

Continuous Quality Improvement Project

COMMITTEES

STATE

Alabama

The State's [Quality Assurance Guide](#) outlines the role of the State QA Committee and the County QA Committees:

- **State QA Committee**

The State Quality Assurance Committee is an independent body of representatives whose functions include: monitoring outcomes and agency performance from a statewide perspective; serving as a link between the community and the State Department of Human Resources; facilitating the networking among, county QA Committees; promoting an effective child welfare system that supports positive outcomes for children and families served by the Department; and, issuing reports as requested by the commissioner of DHR, as part of its citizen review panel responsibilities, or at the initiative of the Committee. The QA Committee meets on a quarterly basis.

The Committee members are appointed by the director of the Family Services Division, in consultation with the commissioner of the Department of Human Resources, and include a broad spectrum of representatives of the child and family service delivery system. *See the [Quality Assurance Guide](#) for a list of the sectors represented by Committee members and detailed information on nominations and term limits.*

The Committee's authority is advisory to the State Department of Human Resources. In this role, the Committee reviews data and other information related to child and family services, outcomes for children and families and the Department's capacity to deliver services in a manner consistent with its mission and goals. The Committee also serves the role of CAPTA Citizen's Review Panel. The State QA Committee does not engage in regular case reviews, as do the county QA Committees, but may participate in county reviews periodically as appropriate. The Committee may also initiate studies of particular areas of interest or concern and, in doing so, may request assistance or information from county quality assurance Committees and state and county QA staff. As needed, the Committee may issue reports of its activities or findings of studies and may recommend actions to the Department that reflects its findings or concerns. The Committee may assist county QA Committees in carrying out their functions and may also provide assistance to the Department, upon request, in carrying out other quality assurance functions in the state.

In regard to any case reviews conducted by members of the State QA Committee, the Alabama Legislature has passed a bill which provides immunity from liability for investigations and actions to members of multidisciplinary child protection and other case review teams.

Current as of October 17, 2012

- **County QA Committees**

Each county will have a county quality assurance Committee that is an independent group of representatives, whose functions include reviewing the performance and outcomes of child and family services within the county, providing the county with recommendations regarding service delivery, and serving as the local CAPTA citizens review panel. The county director appoints members of the county QA Committee. Although the number of members on Committees will vary significantly by the size of the county, most Committees will include approximately 15-20 members and include representatives of service consumers, service providers, other public and private agencies, allied professionals, the courts, and community stakeholders. The composition of the Committee should represent the demographic diversity of the community in terms of race, ethnicity, rural/urban, and any other relevant groups within the county. *See the [Quality Assurance Guide](#) for more detailed information on the composition of the Committee, term limits and nominations.*

The functions of the county QA Committee include the following:

- Provide leadership for the Committee by electing officers and determining the Committee's review agenda;
- Hold regular, usually monthly, meetings;
- Routinely review data related to the key indicators and functioning of the county Department's child and family service programs;
- Perform case reviews to determine the quality of services and outcomes;
- Review satisfaction surveys and conduct stakeholder interviews to assess outcomes for children and families as well as systemic issues;
- Pursue issues of local interest or concern, including special studies, most often resulting from the review of data or from other information that suggests a need for further inquiry by the Committee;
- Advocate on behalf of the agency, consumers or providers on issues related to improving services, agency capacity or outcomes;
- Participate in developing and approving reports of the Committee's activities or findings;
- Provide feedback to the county department on the results of all assessments; and
- Appoint a representative to serve on any child death review Committee as needed in accordance with the Department's child death review policy.

Training is provided to State and County QA Committee members on an as-needed basis.

Arizona

Arizona does not have any formal CQI committees on the regional level. At the state level, a Child Welfare Administration (CWA) CQI committee of Practice Improvement, Policy Unit, Children Welfare Training Institute, Social Work Assessment Team, and state level administrators meets monthly. Members of the committee share and analyze information to identify practice trends and system improvement needs, develop action plans, coordinate on-site support to field staff, and clarify practice standards to ensure consistent instruction is given to field staff.

Current as of October 17, 2012

Colorado

As part of the Colorado Practice Model roll out, counties have been asked to create Quality Practice Teams (QPTs). Teams are completing business process mapping around different practices in the county, as well as using data to identify areas in which they are doing well and/or need improvement. Initiatives are then identified in order to improve performance.

