

Continuous Quality Improvement Project

DEPARTMENT STRUCTURE

STATE

Alabama

The creation of a QA structure in Alabama has been influenced by two factors: (1) a Consent Decree which required the Department to implement a QA system that included several specific components and functions of the system, and (2) the introduction of the federal CFSR. The State describes its system as (1) meeting the requirements of the Consent Decree, (2) consistent with the federal review process, and (3) flexible enough to meet the review needs the Department has for internal information. The structure has been in place for approximately 15 years.

Alabama's [Quality Assurance Guide](#) outlines the department structure:

The Department's QA system is comprised of the Office of Quality Assurance in the Family Services Division; a state QA Committee that includes representatives of the Department and stakeholders representing other interests and entities in the state; a QA coordinator in each county department; and a local QA Committee in each county consisting of representatives of the county department and community stakeholders. Statewide QA review functions are performed by the Office of Quality Assurance in the State Department of Human Resources and the State QA Committee. These review functions are based on aggregate data and other information that reflect general functioning in key outcome and systemic areas. County QA staff and Committees perform reviews of county performance and outcomes for the families who receive the Department's services. *See the [Quality Assurance Guide](#) for more detailed descriptions of the functions of each QA entity.*

The Acting Manager of the State Office of QA oversees seven QA Consultants, who are located throughout the State. The Acting Manager is located in the Central Office and is supervised by the Deputy Director of the Family Services Division.

The Office of QA operates on a three-year review schedule. Every three years, the Acting Manager creates a review schedule and submits it along with an estimated budget for travel expenses to the Finance Review Committee. Upon approval, QA-related travel expenses are funded.

Arizona

Arizona's CQI system was created and implemented following the State's Round One Child and Family Services Review. The State's CQI budget consists entirely of staff salaries and their travel expenses. There are eleven full time positions in the CQI unit. Leadership consists of a Practice Improvement Manager position in the central office. The Central Office Practice Improvement Unit also includes a full-time Practice Improvement Evaluation Specialist, whose primary responsibilities are performing data analysis and targeted case reviews. In addition to the central office staff, there are nine Practice Improvement (PI) Specialists located around the State. There are two PI

Current as of October 17, 2012

Colorado	<p>Specialists per region with the exception of only one in the smallest region. PI Specialists are employed by the region and report to their region's Program Manager or an Assistant Program Manager.</p> <p>Colorado's Administrative Review Division (ARD) serves as an independent third party review system for the State and is housed within the Office of Performance and Strategic Outcomes in the Department of Human Services. The ARD is responsible for the State's Case Review System and a portion of the QA System for both the Division of Child Welfare and the Division of Youth Corrections. Because Colorado is a county-supervised system, direct services are the responsibility of counties and the writing of policy and program development is the responsibility of the Division of Child Welfare. By sitting outside both the counties and Division of Child Welfare and Division of Youth Corrections, the ARD is able to maintain its independent status and focus on all aspects of the system. Collaborative relationships are formed with program staff in both Divisions, allowing ARD to easily report out on data related to policy. Relationships are also formed with the counties to share data around practice. The ARD does not have formal authority to make changes in either Division or the county departments. Rather, it is the strength of their relationships and the fact that staff trust in their data that allows the ARD to make recommendations that eventually turn into changes in practice and policy.</p> <p>The ARD Unit is made up of 26.2 full time employees, including:</p> <ul style="list-style-type: none">• Twenty Compliance Investigator IIs, responsible for in-home, out of home, and assessment reviews;• One Director;• Two Managers, responsible for overseeing Compliance Investigators;• One Manager responsible for overseeing the Data Unit;• Two part time staff who do data analysis and publications. <p>The Division also has an administrative assistant. The three Managers report to the Director, though the Division operates more as a horizontal system than a vertical one. The Director reports to the Director of the Office of Performance and Strategic Outcomes.</p> <p>ARD Organizational Chart</p> <p>The ARD was created in 1991. The majority of the ARD's budget comes from the State general fund and a small portion comes from IV-E Federal dollars.</p>
Connecticut	<p>Connecticut's CQI Department resides in the Department of Children and Families (DCF) Commissioner's Office and consists of four Divisions: the Administrative Case Review (ACR) Division; the Office for Research & Evaluation Division; the Ombudsman Division; and the Program Review and Development Division. Each Division has a Program Director and reports to the Chief of Quality Improvement. Additionally, the State has Regional Offices which are responsible for CQI activities. Both the Chief of QI and the managers of the six Regional Offices report directly to the DCF Commissioner. Each of the CQI Divisions is located in the Central Office, with the exception of ACR, which has employees in each of the Regional Offices. In total, there are approximately</p>

