials recognize the importance of conducting assessments with families. One of the performance indicators for the state QA review originally was “adequacy of service plan,” and to address the need for thorough assessments, a separate indicator, “adequacy of assessment” was added. Since reviewers discuss items in the review process with caseworkers and managers, more attention being paid to assessments

The state continues to work to strengthen the follow-up process so that Department managers act on the QA system’s recommendations. For example, the state recently added a follow-up process for the on-site reviews. Four to six weeks after an on-site review, the Office of Quality Assurance leads county and state staff and any others deemed appropriate (e.g. community stakeholders, county QA committee members, etc.) in a review of the findings. Then the State Conversion Team, comprised of System of Care consultants and other state office staff, works with the county to develop or expand upon a county individualized service plan (ISP). In a process that is meant to parallel the process with families, the county department must set goals, and determine the steps it will take within specified timeframes to meet those goals. This ISP will be reviewed and updated following subsequent reviews. Additionally, staff from converted counties sometimes will provide coaching/mentoring to staff in counties who are moving toward conversion.

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Other States

Missouri: In Missouri, the Division of Family Services (DFS) realized that building a total quality organizational culture required feedback from the children and families whom it served. A team of participants representing all sections and levels of the organization worked together to develop a survey mechanism. As a result, five survey instruments now target: 1) adults recently receiving Child Protective Services, 2) adults served through Family-Centered Services, 3) adults served through Intensive Family Preservation Services, 4) Foster/Kinship Care providers, and 5) youth in Out-of-Home Care. Each survey addresses broad consumer issues such as participation in the service delivery process, how consumers feel they were treated, if consumers feel their needs were met, and the availability of agency staff. In addition, each survey contains items that address the specific needs of each targeted respondent.

An automated system generates the surveys and DFS sends them via mail at specific points in time during and after service delivery. Each mailed survey includes a self-addressed stamped envelope to facilitate a higher response rate and ensure confidentiality. Staff enter information from all returned surveys into a database, aggregated it, and provide an analysis in report form for review in the CQI Meeting process. DFS expects the survey information will assist the agency in responding to consumer needs and in providing the best quality services possible.

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Federal Requirements for Quality Assurance Systems

Federal law at 471(a)(22) of the Social Security Act requires child welfare agencies to develop and implement standards to ensure that children in foster care placements in public or private agencies are provided quality services that protect the health and safety of the children. In addition, federal regulations require the states to describe in their child and family services plan the quality assurance system they will use to assess the services delivered under the child and family services plan. Both of these requirements are subject to the child and family services review process. Regulations describing these requirements are found in two places:

- Federal regulations on the child and family services plan (CFSP) at 45 CFR section 1357.15.
- Federal regulations on the new child and family services reviews (CFSR), at 45 CFR section 1355.

The quality assurance system is one of the seven systemic factors assessed through the child and family services review process, and the two performance indicators assess the state's standards and the quality assurance system (see Table 1)

Related Quality Assurance Requirements

There are other requirements in law and regulation that affect elements of quality assurance systems. They are related to:

- Establishing and assessing progress towards outcomes
- The use of data to measure progress
- Consultation with and continued involvement of external partners
- Training to support agency objectives
- CAPTA requirements for citizen review panels and peer review

These requirements are found in Table 2 (attached)