The ARD Steering Committee is made up of representatives from county departments, the Division of Child Welfare, and other system partners. The Committee meets quarterly to help guide the ARD's decisions. For example, the Committee met recently to discuss removing two questions from the review instrument after the ARD decided they had collected enough data on the questions to write a white paper. By communicating which practices the Steering Committee would like to see reinforced, the ARD is able to tailor their reviews to meet the State's needs.

Connecticut

Connecticut has recently organized a statewide Quality Improvement Council. The Council consists of managers from Central Office and from Regional Offices. They meet monthly to discuss CQI related issues; for example, the Council is currently working to develop a specific training for CQI staff.

There are also regional CQI teams throughout the State. These teams are staff driven, consisting of program managers, directors, supervisors and caseworkers. Each team is organized around a different issue or function, meeting regularly to make decisions around these areas. Recently, regional teams have been working on developing strategic plans. Though there is no formal structure for interaction with the State QI Council, the regional teams recently convened to present their strategic plans to the Council, the Chief of QI and the Commissioner. This meeting provided an opportunity for the regions to learn from one another in the strategic planning process.

There is no formal training or support for the QI Council or regional CQI teams. The tracking and documentation of the regional teams' work varies from region to region, however both the Council and regional teams keep minutes of their meetings.

District of Columbia

The Office of Planning, Policy and Program Support (OPPS) CQI Committee consists of members of the OPPPS administration, particularly program managers and supervisors involved in CQI activities. The committee meets regularly to compare notes, prioritize issues, find resolutions and discuss existing resources that may be better utilized by the District. The Training and Policy Departments also participate. Meeting notes are recorded and recently the committee has begun preparing an annual report.

The [2011 CQI Report](#) describes monthly management meetings in the District:

CFSA's senior management meets monthly to review the Agency's progress toward meeting national and self-imposed standards. Program administrators lead the discussions using data from selected FACES reports. Topics include movement or lack of progress and steps taken to improve the Agency's outcomes. This forum allows senior management to revisit concerns in a consistent manner and to probe deeply into factors influencing Agency performance while still allowing for recognition of successes.

Current as of October 17, 2012

Florida	All lead agencies are required by contract to implement ongoing CQI activities. The state does not direct the format or process for these activities. At the present time, Florida does not have a statewide CQI committee.
Georgia	There are currently no CQI committees within Georgia.
Hawaii	Hawaii has a CQI Council that meets regularly and covers a broad agenda. Since beginning their current PIP, the State has placed the Council on hold and created a PIP Steering Committee. The CQI Project Director facilitates this group of approximately twenty-five members. The Committee works with the DHS Administrative Team to share information about the PIP and receive input on the improvements being made. The Committee also has workgroups, each with specific tasks. The Committee meets quarterly and the workgroups meet in between quarterly meetings. Workgroups present their work at the quarterly meetings. The State also has PIP Core Meetings. At these meetings, the DHS Administrative, Program Development and Staff Development teams discuss and coordinate activities towards meeting PIP goals. This also provides an opportunity for the CQI Project Director to report out on data from the case reviews.
Idaho	The Child Welfare Subcommittee consists of the regional Chiefs of SW and two Child Welfare Program Managers. The Subcommittee meets every two months to discuss the CQI process and several other non-CQI topics. Regional teams report quarterly to the Committee on their findings from the case reviews. In-service trainings also take place during committee meetings.
Illinois	<p>Illinois has local, regional, and State Quality Councils. There are six Regional Quality Councils (QCs) that meet monthly. The Statewide QI Plan outlines the requirement of Regional QCs, though they are allowed some flexibility and autonomy to be creative. The Statewide Quality Council meets quarterly and consists of representatives from the six Regional QCs along with staff from other departments (training, IT, etc.). If there is an unresolved issue from one of the Regional QCs, a standardized form outlining the issue (called a one-pager) is submitted to the Statewide QC. The one-pagers are tracked using an excel spreadsheet, and minutes are kept for these meetings. If a one-pager is not resolved, it is carried over to the next meeting. Local QCs, or Site Councils, generally meet on a monthly basis. These groups vary and can consist of supervisors, casework staff of numerous specialties (Foster Care, In-Home Family Services, Adoption, etc.), regional training staff, administrative case review staff, or clerical staff.</p> <p>All regions have a Peer Review Committee which CQI staff are involved in. This helps with the Peer Review process as these reviews require a great deal of preparation and organization. These committees are responsible for vetting through all of the data and determining how they are going to use it. The committees meet at least quarterly. Some regions also have a Training Committee or Health and Safety Committee.</p>

