Continuous Quality Improvement Project

Indiana
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CONTINUOUS QUALITY IMPROVEMENT (CQI) STRUCTURE

Department Structure

In 2006, Indiana’s Performance and Quality Improvement (PQI) Unit was created and housed in the Practice Support Division within the Department of Child Services. In February 2012, the Unit was moved to The Services and Outcomes Division, focused specifically on agency outcomes (e.g. outcomes related to internal programs, provider services, etc.). The PQI Unit is led by the PQI State Director and includes nine PQI Analysts and one clerical staff person. All PQI staff are located in the Central Office. The State Director reports directly to the Deputy of Practice Support. Additionally, there is a Research and Development Unit, a Services Unit, as well as Data Management Team within the Division. There is no specific budget for PQI activities; salaries and travel expenses are paid out of the Agency Administrator budget.

Staff Qualifications and Responsibilities

PQI Unit staff must have a minimum of a Bachelor’s Degree in Social Work. It is strongly preferred that all staff have a strong working knowledge of the Practice Model (Teaming, Engaging, Assessing, Planning, and Intervening), social work practices and DCS policies, as PQI activities are centered around these three knowledge areas.

PQI Analysts do not have responsibilities outside of PQI-related activities. They are primarily in charge of organizing, facilitating, and monitoring the Quality Service Reviews and the Continuous Quality Improvement (CQI) initiatives designed by each Regional Manager after their QSR is completed.

Training

PQI staff received an initial training from the Child Welfare Policy and Practice Group (CWPPG) and continue to make adjustments to the QSR training curriculum for certification. Staff may attend any trainings put on by Staff Development (e.g. new initiative trainings) and any free-of-charge outside trainings related to PQI.

CWPPG helped the State develop their PQI reviewer training curriculum. Over time, PQI staff have become responsible for facilitating the qualified reviewer training for new reviewers. The curriculum is
adjusted regularly to address areas of weakness in the training. All changes are run through Staff Development to make sure that the training is on target and approved for training hours.

Committees

Indiana does not have a specific CQI committee, however their Regional Service Councils (RSCs) serve in a similar manner. RSCs are located in each region and include the membership of key internal and external stakeholders (i.e. judges, prosecutors, foster parents, CASA representatives, youth, family case managers, supervisors, directors, etc.). RSCs meet on a monthly or quarterly schedule to discuss progress and needs for improvement in their regions. Using data from the QSRs, the Councils create regional strategic plans aimed at addressing areas needing improvement in their regions. RSCs report out on their plans for improvement and subsequent progress with the intention of eliciting support from providers in the region. See Regional Services Council Protocol for detailed description of the RSCs.

CQI PLAN

Expectations, Missions, and Objectives

QSR reports and annual PQI reports include a summary of the Unit’s goals and objectives. The State does not have a PQI manual with formal expectations, missions and objectives.

Expectations and objectives of the PQI Unit are communicated through performance appraisals. For example, the PQI State Director’s performance appraisal will include several objectives for the year which will then trickle down to PQI staff.

Indiana’s PQI system is described as a mix between compliance and improvement-based reviews. The Quality Service Reviews and Reflective Practice Surveys focus on practice improvement and skill development while the Quality Assurance Review focuses strictly on compliance with state and federal statues as well as policies.

CQI Policies

Indiana’s Department of Child Services Child Welfare Manual includes separate policy items for Quality Service Reviews, Quality Assurance Reviews, and Reflective Practice Surveys.

ELEMENTS OF THE CQI SYSTEM

Qualitative Reviews: Quality Service Reviews (QSRs)

The QSR Protocol uses a thorough case review method and practice appraisal process to assess: (1) how children and their families are benefiting from services received; and (2) how well locally coordinated services are working for children and families. QSRs are conducted on a regional basis, one region reviewed per month with the exceptions of the months of August and November (ten reviews conducted per year). A total of 20 cases and four assessments are reviewed in each region, with the exception of 60 cases and 12 assessments are pulled in the State’s two largest regions, and 30 cases and six assessments are pulled in the third largest region. The Office of Data Management pulls a random
sample reflective of the region’s population of cases. The sample selection should be distributed to reflect the population in the following areas: age of child; type of placement; case type; and length of time in care.