TABLE 1 — FEDERAL REQUIREMENTS FOR QUALITY ASSURANCE SYSTEMS

Requirements in regulation and law	Performance criteria for systemic factor #3 - quality assurance - under child and family services reviews
<p>The state must include in the CFSP a description of the quality assurance system it will use to regularly assess the quality of services under the CFSP and assure that there will be measures to address identified problems <i>45 CFR 1357.15(u)</i></p> <p>The State has developed and implemented standards to ensure that children in foster care placements in public or private agencies are provided quality services that protect the health and safety of the children <i>45 CFR 1355.34(c)(3)</i></p> <p>The state is operating an identifiable quality assurance system as described in the CFSP that</p> <ol style="list-style-type: none"> (1) Is in place in the jurisdictions within the state where services included in the CFSP are provided (2) is able to evaluate the adequacy and quality of services provided through the CFSP (3) is able to identify the strengths and needs of the service delivery system it evaluates (4) provides reports to agency administrators on the quality of services evaluated and the needs for improvement and (5) evaluates measures implemented to address identified problems <p><i>45 CFR 1355.34 (c)(3)</i></p>	<p>The state has developed and implemented standards to ensure that children in foster care placements are provided quality services that protect the safety and health of the children</p> <p>The state is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented</p> <p><i>Source: Child and Family Services Review Procedures Manual, ACF, August 2000</i></p>

TABLE 2 — RELATED QUALITY ASSURANCE REQUIREMENTS

Establishing and assessing progress towards outcomes	
<ul style="list-style-type: none"> ☒ The CFSP must specify the goals...that will be accomplished...The goals must be expressed in terms of improved outcomes for and the safety, permanency and well being of children and families, and in terms of a more comprehensive, coordinated, and effective child and family service delivery system 	<p>45 CFR Section 1357.15 (h), (i), and (j)</p>
<ul style="list-style-type: none"> ☒ The CFSP must include the realistic, specific, quantifiable and measurable objectives that will be undertaken to achieve each goal. Each objective should focus on outcomes for children, youth, and/or their families or on elements of service delivery (such as quality) that are linked to outcomes... 	
<ul style="list-style-type: none"> ☒ The CFSP must describe the methods to be used in measuring the results, accomplishments, and annual progress towards meeting the goals and objectives, especially the outcomes for children, youth and families 	<p>45 CFR Section 1355.34(a)</p>
<ul style="list-style-type: none"> ☒ [Under child and family services reviews], ACF will determine a state's substantial conformity with title IV-B and title IV-E State plan requirements based on <ol style="list-style-type: none"> (1) its ability to meet national standards, set by the Secretary, for statewide data indicators associated with specific outcomes for children and families (2) its ability to meet criteria related to outcomes for children and families... (3) [its ability to meet criteria related to the state agency's capacity to deliver services leading to improved outcomes (systemic factors)] 	<p>479A of the Social Security Act</p>
<ul style="list-style-type: none"> ☒ The Secretary shall...develop a set of outcome measures...that can be used to assess the performance of States in operating child protection and child welfare programs...and prepare and submit to the Congress an [annual] report 	

TABLE 2 RELATED QUALITY ASSURANCE REQUIREMENTS

<p>The use of data to measure progress</p> <ul style="list-style-type: none"> ■ ...The state...must base the development of the CFSP ...objectives...on an analysis of available baseline information and any trends over time on indicators... ■ Additional and updated information on service needs and organizational capacities must be obtained throughout the five-year period to measure progress in accomplishing the goals and objectives cited in the CFSP. ■ ...Processes and procedures assuring the production of valid and reliable data and information must be specified [in the CFSP]. The data and information must be capable of determining whether or not the interim benchmarks and multiyear timetable for accomplishing CFSP goals and objectives are being met ■ [Under child and family services reviews] states found not to be operating in substantial conformity shall develop a program improvement plan. The PIP must...establish benchmarks that will be used to measure the State’s progress in implementing the program improvement plan and describe the methods that will be used to evaluate progress 	<p>45 CFR Section 1357.15(k)</p> <p>45 CFR Section 1357.15(j)</p> <p>45 CFR Section 1355.35(a)</p>
<p>Consultation and continued involvement with external partners</p> <ul style="list-style-type: none"> ■ The State’s CFSP must describe the internal and external consultation process used to obtain broad and active involvement of major actors across the entire spectrum of the child and family service delivery system in the development of the plan. [The consultation process must involve nine specific categories described in this section] ■ The CFSP must describe the ongoing consultation process...to ensure the continued involvement of a wide range of major actors in meeting the goals and objectives over the five-year operational period of the plan... ■ The full child and family services reviews will...be conducted by a team of Federal and State reviewers that includes...(ii) representatives selected by the state, in collaboration with the ACF regional office, from those with whom the state was required to consult in developing its CFS plan... 	<p>45 CFR Section 1357.15(l)(1)</p> <p>45 CFR Section 1357.15(l)(4)</p> <p>45 CFR Section 1355.35(a)</p>