Current as of October 17, 2012

Indiana	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 Quality Service Reviews, 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.
Iowa	Four of the six regions had local CQI committees. Three of the regions have dissolved their committees due to a lack of resources. Teams employ the Lean rapid change tools such as Plan-Do-Check-Act. Once a team has been approved to investigate a problem, the team is free to move forward with a strategy for solution.
Kansas	As part of the Child Abuse Prevention and Treatment Act (CAPTA) requirements, Kansas has three Citizen Review Panels which are involved in Performance Improvement activities: The Child Safety and Permanency Panel, The Child Death Review Board and the Kansas Child Welfare Quality Improvement Counsel (KCWQIC).
Kentucky	<p>In addition to the Central Office staff, Kentucky uses a team structure for CQI activities in the State. Kentucky's CQI State Plan describes the team approach: The formal Department for Community Based Services (DCBS) CQI process consists of teams/meetings at the local, regional, Central Office and department levels, supplemented by foster parent and community teams at both the regional and state level. The multi-level process allows for information flow and solutions to be generated and implemented by all levels of staff within the organization. Problems that require input from multiple levels of the agency are advanced through the system in an orderly way that assures a commitment to problem-solving and feedback. This interactive process allows give and take and the presentation of data from the local level to the state level. Meetings often include the use of data to examine trends or opportunities to improve, generate solutions, or determine strategies that work. Teams also discuss the results of case reviews or other information or reports to ground the discussion in 'what is' and generate a solution-focused discussion.</p> <p>Generally CQI Meetings occur at least quarterly at all levels. Minutes are taken by the scribe and recorded in the CQI Minutes/Issues Tracking System (CQI_MITS). Issues identified at each level can travel several routes. They can remain pending at the local, regional, or departmental level until a solution is identified. Issues can be advanced to the next level for resolution or returned to the previous level for additional information or solution. Some issues may be deemed "irresolvable" for a variety of reasons and be held as unresolved or pending for any period of time. The managers of the CQI process (specialists and Central Office leads) will review these pending issues periodically and resolve them as possible. Other issues require long-term system change and years of work to implement; field staff appreciate updates on solutions in progress.</p>

Local CQI Teams

The local CQI teams consist of approximately eight to twelve staff members from within the county. The goal is for every staff member including county support staff, child care workers and others to have a voice in decisions and access to performance data. Local CQI teams are designed to consist only of agency staff to allow for free-flowing discussion and decision-making on local issues. In addition, they may identify policies or issues that impact local operations and require resolution at the succeeding level (or levels). The internal nature of meetings at this level is intended to focus on internal issues rather than other agencies or community partners. *See the [CQI State Plan](#) for more details on local teams.*

Regional CQI Teams

The regional CQI teams are composed of the service region administrator, service region associate administrator, service region clinical administrators, specialists (CQI, Family Support and Protection & Permanency) and representatives from each of the local teams or counties including the foster parent CQI team. Optional members of regional teams also include community partners, regional support staff (regional training coordinators, foster parents, MSW consultants and youth or family representatives). Regional CQI teams meet quarterly with representation of all or most of the team members to provide resolution and feedback to issues addressed at the local level. Regional teams also identify policies or issues that impact local or regional operations and require resolution at regional level or advancement to the department or return to the local levels. *See the [CQI State Plan](#) for more details on regional teams.*

CQI Teams & Community Partners

Community partners may be invited to attend any level CQI meetings for a specific identified need of information sharing (e.g., services the community partner provides, provisions of new service delivery by the community partner, community partner perspectives on community resources, etc.).

Central Office Solution-Focused Workgroups

CQI Central Office teams are different than local or regional teams since Central Office is responsible for generating policy, practice guidelines, and providing leadership to all quality improvement efforts. Therefore, teams may be formed to address specific practice or service delivery issues identified by regional or local teams, by internal quality assurance processes or by federal reviews and other program oversight efforts. These focused Central Office teams work to solve specific problems using a time-limited workgroup structure. In addition to identifying issues, Central Office workgroups provide employees with a voice in the agency leadership. State leads enter solutions to issues advanced from the regional level into the CQI_MITS.