Current as of October 17, 2012

	<p>125 employees working on CQI-related activities in the State.</p> <p>Connecticut does not have a separate budget for CQI activities. The structure as it stands today has been in place for approximately one year. Prior to a restructuring, the State had a Bureau of Quality Improvement, which reported directly to the Deputy Commissioner.</p>
District of Columbia	<p>The Quality Assurance Unit is housed in the Office of Planning, Policy and Program Support (OPPPS), an administration within the Children Family Services Agency (CFSA). The Unit consists of a Program Manager and two supervisors: one oversees the Quality Service Reviews (QSRs) and has three full-time reviewers and a clerical assistant, the other oversees Child Fatality Reviews, data collection on internal CQI tools, monthly grand rounds, ChildStat, etc., and has six full-time staff. The QA Unit's Manager is supervised by the Administrator for Planning, Data and Quality Assurance (PDQA). There are two additional Program Managers supervised by this position: one oversees Structured Progress Reviews and has seven staff, the other oversees the planning and data functions and has two supervisors, one who works with SACWIS system reports and generates internal monitoring reports, and one who oversees special studies, PIPs, and develops program manuals.</p> <p>The District's basic CQI structure was created eight years ago in response to a lawsuit. The current department structure has been in place for the past three years.</p>
Florida	<p>Florida has a State-administered child welfare system and contracts out all services (except investigations) to 19 community-based lead agencies around the State. The State conducts child protective investigations with the exception of a few counties in which sheriff offices are in charge of investigations. The State's QA staff is made up of staff at both the State and regional levels. At the State level, there is a Chief who oversees the work of three staff members: one manages the web tool for the QSR, QA Review, and case file reviews; one assists with pulling data from the State's SACWIS system and serves as the statewide child fatality coordinator; and one serves as a Quality Assurance Analyst. At the regional level, there are Quality Assurance Managers and staff (approximately twenty) located in each of the State's six regions, employed by the State. And finally, required by contract, there are QA Units at each of the 19 community-based lead agencies. The State QA staff serves more as a policy oversight unit. They are responsible for designing and building the CQI system; however, it's up to the local agencies to implement it. Prior to budget cuts in 2011, the State employed 40% more QA staff.</p> <p>The state level Office of Quality Assurance has monthly conference calls and quarterly meetings with QA Managers from the regional offices and lead agencies. Though the Chief is closely involved with the work of these managers, they do not report directly to her. Rather, regional QA Managers report to the State through their Regional Directors and lead agency QA Managers report through their lead agency Chief Executive Officers.</p> <p>The State's current CQI structure has been in place since 2007. A budget is available to cover salaries and travel related to CQI reviews and meetings. Money is also budgeted</p>

Current as of October 17, 2012

Georgia

through contracts to lead agencies for their CQI activities.

Although CQI as a process is not new to Georgia, the CQI Unit was very recently created. The CQI Unit is based out of the Central Office and consists of one manager and four CQI staff members (two designated for social services and two designated to the Office of Family Independence). The four CQI staff member positions are brand new, having been filled in January 2012. The salary and travel budget for this unit is approximately \$500,000 annually. This Unit works solely on CQI related activities and is within the Office of Quality Management (OQM). All of the review processes that the Department of Family and Children Services (DFCS) run are done through the OQM. This includes a CFSR quality assurance type review, data pieces of AFCARS and NCANDS, and reviews for the Kenny A. Consent Decree. The CQI process and two federally mandated Office of Family Independence review processes are also run through the OQM.