The QSR tool is used for assessment and ongoing cases to measure performance on 22 indicators in three areas: Child Status Indicators; Parent/Caregiver Status Indicators; System Performance Indicators. In the past, the PQI Unit has completed targeted reviews for regions requesting them on high profile cases. The Unit expects that the use of targeted reviews for assessment and stalled cases will increase in the next round of QSRs.

Qualified reviewers are teamed with reviewers-in-training and each team is assigned one case per site review. To become a qualified reviewer one must:

1. Complete a two-day New Reviewer (protocol) training;
2. Shadow a Lead/Mentor Reviewer for one (1) case in a QSR;
3. Participate in two (2) QSRs as a Lead Reviewer in Training;
4. Complete one (1) day New Mentor training; and
5. Participate as a Mentor Reviewer.

New reviewers must have received the State’s practice model training. Reviewers are hand-selected and must receive permission from the Regional Manager and/or management staff to become a qualified reviewer. The PQI Unit relies on the regional and management staff to screen reviewers for appropriateness.

To address inter-rater reliability, the PQI Unit facilitates the mini-rounds (discussed later), during which reviewers report out on their assigned case and their scores. The PQI staff checks to ensure that the scores align with the reviewers’ justifications. Reviewers also fill out workbooks which are reviewed by PQI staff. If discrepancies are identified, the reviewer team is contacted and the scoring is discussed. The PQI Unit also periodically sends out cases for teams across the State to score. If any outliers are found, the Unit will contact those reviewers and discuss the case scoring with them. Additionally, the PQI staff are available upon request to help reviewer teams with scoring.

The PQI Analysts are responsible for organizing and facilitating the onsite review. There is a 16-week preparation period (See QSR 16-Week Preparation Checklist) prior to each review during which family case managers must gather information on their pulled case and schedule interviews with key stakeholders (i.e. relatives, resource parents, teachers, CASAs, providers). Three to four weeks prior to the review, the PQI staff will contact each case manager to review case preparation progress, address any questions they may have and finalize the review schedule. The review week includes the following steps (See QSR Review Week and QSR Regional Orientation for sample schedule and overview of process):

1. The Mentor Reviewer and the reviewer-in-training will review the file and meet with the assigned FCM. The status of the case will be checked in comparison to the information initially
provided. The reviewers may request at any time that additional interviews be scheduled during the review process;

2. Interviews are completed;

3. Each review team will provide feedback Wednesday afternoon with the assigned FCM and/or Supervisor. After this debriefing, review teams will present to other review team members the reviewed cases, and determine common trends across case findings in what is known as the “mini-round”;

4. The Regional Service Council (RSC) meeting will be open to the regional staff under review and the regional stakeholders. There will be a presentation including trending data from the region’s previous reviews and analysis of the preliminary data collected during the regional review. Those in attendance will be asked to participate in the discussion over the results of the review and asked to focus their suggestions on how to improve overall system performance in areas where the regional scores reflect concerted action needed. During the RSC meeting, the region will select one indicator that they would like to work on for the subsequent 18 months;

5. Lastly, the Regional Manager will write their plan for improving the Indicator and send it to the Deputy Directors for feedback and assistance in accomplishing their plans. Deputy Directors support the regional plans through completing action steps related to the requests made by the Regional Manager. For example, if the region feels that policy is impeding their process, they may ask the Deputy Director of Practice Support with oversight over Policy to change or write new policy around that issue.

Following the QSR process, the PQI staff will track the progress the Deputy Director has made toward the completing the request and report it back to the Regional Manager. Every six months, Regional Managers will meet to update their peers on region’s progress related to their chosen indicator.