Kentucky's [CQI State Plan](#) describes the State's Department of Community Based Services (DCBS) CQI Steering and State Team:

The Department CQI Steering and State Team consists of the commissioner, the deputy commissioners, commissioner's office staff, all Central Office division directors or their designees, the Training Branch manager, The Worker's Information System (TWIST)

Current as of October 17, 2012

	<p>and Kentucky Automated Management Eligibility System (KAMES) representatives and two CQI specialists that rotate attendance. The Department CQI Steering and State Team meets at least quarterly to provide resolution and feedback to issues addressed at all previous levels and to guide the direction and implementation of CQI. <i>See the CQI State Plan for more details on the DCBS CQI Steering and State Team.</i></p>
Maine	<p>In 2006/2007 there was a Performance and Quality Improvement (PQI) Committee Program that was introduced to each district, modeled after the Kentucky and Illinois CQI process. Some districts still utilize this as a process to bring staff together to think about what their current challenges are and strategize ways to overcome some of them. Some districts use a different, but similar, meeting format to accomplish this. The goal is to bring the people who are doing the work together to talk about how to overcome some of the barriers being found within the districts, and using the PQI Committee meeting format is just one way to accomplish this. The PQI district staff are available to help coordinate these meetings and support the committee process.</p> <p>There is a PIP Steering Committee in Maine that meets on a quarterly basis. A draft of the PIP submission is shared at this meeting, and feedback is provided from partners. Membership includes training partners and other stakeholders.</p>
Michigan	<p>The Quality Assurance Division plans to organize CQI committees throughout the State, likely positioned in the major urban centers and regionally.</p>
Minnesota	<p>There are no formal committees for QA-related activities.</p>
New Mexico	<p>There are no formal CQI focused committees within New Mexico. The PI Bureau and other agency staff work closely with the Court Improvement Project and are part of that effort. There is a focus on data sharing and review with the focus being primarily to look at how the court functions and how they can improve particular permanency outcomes for children and youth.</p> <p>*October, 2012 Update: A group has formed to begin a CQI focused committee process. This statewide group emerged out New Mexico's Implementation Center Project Work Group and is part of an effort to implement the State's Practice Model.</p>
New York	<p>In New York, the Child and Family Services Review (CFSR) and CQI are closely linked. They have formal Program Improvement Plan (PIP) meetings with the Regional Office Directors, which will end as soon as the State closes out their PIP. The CQI Data Director and the Prevention, Permanency & Program Support Unit Director engage regularly with the Regional Office Directors and receive a great deal of feedback regarding the CQI process and how things are going within the Regions. Some regions have their own formal committees for the CFSR.</p> <p>There is a formal committee between the Child Welfare Court Improvement Project and NYS' Office of Children and Family Services. This committee is fully supported by leadership within the State, and focuses on CQI initiatives and data topics. They meet on a quarterly basis with additional trainings and meetings occurring as needed. They're currently working on how to track and document the work generated from this committee.</p>

Current as of October 17, 2012

New York has a state supervised, county administered system; in addition to the state, there are three key players to New York's CQI: local departments of social services, residential care agencies, and the courts. As such, the Unit is developing opportunities for conversations to occur between residential care agencies, local districts, and the State.

Oklahoma

Oklahoma does not have any formal CQI Committees. The State has committees related to the APSR and CSFP as well as other advisory committees which provide oversight and feedback for continuous quality improvement in the State. The committees include OKDHS commissioners, legislators, OKDHS and service agency executives and staff, foster parents, judges, Tribal representatives, advocacy groups and youth, etc. Additionally, there is a Practice Model Implementation (PMI) Steering Committee which looks at implementation of the practice model.

Pennsylvania

During the development of Pennsylvania's federal PIP, the Sustaining Change Workgroup was created. Made up of approximately 72 stakeholders from around the State, the group first convened in August 2009 and continues to meet on a monthly basis. From this group, several subcommittees and workgroups have emerged to focus on specific aspects of establishing Pennsylvania's framework for CQI (e.g. developing the QSR protocol for reviews and creating the QSR Manual). The Sustaining Change Workgroup is credited with "keeping it all together for us" and continuing to monitor implementation of the CQI effort. A core group of site leads from around the State have formed a peer network to oversee the implementation of the counties' CQI process. Bimonthly conference calls are held with site leads for Phase I and Phase II counties to discuss implementation efforts. Site leads from subsequent phases will join the calls as roll-out continues.

South Dakota

In addition to the CQI Core Team, South Dakota has EPICS (Enhancing Programs and Insuring Child Safety) Workgroups. These workgroups were created following the Round One CFSR in 2001. There are three main groups: Safety; Permanency & Well-being; and Systemic, and several subgroups. These workgroups are primarily made up of supervisors, regional managers, program specialists, and a few family services specialists. Minutes are kept for all meetings and they are uploaded to a shared drive to which all members have access. The CQI Core Team provides updates to the Management Team on the progress of the EPICS workgroups.

The State organizes ad hoc committees to address specific issues.