Georgia has recently implemented regionally-based CQI Teams. Though staff working on CQI has been very good at gathering data and telling the State how they're performing practice wise, they have historically not been involved in being part of the solution to resolve deficits. They felt this was a role they should be a part of so a CQI process was launched. This process started three years ago and at that time there were 17 regions. State staff working on CQI and a representative from each region attended a monthly meeting to share their struggles and promising practices. During these meetings, participants went through everyone's tools, monitoring and measuring strategies, and examined every time a QA review was conducted within the State that mirrored the CFSR process. Regional representatives would share what they did to prepare for the reviews, outcomes would be shared, and they would talk about what they learned from the process, what they would do differently next time, and what their plans were going forward. During these meetings they also discussed systemic issues throughout the State with their SACWIS system (SHINES), resource issues, and many other topics that had to do with improving practice or barriers to doing the work. These monthly Statewide meetings occurred for three years. They hoped that the regional representatives would then turn around and mirror this process within their own regions. Although these meetings were beneficial, they decided they weren't having a true CQI process because it was not consistently being used within the regions. Some participants had embraced this process and used it well within their regions where other times it stayed with the one person who came to the meetings. Because of this, last spring they proposed launching regionally-based CQI teams throughout the State.

There are now CQI teams within all of the regions led by a Regional Facilitator. The facilitator has other jobs within the region in addition to their CQI related activities. The State provided targets for regional CQI team membership by asking them to have representation from all levels within the organization covering all program areas, with an emphasis on frontline staff involvement. Regions could make their teams as small or large as they felt they needed to be in order to have continuity and integrity in the process. The CQI Unit have monthly calls with all of the regional facilitators and quarterly face to face meetings that the CQI Unit funds, structures, manages, and

Current as of October 17, 2012

facilitates.

The regional CQI facilitators are supervised within the regions, but report on CQI related activities to the CQI Unit Manager. Preliminarily, they had requested the regional CQI facilitators send their meeting minutes to the CQI Unit Manager. The regional facilitators are required to set a baseline and begin measuring their progress now that they've completed training and the State CQI Unit is staffed. Because they feel buy-in is extremely important they did not want to take all of the decision making away from the facilitators. They have the ability to develop their own baseline around what they felt like was the high value target for them in terms of performance, and should devise their own way to monitor and measure their progress. These are in the process of being produced. Once things are underway, reports will be submitted to the CQI Unit Manager.

Hawaii

Hawaii's Department of Human Services has a task order with the University of Hawaii to implement and oversee the State's CQI Project. This project was created following Hawaii's first federal Program Improvement Plan in 2004. The Project has six full-time staff, including the following positions: Quality Assurance Project Director; Quality Assurance Project Manager, Review and Training Specialist; Review and Data Specialist; Assistant; and Quality Assurance Purchase of Service (POS) Specialist. The first four positions focus on the CQI practice, while the Quality Assurance POS Specialist ensures that services match agency needs for its service array. Three of the positions are co-housed with the State Administrative office and three are located onsite at the University. Project staff report to the Project Manager and Director, who then reports to a Principal Investigator at the University. As a project, the group reports to the Child Welfare Administrator and Program Development Administrator. The project has a specific budget. Prior to this year, all funding came through IV-E dollars. Now, most funding comes from the general State fund.

In addition to directing the CQI Project, the Project Director leads the federal PIP, including gathering data, writing reports, and ensuring that the State is on schedule with their deliverables.

Idaho

Idaho's Division of Family and Community Services does not have a specific unit or staff dedicated to CQI, rather the State approaches CQI as the responsibility of the entire Division. Implemented in 2003, this strategy was initially utilized because of budgetary limitations (unable to hire CQI staff), however the State has realized many positive unintended consequences as a result of this approach.

Each region has one or more Chiefs of Social Work, who are responsible for preparing the region for the CQI process. Once a case review has been scheduled, the regional office will compile a team to complete the CQI activities. The [Idaho Child Welfare Plan for CQI](#) lists the necessary members for each regional team:

- Regional Chief of Social Work or designee
- Supervisors and social worker staff who are not associated with or are part of the case. They may include individuals from another field office within the

Current as of October 17, 2012

regional boundaries.