TABLE 2 — RELATED QUALITY ASSURANCE REQUIREMENTS

<p>Training to support agency objectives</p> <ul style="list-style-type: none"> ■ The State’s CFSP must include a staff development and training plan in support of the goals and objectives in the CFSP... ■ [Systemic factor requirement] The state must operate a staff development and training program that (i) supports the goals and objectives in the State’s CFSP, (ii) addresses services provided under both subparts of title IV-B and the training plan under title IV-E of the Act, (iii) provides training for all staff who provide [child welfare services] soon after they are employed and that includes the basic skills and knowledge required for their positions, (iv) provides ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties...(v) provides short term training for current or prospective foster parents, adoptive parents, and the staff of state licensed or state-approved child care institutions providing care to foster and adoptive children receiving assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties... 	<p>45 CFR Section 1357.15(t)</p> <p>45 CFR Section 1355.34(c(4))</p>
<p>Case Review</p> <ul style="list-style-type: none"> ■ [Systemic factor requirement] The state has procedures in place that (i) provide, for each child, a written case plan to be developed jointly with the child’s parent(s)...(ii) provide for periodic review of the status of each child no less frequently than once every six months by either a court or by administrative review, (iii) assure that each child in foster care under the supervision of the state has a permanency hearing...no later than twelve months from the date the child entered foster care...(iv) provide a process for termination of parental rights proceedings...(v) provides foster parents, preadoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in any review or hearing with respect to the child... <p>CAPTA Requirements</p> <ul style="list-style-type: none"> ■ Each state receiving a grant for child abuse and neglect prevention and treatment programs shall establish citizen review panels. These panels shall, by examining the policies and procedures of State and local agencies and where appropriate, specific cases, evaluate the extent to which the agencies are effectively discharging their child protection responsibilities... ■ States receiving community based family resource and support grants shall report on the results of the peer review process conducted under the state program 	<p>45 CFR Section 1355.34(c(2))</p> <p>106(b)(2)(a)(x), 106 (c) of the CAPTA</p>

Standards for Quality Assurance Systems Developed by National Organizations

One source of information about the components of an effective quality assurance system is the standards related to the management of child welfare agencies developed by national organizations. These include:

- **Child Welfare League of America:** The Child Welfare League of America's 1996 *Standards of Excellence for the Management and Governance of Child Welfare Organizations* provides a set of best practice standards that are "intended to provide a vision of what is best for children and their families".
- **Council on Accreditation of Services for Children and Families:** State child welfare agencies are showing an increasing interest in accreditation by national organizations, especially the Council on Accreditation of Services for Children and Families (COA). COA's 1997 standards for behavioral health care services and community support and education services are intended to be rigorous but realistic descriptions of practice that competent private and public organizations can be expected to meet. In 2001, COA is releasing revised standards, and the requirements for quality assurance systems have been strengthened.
- **National Association of Public Child Welfare Administrators:** NAPCWA's "Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families" describes a model CPS system.

Information on obtaining copies of these national standards can be found in Attachment #3—Resources

A comparative listing of the quality improvement standards, grouped by the components of child welfare systems, is listed in the table on the following pages. Some observations about the national standards include:

- Both CWLA's management and governance standards and the generic portion of COA's standards require organizations to have a quality improvement process, to use outcomes and to do long term and short term planning.
- All of the standards call for continuous evaluation, and all of them have standards for automated information systems and consumer and stakeholder input
- COA has specific standards for feedback of information, taking continual action, conducting case reviews, involving all personnel, and examining grievances, incidents, or accidents.