Quality Assurance Reviews (QARs) & Reflective Practice Surveys (RPSs)

The QAR provides an objective analysis of the Indiana Child Welfare System by evaluating systemic factors in each DCS local office by identifying strengths and needs to ensure compliance with: federal and state laws, regulations, policies, and social work best practice. The DCS local office will conduct the QAR on a quarterly basis in conjunction with the RPS. Cases pulled for QAR will be randomly selected by the Office of Data Management.

The Supervisor will have one case pulled for each Family Case Manager (FCM) assigned to their unit. The Supervisor will:

1. Review the hard copy case file;
2. Review the case in the Indiana Child Welfare Information System (ICWIS);
3. Score each case using the appropriate form on the QAR SharePoint website; and
4. Submit the form electronically through the QAR SharePoint website.

The State is moving toward adjusting the QAR tool to strictly look at computer generated answers so that supervisors can easily pull the quantitative information and then move on to the qualitative work.
The RPS tool provides an analysis of case management services by identifying the strengths and needs of the family, as well as, those of the FCM. The RPS tool uses field observation and a FCM interview to review cases in order to evaluate the FCM’s practice skills. RPS will be completed quarterly in conjunction with the QAR.

Only one case will be selected per FCM for the QAR and RPS for an overall comprehensive assessment. The Supervisor will:

1. Shadow the FCM on a home visit for the selected case;
2. Interview the FCM after the home visit using the RPS Indicator questions;
3. Score the case using information obtained from the field observation and FCM interview;
4. Provide feedback to the FCM.
5. Develop and submit a trends report summary to the DCS Local Office Director.
6. The DCS Local Office Director will submit a list of county trends to the Regional Manager.
7. The Regional Manager incorporates his regions plan for improvement of a select area into a report for the Deputy Director of Field Operation.

The PQI Unit is the in the process of developing a QAR and RPS tool for the Institutional Child Protection Unit. At this time, the State is using the existing QAR and RPS tools for assigned assessments as their starting point and researching other State’s compliance and quality review processes for ICPS units.

Hotline Quality Assurance Reviews

DCS researched Hotline QAR processes used in other child welfare organizations across the country to develop the current process. The objective is to ensure that the review identified strengths and areas that need specific attention in order to further strengthen the system and remain in compliance with federal and state laws, regulations, policies, and social work best practices.

Hotline: Intake QAR

PQI developed a computerized survey to assist in evaluating the intake reports to ensure that the Intake Specialists (IS) are following policies and procedures when gathering information from the report source and when documenting the information obtained. Specifically, the survey is designed to determine if the following areas are being addressed by the Hotline:

- Child and worker safety issues,
- The maximum amount of information about the child, family, and allegations are gathered by the IS from the report source,
- Adherence to the standards set within the Hotline protocols,
- Consistency in decision making is maintained by the Hotline.

Additionally, the survey is used to identify systemic trends.
After identifying an accepted margin of error of +/- 5%, a statistically significant, three month quarterly sample size was calculated based on the number of intake reports over a 12 month period. The quarterly sample size was obtained by dividing the calculated yearly sample size by 12, totaling 200 reports pulled. It was determined that the randomly pulled intakes would reliably represent the total annual number of intakes with a 95% level of confidence. Each quarter the randomly pulled intakes are reviewed by the QAR team.

The Hotline QAR team is composed of approximately 60 reviewers who are management level staff; supervisors, directors, regional managers, and an attorney. The reviewers supply third party oversight and accountability to the process.

Two hundred randomly pulled intakes are selected for each review. Every quarter each reviewer is assigned three (3) to four (4) intakes along with the correlating phone recording to evaluate the report using the standardized Hotline QAR tool. Responses are entered into a computerized survey for tracking and data assessment purposes.

After all of the surveys have been completed, a debrief phone call is conducted with the reviewers to discuss any patterns that they may have noticed with the reports. Reviewers also identify the strengths and areas that need specific attention in order to further strengthen the Hotline process.

**Hotline: Screen-Out QAR**

This review ensures that specific strengths and areas that need attention are identified in order to further strengthen the system and remain in compliance with federal and state laws, regulations, policies, and social work best practices are recognized.