- Chief of Social Work, supervisors, and social workers from other regions (to serve as Level I reviewers)
- Community partners such as CASEY Family Program, university partners, Keeping Children Safe Panel Members
- Child Welfare Program Specialists from Central Office (to serve as Level I or II reviewers)
- Case worker whose case is being reviewed (present to answer questions and receive feedback)
- Supervisor for the case worker (available for questions and feedback)

The Regional Chief of SW serves as the Chair of the regional team and is responsible for organizing the review and maintaining consistent practice standard expectations. CQI accounts for only a portion of the Chief of SW's job responsibilities. All Chiefs of SW must have a master's degree in social work with clinical endorsement and a minimum of two years experience.

The State is in the process of changing from a regional-based CQI system to a hub-based system. Idaho's seven regions will be divided into three hub areas – Northern, Eastern, and Western. Regional Chiefs of SW will be transferred to their respective hub and reviews will be completely by hub, rather than by region.

Management and Data Analysts, located in the central office, are also involved in CQI activities. Analysts assist with getting data to the regions and teaching regional staff how to read reports and use the data. Analysts are credited with having improved everyone's data skill level and abilities.

Illinois

The CQI system in Illinois has been in place since 1997. The budget for CQI is included within the budget for the larger Quality Assurance (QA) Division. There are 18 dedicated CQI staff based regionally throughout the State. The CQI staff responsibilities overlap with others in the QA Division. The Field Review Unit, also within the QA Division, consists of 10 staff (with an additional 5 positions currently vacant and unable to be filled due to budget restraints). The Consent Decree Unit is embedded within the Field Review Unit; 4 out of the 10 staff are responsible for monitoring the State's Consent Decree focused on sibling placement and visitation. CQI staff are responsible for the CQI activities within the regions and to facilitate the use of data derived from the Field Review Unit to ensure that Action Plans are formulated. The CQI leadership is based out of the Central Office, with all QA Division staff reporting to the Deputy Director of Quality Assurance.

Indiana

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 and 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

Current as of October 17, 2012

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.

Iowa

The Bureau of Quality Assurance and Improvement (QA&I) is housed within Iowa's Department of Human Services. The Bureau is headed by a Chief who oversees the work of ten Quality Improvement Coordinators and four Management Analysts. The QA&I Unit is responsible for supporting all program areas in DHS, including, child welfare, Medicaid, and TANF. The State's [QA&I System webpage](#) describes Iowa's structural approach to CQI: The QI system is not dependent on QI staff being subject matter experts in every possible business area, but rather subject matter experts in QI. The quality improvement staff is deployed across the State, and those QI staff work together as a team. Activities are supervised and coordinated centrally, aligned with department business and strategic improvement priorities, and work is assigned by priority within resources available. The QI system is not separate, or a stand-alone effort, but is an integrated part of all the work that is done in DHS.

CQI Coordinators are stationed around the State in each of the six geographic regions. Half of their time is spent on work that has been prioritized by the local region. The QA&I Unit works with local management to prioritize activities and then resources are pooled together (including bringing in additional QA&I Unit staff) to complete the work. The remainder of the CQI Coordinators' time is dedicated to supporting statewide activities prioritized by the Business Team. The Business Team is made up of the head of the State's child welfare policy group, the head of the child welfare IT group, one of the regional field managers and the Chief of the Bureau of QA&I.

Kansas

The Data, Performance Improvement & Systems Management Unit, located within Kansas' Child and Family Services Division (CFS), is primarily responsible for the coordination of quality assurance and performance improvement (PI) efforts in the State. The [CFS Performance Management Organizational Chart](#) outlines the State's basic PI structure. Kansas' approach to PI requires that all staff in the Division share in the responsibility of performance improvement. The purpose of the State's structure is to provide those with expertise (program staff, FACTS experts, Regional Contact Specialists) a forum for identifying issues and formulating plans for improvement.