The Supervisor Advisory Group (SAG) is comprised of one supervisor selected by the Regional Manager from each of the State's seven CPS regions. The SAG serves as peer representatives of all CPS supervisors. The group liaises between supervisors and the State Management Team on policy, practice, training, and Division operation. The SAG addresses issues more regional in manner, whereas the Core CQI Team covers more statewide, systemic issues.

Tennessee

Tennessee has CQI Quality Practice Teams (QPTs) and Quality Circles. Each region has a QPT which is made up of seven to ten employees and stakeholders from the region. The team meets on a monthly basis and is led by the regional CQI coordinator. The team uses data to identify regional issues, brainstorm solutions, set goals, identify

Current as of October 17, 2012

action steps, and finally, to track and adjust goals. Each region also has six to ten Quality Circles. Each Circle has a member of the region's QPT, as well as other employees and stakeholders from the region. These Circles focus on particular problem areas. For example, some of the regions have a Youth Quality Circle with a post-custody youth sitting in the Circle. These Circles look at Quality Service Review (QSR) indicators to identify issues and set goals for improvement. The goals are then presented to the QPT for reporting back to the Regional Administrator. Once the Regional Administrator has reviewed and approved the goals, the region is given permission to follow through with the appropriate action steps.

All QPTs are currently chartered, and it is anticipated that all Circles will also be chartered. When Tennessee's system was first rolled out in 2005, all employees were required to participate on a CQI team. The State, however, found that this resulted in too many teams (hundreds) being formed, with some of them never getting past the "ice on the sidewalk" stage of CQI. Though this mandatory system did help to create a CQI culture in the State, they have since changed participation to voluntary. Quarterly meetings and regular teleconferences are organized for CQI Coordinators. Each CQI Coordinator is also a member of Group Site, a social media internal web system that allows users to create profiles, share data and network with one another. Users are able to send email blasts and facilitate group discussions through the program. The State CQI Unit is also able to track Regional Coordinator use on Group Site, which allows the Program Coordinators to remind users to log on and check out new information if the user has been inactive for an extended period.

Each county has a Community Advisory Board (CAB), i.e., an independent 501(c)3 organization made up of different providers that helps families in need whose situations may not necessarily reflect the referral to Child Protective Services (e.g. in need of refrigerator, food, etc.). Each region has at least one Case Manager who works with the CAB to refer families who are in need of assistance. All CABs have been trained on CQI and so their meetings align closely with the CQI format.

The State CQI Team meets on a quarterly basis. Previously this was to discuss issues that have been referred from the Regional level. The State CQI Team, however, has evolved into a data analysis and strategic planning meeting with DCS leadership. CQI Coordinators are responsible for reporting back the Quality Improvement Unit on issues affecting their region. CABs also report to Regional CQI Coordinators if they have information that they'd like to be discussed at the State level. The CQI Program Director tracks Circles and QPT meeting minutes and CABs track their own minutes. Additionally, the Case Managers who work with CABs track referrals sent to the CAB. There are a number of group meetings that follow the CQI format that may take place outside of the State's formal CQI structure. These groups may form to speak about a particular issue for a short period of time. When the issue is resolved, the group dissolves. For example, each region may send one representative to work at the State level on a specific policy. Team meetings held by Team Leaders with their staff also use the CQI format.

Current as of October 17, 2012

Texas	Texas's Department of Family and Protective Services hosts a quarterly Quality Assurance Consortium which includes leadership from Adult Protective Services (APS), Child Protective Services (CPS), Child Care Licensure, Statewide Intake, Operations and Legal. The primary purpose of these meetings is to share information. The Consortium's focus topic changes quarterly.
Virginia	The State does not have a formal CQI committee, however, Virginia has a QA Network that meets on a quarterly basis to share resources and discuss quality initiatives. Membership consists of staff from local agencies whose positions deal with compliance and/or quality. Since beginning the Quality Service Review (QSR) model, membership has grown. This network was useful during the transition from the federal CFSR to the State QSR - members contributed important feedback from their local agencies to the State.
West Virginia	West Virginia does not have any CQI committees in their State system.
Wisconsin	Historically, Wisconsin has had a Statewide CQI Committee. The first Committee was trained on both the CFSR and QSR, and was responsible for ultimately choosing the QSR as the State's qualitative case review process. Activities of subsequent CQI Committees have included: synthesizing qualitative and quantitative data; developing a qualitative set of protocols for measuring front door practices; and, creating an ICWA compliance tool. The most recent Committee disbanded approximately two years ago. Development of a new Committee has not been called for as a result of the internal changes in the Department.