A standardized set of questions, along with the references to the related DCS policies, are used during each Screen-Out QAR review. Participants evaluate each intake in the following areas:

- Specific reasons for screening out the report were documented by the Hotline Intake Specialist.
- The intake report was screened-out by Hotline, and the Screen-Out Review Committee confirmed the decision to screen-out the report was appropriate.
- The allegations in the report were solely of a criminal nature, and the report was referred to law enforcement.
- The intake report was screened-out, and an Information and Referral was made for the family when appropriate.
- There is no concern that this is a high risk case and immediate action is not needed.
- There are no overall safety or future maltreatment concerns about this case.
- The intake was screened-out by the Regional Manager after assignment and the committee decision is to reassign for assessment

After identifying an accepted margin of error of +/- 5%, a statistically significant, weekly sample size was calculated based on the number of screen-outs over a 12 month period. The monthly sample size was obtained by dividing the calculated yearly sample size by 12, totaling 31 reports being pulled per week.
It was determined that the randomly pulled screen-outs would reliably represent the total annual number of screen-outs with a 95% level of confidence.

The screen-out QAR process consists of a weekly random pull and review of the selected approved screen-outs. Each screen-out is reviewed for compliance with state and federal statutes as well as for best practice.

The screen-out review committee was established to review the randomly pulled screen-outs. The participants of the review committee will include the following eight (8) DCS representatives: Regional Manager; Local Office Director; Local Child Protection Team Member; (2) Local Office Supervisors; Local Office Attorney; Practice Support staff; and a Hotline Supervisor. This committee is an additional step in the agency’s quality assurance process and began with the roll-out of the Hotline. The screen-out review committee will:

1. Meet weekly on Monday, unless there is a designated state holiday, in which case they will meet on Tuesday.
2. Received the selected reports, along with any prior DCS history for the families the Friday before the meeting.
3. Review the randomly pulled reports.
4. Review all screened out child fatality and near-fatality reports.
5. Discuss each report individually and address any questions regarding the reports.
6. Verbally vote on whether to screen a report back in if there are any objections to that report being screened-out.
7. Decide if a referral for community services was appropriate and completed for the family.

If there is concern that a screened-out report may need to be screened back in to be assessed, it is put to a vote. A majority vote is required to assign the report for assessment. Additionally, in the event of a split vote, the committee consults a Field Operations Executive Manager, who casts the deciding vote for the screened-out report in question.

The Hotline is about to institute a standardized decision making tool to improve consistency and adherence to formalized protocols. The staff will have select identified protocol section as justification for assigning a report for assessment. The SDM tool will required the IS to select the correct justification on the protocol for assigning the report and an initiation timeframe or provide a written explanation for assignment when the allegation does not meet a specific protocol. Adherence to the protocol design will improve consistency in assigned reports and screen outs.

**Quantitative Data**

Indiana has access to quantitative data through their SACWIS system. The State is in the process of switching their data system to MAGIK, a more intuitive and user-friendly system for their staff and providers.
USE OF DATA

Reports

The State’s approach to PQI reporting is to blend it with other initiatives or goals. For example, the State issues Practice Indicator Reports, which report out monthly on 11 indicators that the State continually strives to improve. While the State was under its most recent federal PIP, a large report was issued quarterly which reported on how the State was achieving specific PQI goals in relation to both improvements in practice indicators and achievements on elements of their PIP. The report has been changed since being released from their PIP, but the State still looks at how goals for improving practice indicators are related to the QSR indicators chosen for improvement.

QAR result reports are available for review on the QAR SharePoint within 15 calendar days from the end of each quarter. QAR result reports are generated for each QAR tool (Adoption, Assessment, CHINS and IAs) and additional reports are generated for ‘All Survey Summary’ and ‘Exception’ data. Each report provides a breakdown and comparison of Statewide, Regional and County data collected from the QAR. The Adoption, Assessment, CHINS and IA reports provide additional breakdown of worker data. The Exception report provides county data on pulled cases that were not reviewed during the quarter and/or not completed correctly.