Performance Management (PM) Groups are organized at the state and regional levels. The State PM Group includes Program staff (eight) and Data Unit staff (four). The regional PM Groups include members of the State PM Group, Provider PI and key staff, Social & Rehabilitation Services (SRS) regional staff, FACTS experts, Regional Contact Specialists, and Case Read staff. Additionally, there is an individual PM Group for FACTS, RCS and Case Read staff. The Data, Performance Improvement & Systems Management Unit is overseen by an Administrator from the CFS Management Team.

Each PM Group (State, Regional and FACTS/RCS/Case Read specific) meets on a quarterly basis and is responsible for the following tasks:

- Analyze outcomes data to determine the performance of services and processes.
- Identify potential opportunities to improve the performance of processes, systems and services.

Current as of October 17, 2012

- Relative to process, recommend performance improvement activities that will lead to and sustain improvement.
- Review the results of PI activities and recommend follow-up PI activities as necessary.

The State PM Group is responsible for the following additional tasks:

- Maintain a "Scope of Service" document that accounts for the primary functions, important activities and critical steps that impact the quality of services.
- Prioritize, select and implement outcome indicators that are focused on Safety, Permanency and Well-being.
- Prioritize recommendations for performance improvement activities and establish Performance Improvement Projects.
- Provide PI Project teams with training as needed on performance improvement tools and techniques.
- Provide "Best Practices" information for inclusion in performance improvement activities.

Kansas' current PI structure has been in place since 2008. There is no specific budget for PI activities in the State.

Kentucky

In Kentucky, CQI responsibilities are not designated to one department, rather they have been imbedded throughout the entire Department of Community Based Services (DCBS). DCBS encompasses both the Division of Family Support (FS) and the Division of Protection and Permanency (P&P). Principles of CQI are used by staff throughout each of these divisions. DCBS is divided into nine administrative regions in the State; each region is comprised of up to 17 counties. Each region has one to two CQI Specialists (depending on region size) who are responsible for evaluating, sharing, tracking and interpreting data on their region's performance. CQI Specialists work very closely with the State CQI Coordinator. The CQI Specialists report information back to the State Coordinator and participate in monthly conference calls. The State also has several Central Office staff spread throughout the departments who are devoted to data collection, management, interpretation and reporting.

It is difficult to determine the exact cost of CQI activities due to the system being interwoven throughout DCBS. There is no specific budget item for CQI in the State. 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 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.

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.

Local CQI Teams

The local CQI teams consist of approximately 8-12 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, FS and P&P) 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.).

Current as of October 17, 2012

	<p>Central Office Solution-Focused Workgroups</p> <p>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.</p>
<p>Maine</p>	<p>The Performance and Quality Improvement (PQI) Program in Maine consists of eight staff members: seven district-based positions and one PQI Program Manager. All district-based positions are considered Central Office staff and report directly to the PQI Program Manager. Currently, one of the district PQI staff positions is vacant and will be filled within the next couple of months. Maine's PQI system has been in place for many years and is responsible for various quality assurance activities. The DHHS has supported staff lines dedicated to this unit.</p>
<p>Michigan</p>	<p>In 2008, following a consent decree stemming from a class action law suit, the State created a Quality Assurance Division. This group focused primarily on reporting related to the compliance requirements as established in the consent decree, which included reporting and tracking of cohort. In August 2011, a modified settlement agreement (MSA) was signed, eliminating the requirement for tracking and reporting of cohort cases. Since signing of the MSA, the Quality Assurance Division (renamed the Division of Continuous Quality Improvement - DCQI) has been evolving, working on the development of a statewide quality assurance and improvement plan to be submitted to federal monitors in December 2011. This interview discusses some of the proposed changes to Michigan's DCQI system.</p> <p>Michigan's DCQI is housed within the Children Services Administration at the Department of Human Services. The DCQI includes a director, two managers, and 24 DCQI analyst positions. The budget currently covers all cost associated with operation of the Division, including salaries. Under the new system, the reporting structure will be as follows:</p> <p>DCQI Analysts → DCQI Managers → Director of DCQI → Director of the Children's Services Administration → Director of the Department of Human Services</p>
<p>Minnesota</p>	<p>The Quality Assurance Unit is housed within the Training and Quality Assurance Unit of the Child and Family Services Division. The QA Unit has four full-time QA consultants, one full-time policy specialist, one part-time administrative assistant, and a part-time managerial position. The reporting structure is as follows:</p> <p>QA Unit → Training and Quality Assurance Manager → Division Director for Child and Family Services</p> <p>The majority of QA Unit staff is located in Minnesota's central office. Two QA consultants work from home offices. The Unit's annual budget of approximately</p>