STANDARDS FOR QUALITY ASSURANCE SYSTEMS

Component	CWLA Standards	2001 Council on Accreditation Standards	1997 Council on Accreditation Standards	NAPCWA Guidelines Protective Services
Standards Planning	The organization should have a strategic plan that details the organization's mission, vision, goals, strategies and the major actions it must undertake in the next 3 -5 years (2.9)	The organization engages in organization-wide, long-term planning...At least every four years the organization conducts a...planning review that clarifies the organization's mission, established goals and objectives...and identifies and formulates strategies for meeting identified goals... (G2.3)	The process of continuous quality improvement includes systemic planning... the organization develops a strategic planning process for long-term visionary purposes in which longer-term goals are established... (G2.3)	
Outcomes	<p>...should translate strategic plan into an annual operating plan that integrates the long-range direction of the plan into the organization's daily activities (2.10)</p> <p>The organization should have a written statement that sets forth its vision, goals, and long-term direction (2.7)</p>	<p>Each of the organization's programs or services annually conducts short-term planning in support of the organization's long-term plan (G2.4)</p> <p>The organization has an outcomes measurement system in each of its programs which evaluates individual progress and program effectiveness (G2.7)</p>	<p>The organization... establishes short term goals which support the achievement of the organizational mission (G2.3)</p> <p>...the organization examines outcomes of cases...[and] examines aggregate data on outcomes. (G2.6)</p>	Outcome measures are needed to evaluate not only whether programs work but also how and why they work (VI.D)

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Component	CWLA Standards	2001 Council on Accreditation Standards	1997 Council on Accreditation Standards	NAPCWA Guidelines Protective Services
Quality Assurance Process	The organization should implement and incorporate throughout itself a process for monitoring the quality of its performance that is outcome based and centered on the child's well-being and stability, the...status of the child; and the achievement of permanence for the child (2.77)	The organization describes in writing a well-defined process for assessing and improving its overall performance and for meeting standards that promote quality outcomes (G2.1)	The organization has a well-defined and designed system to assess and improve the quality of organizational performance and to meet its standards for quality outcomes (G2.1)	
Evaluation	The organization should evaluate its services at regular intervals to determine whether those services are effectively meeting the needs of children and their families (2.79)	The organization evaluates its systems and procedures and uses its findings to improve its performance (G2.5)	The organization's systems, procedures and outcomes are evaluated on an ongoing basis, the results of which are used continuously to improve performance (G2.6)	CPS management should regularly evaluate CPS programs, services and personnel to ensure that all possible resources are in use to provide adequate, appropriate services to children and their families (IV.J)
Feedback		The organization provides clear, accurate and timely information regarding all aspects of the CQI process to its service recipients, governing body, personnel and other stakeholders ...at least annually... shares findings and results; data are distributed in a timeframe and form that are useful to all service providers and direct service staff (feedback mechanism) (G2.9)		All staff must have access to timely, critical and concise information related to families served by the agency (IV.K)

Component	CWLA Standards	2001 Council on Accreditation Standards	1997 Council on Accreditation Standards	NAPCWA Guidelines Protective Services
Continual Action		The organization takes continual action to improve services and promulgate solutions to the issues identified by its CQI activities (corrective action) (G2.11)	Continual action is taken to eliminate or ameliorate problems identified in ongoing program and outcome evaluations and in ongoing reviews of overall performance of the organization (G2.7)	
Automated information	The organization should have a management information system (MIS) for gathering and analyzing data related to strategic planning, quality improvement, and the evaluation of governance, operations and program services (2.76)	The organization maintains the information that is necessary to effectively plan, manage, and evaluate its services (G2.10)	The organization maintains information necessary to plan, manage, and evaluate its programs effectively (G2.5)	All staff must have access to timely, critical and concise information related to families served by the agency (IV.K)
Case Review		At least quarterly, the organization conducts case record reviews...a sample of open and closed cases that includes a representative sample of high-risk cases... evaluate presence, and clarity...of documents...and appropriateness and quality of services (G2.6)	An internal review of randomly selected open and recently closed cases...is conducted on a quarterly basis.... (G2.6) An organization which provides...day treatment and/or residential treatment services evaluates the necessity of conducting additional utilization review procedures.. (G2.2)	