QSR reports are typically made available to management staff. Practice Indicator reports and Hotline QAR reports are available to the public on the DCS website.

Data Software

Indiana currently uses FileMaker to house all of its QSR data. Several PQI staff have recently been trained on SASS. The State is in the process of creating a database with its QSR data so that PQI staff may use SASS to produce more reports and complete further data analysis.

Plan Development and Training

Regions are required to create local improvement plans. Progress is reported back through a STAR report. The State is in the process of redesigning this process as a result of having completed their PIP. They would like to refocus efforts more toward measuring quality improvement and reporting.

Data is used to inform CFSPs, APSRs, training, new initiatives, and policy. The State uses QSR results and other data to identify training needs. QAR results were consulted when creating the federal PIP and both QAR and QSR results were used in subsequent reporting.

Systemic Issues

Indiana uses data and results to address systemic issues in the State. Human Resources feeds data through the agency related to staff retention, exit and satisfaction surveys, so that the agency is informed on staff needs. Results from ITNAs are cross-referenced with QSR and practice indicator data.
reports to determine definitive training needs. Systemic issues are often discussed at Central Office Executive Management quarterly meetings.

**Identifying and Correcting Data Quality Issues**

The Office of Data Management is primarily tasked with data quality issues. If data does not make sense they will work with the field to remedy the problem. Regional Managers and Directors can look at drill down reports to try to identify where and why data mistakes may have been made.

**Linking Data Sources**

The State does not currently link different data sources; however, the State is bringing in a national data expert to develop a system of linking the data currently available.

**Collaborative Data Analysis Efforts**

Indiana does not have any formal collaborative relationships for data analysis. The State has been working closely with Casey Family Programs on data related to joint initiatives.

### STAKEHOLDER INVOLVEMENT

**Internal/External Stakeholders**

Internal and external stakeholders are invited to attend the QSR data presentation at Regional Service Council meetings. They are also welcome to attend local data presentations and meetings. At the regional level, stakeholders are involved in the Regional Service Councils and at the State level, stakeholders were involved extensively during the creation of the State’s most recent PIP. Stakeholders receive practice indicator reports as well as other internal data reports.

Specific interviews for identifying systemic issues are not part of the State’s PQI process, however, the PQI Unit reports that many of these issues come out during the QSR interviews. For example, if a case is stalled for permanency, then an issue with the courts becomes apparent.

Internal and external stakeholders are also invited to participate in regional QSRs as third party shadows to the process. The Regional Manager will inform stakeholders of the review dates. Those who are interested in shadowing cases are assigned to cases outside of their service area but within the region as there is no financial reimbursement for their participation. Following the review, stakeholders debrief their experiences with the Regional Manager.

**Collaboration**

The State contracts with Indiana University to assist with the delivery of training, so they have been a critical partner in developing curriculum and training staff. The PQI Unit works closely with mental health providers and facilities to implement the Child & Adolescent Needs and Strengths Survey. Weekly or biweekly meetings are held to make sure the initiative is running smoothly. The Unit had also partnered with the Department of Mental Health in the past on a QSR-like process they were using. The
Department lost funding for the project and so the PQI Unit is in the process of approaching their department in hopes of joining with them in to the child welfare review process.

Privatized Systems

Private providers are involved in PQI to the extent that they are involved in a case that is being reviewing in a QSR. There is no requirement that providers have an internal CQI process.

FUTURE PLANS

The PQI Unit is in the process of creating an advanced reviewer training which targets areas that the Unit feels reviewers need more support around. This training will contribute to increased inter-rater reliability. The Unit would also like to improve stakeholder engagement in different regions. For example, they would ideally like to have CASA representatives and community mental health providers participating in local reviews.

SUMMARY DOCUMENTS

Regional Services Council Protocol
Quality Service Reviews Policy
Quality Assurance Reviews Policy
Reflective Practice Surveys Policy
QSR Protocol
QSR 16-Week Preparation Checklist
QSR Review Week
QSR Regional Orientation
Reflective Practice Survey Tool
Practice Indicator Reports