Current as of October 17, 2012

\$650,000 covers salaries, benefits, travel, and direct costs. The QA Unit was created in 2001; its current practices have been in place since 2003.

New Mexico

New Mexico's CQI Department is currently under reorganization and development. Currently, the Practice Improvement (PI) Bureau is the most recognizable as a quality assurance unit. Many positions within this Bureau have a program evaluation component and provide feedback to different areas of the agency. Additional CQI activities happen within New Mexico's Research and Evaluation Unit, which produced the bulk of their data. CQI activities are infused into the budgets of numerous Bureau's and staff positions.

There are nine staff within the PI Bureau working on CQI related activities. This Bureau includes a Quality Assurance Unit that consists of a QA Manager and four staff members. Administratively they are all a part of the Central Office and physically housed in Albuquerque.

This current structure has been in place for approximately five years. However, the Quality Assurance Unit has been operational for over ten.

New York

New York's Continuous Quality Improvement (CQI) Unit is within the Division of Child Welfare and Community Services. As such, the State's CQI budget falls under the budget allotted to that Division. The CQI Unit consists of eight staff members supervised by the CQI Data Director all based out of the Central Office. Although the CQI Unit is in the Central Office, they work closely with Regional Office staff that have direct relationships with local districts and authorized residential care agencies. Because CQI is so closely linked to the CFSR, the CQI Unit works closely with the Prevention, Permanency and Program Support Unit.

Oklahoma

Oklahoma has two separate entities in charge of child welfare in the State: the Children and Family Services Division (CFSD) and the Field Operations Division (FOD). The Continuous Quality Improvement (CQI) Unit is housed within CFSD and contains three teams: the CFSR Team, the Practice Model Implementation (PMI) Team, and the Contract Performance Review (CPR) Team. Each of these team is headed by a Program Manager who oversees its staff. CFSR has a staff of five field representatives; PMI and CPR each have three. Additionally, the CQI Unit has one staff assigned to the Governance and Technology unit (SACWIS system) who manages the CQI databases and provides other technological support. The reporting structure is as follows:

Field Representative → Program Manager → Program Administrator → Division Director

Within FOD, there are six regional areas in the State. Each area has an Area Director who oversees the County Directors (who oversee supervisors and caseworkers). Within the CQI Unit there is no direct line authority over the field or field operations.

The CQI Unit is officially housed in Central Office, however most workers are spread out around the State. Each of the members of the CFSR Team is assigned to and is housed in one of the State's six regions. PMI and CPR Team staff are located in home or county offices.