Component	CWLA Standards	2001 Council on Accreditation Standards	1997 Council on Accreditation Standards	NAPCWA Guidelines Protective Services
Stakeholder Involvement Staff involvement	Public and nonprofit child welfare organizations should work in partnership to ensure the availability of a full array of services (1.3)	Representatives from all stakeholder groups, including persons served, personnel from all levels of the organization, and other stakeholders, participate in the CQI process (G2.2)	The participation of service consumers, all personnel, volunteers and volunteer leadership is integral to the quality improvement process (G2.4)	
Consumer input	Child welfare services should be customer driven, child centered, and family focused (1.7)	The organization measures consumer satisfaction for all services... [through] a consumer satisfaction survey to all persons served, or a statistically valid sample... (G2.8) At least quarterly, the organization conducts a review of all grievances, incidents, or accidents... (G2.5.04)	Formal and informal feedback from consumers of services and other collateral sources and stakeholders is aggregated and used to improve management strategies and service delivery processes...(G2.4.06-2.4.08)	
Organization Support for Quality	The organization's corporate and management structure should facilitate movement toward fulfillment of the organization's mission and achievement of the organization's vision. (2.68) The CEO should provide leadership in monitoring and evaluating the quality of the services of the organization (2.65)			

Resources: Quality Assurance for Child Welfare Agencies

Child Welfare Outcomes

“Child and Family Services Reviews: Procedures Manual,” Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, Washington, D.C., August 2000. Available on the Children’s Bureau website at <http://www.acf.dhhs.gov/programs/cb> or hard copies from the child welfare review project at 301-495-1080 ext 3249 or email cw@jbs.1.com.

The Procedures Manual includes written guidance to states on each part of the child and family services review process. Appendices include the instruments for the statewide assessment and the on-site review and other practical information on organizing the review process. Appendix I is the Pathway to Substantial Conformity, which lists the performance indicators for each of the outcomes and systemic factors, and provides information on how they will be rated.

“Child and Family Services Reviews: A Resource Book on the New Federal Child and Family Services Reviews,” from the National Child Welfare Resource Center for Organizational Improvement, University of Southern Maine, Portland, ME, February 2001. Available from the National Child Welfare Resource Center for Organizational Improvement at 1-800-435-7543 or by email at patn@usm.maine.edu

This package is intended to provide easy access to the documents that provide information for states on the new child and family services review process. In addition to selections from the Procedures Manual, it also the national standards for the statewide data elements, official descriptions of the review process, material produced by states on the reviews, and background material on the reviews.

“Child Welfare Outcomes 1998: Annual Report,” U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families, August 2000. Available on the Children’s Bureau website at <http://www.acf.dhhs.gov/programs/cb>. Copies can also be obtained through the National Clearinghouse on Child Abuse and Neglect Information at 1-800-394-3366 or by e-mail at nccanch@calib.com.

The Annual Report presents data on state performance on seven outcomes and thirteen associated performance measures. Data in the report is drawn from the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and neglect Data System (NCANDS)

“Child Maltreatment 1999: Reports from the States to the National Child Abuse and Neglect Data System.” U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families, 1998. Available on the Children’s Bureau website at <http://www.acf.dhhs.gov/programs/cb>. Copies can also be obtained through the National Clearinghouse on Child Abuse and Neglect Information at 1-800-394-3366 or by e-mail at nccanch@calib.com.