Current as of October 17, 2012

	<p>The State began using the CFSR model in 2001, and shortly thereafter, the State introduced the CPR Team. The PMI Team was created in 2009, following the creation of the State's practice model in 2008. The CQI Unit's budget shifts quarterly, but averages around \$755,000. The majority of the budget covers salaries and travel expenses.</p>
Pennsylvania	<p>As part of Pennsylvania's federal Program Improvement Plan, the State rolled out a continuous quality improvement effort. While there is no formal CQI Unit in the State, leaders from the Office of Children, Youth and Families (OCYF); the PA Child Welfare Resource Center (CWRC); and County Children and Youth Agencies (CCYAs) are integrally involved in the roll out. The State's CFSR Project Manager is responsible for quality improvement efforts related to the federal CFSR and the internal CQI roll out. This position is located in the State's central office and works in partnership with the CWRC, an entity within the University of Pittsburgh, School of Social Work that the State has an intergovernmental agreement with to provide a continuum of services designed to support and improve PA's child welfare system. One of CWRC's six departments, the Statewide Quality Improvement Department, includes a project manager position which is responsible for managing the CFSR and CQI effort. CWRC and OCYF also have representatives in each of PA's four regions who are responsible for supporting the regional CQI efforts as counties work to roll them out. All reporting on the CQI effort filters through the State CFSR Manager to the Office of Children, Youth and Families (OCYF) Bureau of Policy, Programs, and Operations Director. The State began working on a CQI effort prior to its second round CFSR in 2008; however the plan was not formalized until implementation of the State's federal PIP.</p> <p>The CQI effort does not have its own budget; however any counties interested in joining the CQI effort can apply for funding through the State's Needs-Based Plan and Budget process. Casey Family Programs provides funding for items such as technical assistance, reviewer travel costs, etc. National consultants included: Human Systems and Outcomes, which owns the copyright to the QSR protocol; the Child Welfare Practice and Policy Group, which has provided extensive technical assistance on QSR and Practice Model implementation; and the American Public Human Services Association (APHSA) which has provided technical assistance regarding the implementation of the DAPIM™ framework and Practice Model development.</p>
South Dakota	<p>South Dakota does not have an exclusive continuous quality improvement unit in their State; rather, it is a shared responsibility within the Department of Social Services (DSS), Division of Child Protection Services (CPS). The State began using CQI as a concept in 2010 following completion of their Round Two Federal CFSR. The DSS/CPS CQI Plan was developed and introduced by a Core CQI Team, made up of the following positions: Division Director, Assistant Division Director, three SACWIS staff, five State staff, and one Regional Manager. Today, the CQI Core Team continues to meet monthly to discuss substantive issues raised by the Management Team and/or Supervisor Advisory Group (SAG). They are also responsible for being champions of the CQI process in the State and providing support to the SAG, local CQI teams, and the</p>

Current as of October 17, 2012

	<p>Management Team. For a more detailed list of responsibilities, please see page 7 of the South Dakota CQI Plan. In addition to the CQI Core Team, the State is in the process of developing local CQI teams in each office. The vision for the local CQI team is for all staff in local offices to be involved. See <i>Elements of the CQI System: Qualitative Reviews</i> for more information on the role of the local CQI team.</p> <p>There is no specific budget for CQI-related activities.</p>
Tennessee	<p>The State of Tennessee is in the process of restructuring their CQI Unit. The changes should take full effect before July 1, 2012. The State's QI budget will be adjusted for restructuring. Tennessee has twelve regional CQI coordinators and a State QI Unit that consists of one Program Director 2 for Quality Improvement, two Program Director 1s for Continuous Quality Improvement, one Program Director 1 for Accreditation, one Program Manager for Planning, three High Reliability Review Coordinators, an MSSW intern, and an administrative services assistant. At present, the Program Director 2 for QI reports to the Inspector General who then reports directly to the Commissioner. Prior to the restructuring the regional coordinators reported to their regional administrators. Under the new system, the reporting structure will be as follows:</p> <p>Regional Coordinator → East or West Tennessee Manager → Director of QI → Inspector General → DCS Commissioner</p> <p>Tennessee's Department of Children Services is accredited by the Council on Accreditation (COA). The CQI Unit was pleased to have only had one finding (a documentation issue) in the PQI standards during their accreditation process.</p>
Texas	<p>There are two divisions within the Department of Family and Protective Services (DFPS), Child Protective Services Program, which are involved in continuous quality improvement activities in the State:</p> <ul style="list-style-type: none">• The Division of Accountability is led by a Division Administrator and consists of the following staff: Team Leader, Program Specialist, and Program Improvement Specialists (5 FTE). The five PI Specialists are spread out around the State and share a staff of 18 Quality Assurance Specialists. Texas has 11 regions total; four regions have one QA Specialist each, seven regions have two QA specialists each. <i>Division staff will be referred to as the CFSR Team from this point forward.</i> The Division Administrator of Accountability reports to the Director of Services.• The Division of Investigations is led by a Division Administrator and their QA program consists of the following staff: Team Leader, Quality Assurance Analysts (4.0 FTE). The QA Analysts are spread around the State. <i>Division staff will be referred to as the Investigations Team from this point forward.</i> The Division Administrator of Investigations reports to the Director of Investigations. <p>Both Divisions are housed in Central Office, though many of their staff are located around the State. The CFSR Team is strictly responsible for Texas's internal CFSR process, which began in 2001. The Investigations Quality Assurance Team, introduced</p>

Current as of October 17, 2012

Virginia	<p>in September 2008, primarily reviews cases of investigations that were closed out and did not receive additional services. The group also looks at cases that were screened out prior to the investigation stage.</p>
	<p>Within the Family Services' Division of Virginia's Department of Social Services, there are two units that work with data and quality improvement: the Continuous Quality Improvement Unit (CQI) and the Outcome Based Reporting & Accounting Unit (OBRA). The CQI Unit has one manager and five full-time quality analysts. There is an additional staff person who works part-time helping with the federal PIP and CFSR. The reporting structure is as follows:</p>
	<p>Quality Analysts → Quality Manager → Family Services Division Director → Deputy Commissioner → Commissioner</p>
	<p>The manager and one quality analyst are located in the central office, and four quality analysts are home-based. The CQI Unit was created five years ago in an effort to increase the State's internal capacity for completing the federal CFSR. Previously, CFSRs were contracted out to the university system.</p>
	<p>Virginia's 2011 APSR describes OBRA:</p>
	<p>In 2008, DFS created the Outcome Based Reporting and Analysis Unit which oversees reporting, research and information technology (IT) for the division. OBRA is additionally responsible for performance based contracting and sub-recipient monitoring. The program manager of this unit oversees enhancements to OASIS and coordinates these changes with the OASIS Liaison. OBRA is tasked with prioritizing all system edits and enhancements for release, as well as system training, in consultation with Local Departments of Social Services and the Managing By Data Workgroup. Several versions of OASIS were released in the last several years, with upcoming releases of new iterations of the child welfare information system planned. OBRA coordinates updates and improvements within the management information systems for both adoption and adult services for Virginia, as well.</p>
	<p>OBRA continues to increase the volume and quality of reporting, trainings, and ad hoc research analysis and continues to provide meaningful information to the field for utilization when making practice and policy decisions.</p>
West Virginia	<p>The Office of Planning and Quality Improvement (referred to as DPQI) is housed in the Bureau for Children and Families (BCF). DPQI's Director leads the Division and oversees the work of its three Program Managers. The Program Managers supervise nine reviewers. Traditionally, the Division had reported directly to the Commissioner, however in 2010, the Division was moved under the Office of Finance and Administration. The Director and one Program Manager are located in the Central Office; the remainder of DPQI staff is out-stationed around the State. West Virginia's CQI system has been in place for over ten years. The State does not have a specific budget for CQI activities. The budget is controlled by the BCF's Division of Finance.</p>

Current as of October 17, 2012

Wisconsin

The CQI Unit was created in 2005 following the State's Round One CFSR, during which the State did not receive substantial conformity in the systemic factor related to having a Quality Assurance system. Wisconsin has a State-supervised/County administered Child Welfare system. Each of the State's 72 counties has its own Child Welfare/Child Protection Services system. Therefore, the CQI system was designed to allow for evaluation of each county's respective system.

In 2008, Wisconsin created a new Department of Children and Families and the CQI Section was transferred from the Division of Safety and Permanence (DSP) to the Bureau of Performance Management (BPM), which is in the Division of Management Services (DMS). DSP provides administrative oversight of the county Child Welfare systems.

The CQI Section has fourteen total positions and is headed by a Section Chief. There are eight contracted positions and six State positions. All contracted and State positions are CQI Specialists and are located in the Department of Children and Family's central office in Madison WI. State positions report directly to the Section Chief and contracted positions report to their Project Manager, who then reports to the Section Chief.

The CQI Section has an annual budget which covers staff salaries, review costs, training and \$75,000 to pay for Facilitators (see *Use of Data: Plan Development* section below for more information).