This report presents annual national data about child abuse and neglect known to child protective services agencies in the U.S. in Calendar year 1999. The data has been collected and analyzed through the National Child Abuse and neglect Data System (NCANDS)

“Assessing Outcomes in Child Welfare Services: Principles, Concepts, and a Framework of Core Indicators,” by the Casey Outcomes and Decision-Making Project, 1998. Available from the project website at <http://www.caseyoutcomes.org>

This publication proposes principles for child welfare services, discusses tools that can be used in outcome-based decision-making based on those principles, and presents a set of outcome and specific indicators for child welfare agencies to consider.

WEBSITE: <http://ndas.cwla.org>

This is the site of the National Data Analysis System, managed by the Child Welfare League of America in cooperation with state child welfare agencies. This comprehensive, interactive database is integrating national child welfare data from many sources, and makes customized tables and graphs available to users through the Internet.

Quality Assurance – Processes and Tools

“Evaluation Handbook Series: The Program Manager’s Guide to Evaluation” and companion volume, “The Children’s Bureau Evaluation Handbook,” U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families, 1997. Available from the catalog at the National Clearinghouse on Child Abuse and Neglect”, 1-800- 394-3366 or by e-mail at nccanch@calib.com.

These guidebooks were developed to assist program managers in assessing program performance and measuring impacts on families and communities. They explain the evaluation process and how it may be used to improve programs. The Children’s Bureau handbook addresses evaluation issues specific to the child welfare programs administered by the Children’s Bureau.

“Quality Improvement and Evaluation in Child and Family Services: Managing into the Next Century,” edited by Peter J. Pecora, William R. Seelig, Fortena A. Zirps, and Sally M. Davis, Child Welfare League of America, Inc, Washington, D.C., 1996. Available from the Child Welfare League of America,

This book is designed as a hands on tool to help child welfare agency managers develop more data driven, customer focused and outcome oriented approaches to service delivery. The tools discussed in the ten chapters include methods of defining services and work processes, change strategies, outcome-oriented approaches to practice, program evaluation instruments, a quality improvement toolbox, integrated information systems, and break-through planning techniques.

“Using Information Management to Support the Goals of Safety, Permanency and Well Being.” Available from the project website at www.muskie.usm.maine.edu/sacwis or from the National Child Welfare Resource Center for Organizational Improvement Clearinghouse at (800) Help Kid or email clearing@usm.maine.edu

This training curriculum is designed to teach child welfare supervisors how to incorporate information from automated systems into their day-to-day work to support improved outcomes for children and families.

“Total Quality Management in Human Service Organizations,” edited by John Gunther and Frank Hawkins, Springer Publishing Company, 1996

Chapters of this book provide an overview of total quality management as it relates to human service organizations, and profile the “Quality Oklahoma” initiative and other public sector quality improvement initiatives.

“Total Quality Management in Human Service Organizations,” by Lawrence L. Martin, SAGE publications, Newbury Park, CA, 1993

This book discusses the features of total quality management and describes the work of the primary TQM theorists. It discusses quality improvement tools and strategies, such as defining the service delivery system, forming quality teams, techniques for choosing improvement projects, and the need for top management commitment and employee empowerment.

Quality Assurance – Teleconferences

The National Child Welfare Resource Center for Organizational Improvement holds a series of audio teleconferences every year to highlight innovative management practices in child welfare. Audiotapes and handout packages from the sessions are available from the Clearinghouse at the Resource Center (\$10 each). Call 1-800-HELP-KID or e-mail clearing@usm.maine.edu. Recent sessions on quality assurance in child welfare are listed below.

April 11, 2000: “Quality Assurance Systems: Focusing Child Welfare Agencies on Improving Quality”

This session highlights two states that involve a broad range of stakeholders in regular reviews of the quality of child welfare services: Illinois, where staff are involved in peer reviews, and Alabama, where community-based quality assurance committees conduct case reviews. Presenters explore different approaches to quality assurance – both regular reviews of a comprehensive range of data from multiple sources, and intensive reviews of a small sample of cases as envisioned by the new federal child and family services reviews. Presenters: Michael Sumski, Associate Director for Quality Assurance, Illinois Department of Children and Family Services and Larry Dean, Program Supervisor, Office of Quality Assurance, Alabama Department of Human Resources.

April 25, 2000: “Outcome Based Management 101 for Supervisors”

In this session, Resource Center staff joined managers and supervisors to discuss their experience using outcome data and its impact on practice at the case level. Presenters: Bill Hindman, KIDS Director, Oklahoma Division of Children and Family Services, and Roger Ward, Decision Support and Research, Hamilton County, OH

May 8, 2001: “Building Federal Review Features into Ongoing Quality Assurance Systems”

This session explores how states can establish quality assurance systems that contain many of the same features as the federal reviews – particularly in-depth qualitative case reviews, paired with reviews of data and community involvement in assessing agency performance. Representatives from Alabama’s quality assurance system and from the more recent quality service review project in Iowa presented the steps they took to establish ongoing review mechanisms and their experience with continually evaluating their own performance. Presenters: Larry Dean, Program Supervisor, Office of Quality Assurance, Alabama Department of Human Resources, and Jane Keilor, Outcomes Project Director, Adult, Children and Family Services, Iowa Department of Human Services.

May 15, 2001: "Improving Practice, Improving Outcomes"

This session explores approaches states are taking to improve case practice – both by establishing practice principles and standards to guide casework and by reviewing cases with the goal of improving practice. State representatives discussed Utah's practice model and Missouri's practice development reviews. Presenters: Richard Anderson, Director, Utah Division of Child and Family Services and Vince Geremia, Practice Development Review Manager, Missouri Division of Family Services.

National Standards for Quality Assurance Systems

"1997 Standards for Behavioral Health Care Services and Community Support and Education Services," by the Council on Accreditation of Services for Children and Families. Available from the Council on Accreditation of Services for Children and Families, Inc., 120 Wall St., 11th Floor, New York, New York, 10005, (212) 797-3000

"COA's Standards and Self-Study Manual, 7th Edition, for Public Organizations," by the Council on Accreditation of Services for Children and Families, 2001. Available from the Council on Accreditation of Services for Children and Families, Inc., 120 Wall St., 11th Floor, New York, New York, 10005, (212) 797-3000

"CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations," from the Child Welfare League of America, Washington, D.C., 1996. Available individually and as a set from the Child Welfare League of America, c/o CSSC, P.O. Box 7816, Raritan, NJ, 08818-7816, (800) 407-6273

"Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families," National Association of Public Child Welfare Administrators, Washington, D.C., 1999. Available from the American Public Human Services Association, (202) 682-0100 or pubs@aphsa.org

These national standards each have specific requirements for quality assurance systems (see "National Standards"). They provide information on what is seen as the model elements in strong quality assurance systems

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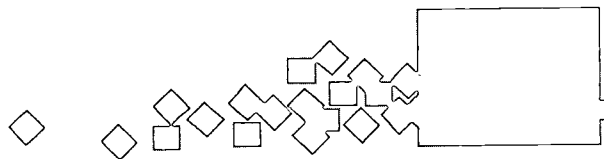
A Framework for Quality Assurance in Child Welfare

Child welfare administrators and senior managers increasingly are searching for new ways to assess their agencies' success in working with children and families. The term most often used to describe these efforts is Quality Assurance (QA). In practice, "quality assurance" has had no consistent meaning across child welfare agencies. Quality assurance efforts may range from administrative case review systems to periodic research studies to regular statistical compliance reports to comprehensive initiatives involving all these elements and more.

In this guide, the National Child Welfare Resource Center for Organizational Improvement (NCWRCOI) attempts to simplify the picture by presenting a framework for child welfare QA systems. While specific QA activities often will vary across agencies, the framework includes the broad elements all agencies should consider in creating new or energizing existing QA systems. The framework also presents the main elements in the form of implementation steps and state examples to assist readers in conceptualizing application within their agencies.

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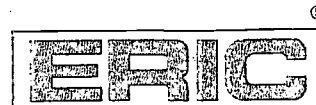


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