



Volume 1, Issue 9

September/October 2009

Inside this issue:

Lessons Learned	1
Social Workers Corner	2
Davidson Lessons Learned	2
QSR Data Usage	3
CQI Puzzle	4
CQI Success Stories	5
October Is	8



Lessons Learned from COA *By Stephanie Coleman*

Northwest was one of the first regions to go through the Council on Accreditation process. Currently, eleven regions have completed the COA review process, and only two remain. As the COA process begins to move towards completion, I feel there is an opportunity to learn from what we already know. Personally, there are many lessons I learned through preparing for accreditation, surviving the week of accreditation, and helping other regions through the process. I can narrow this information down to four simple lessons. The first lesson learned: You can never begin too early in preparing the case files for review. If you do not begin the process early, I can guarantee the more you look at a file the more you will find wrong. Case file maintenance should begin on a regular basis prior to any review. There are many opportunities to review files utilizing the Case Process Review and the Quality Review Tool. It also helps if the reviewers are not familiar with the file.

The second lesson learned: Interview preparation creates successful interviews. Northwest utilized the self-study narratives during the preparation process to help interviewees feel confident in the inter-

view sessions. Northwest's Regional Administrator, Kitty Oliver, personally attended every site office to help in the preparation of staff. Key people in the region prepped Northwest community stakeholders. The best piece of advice for potential interviewees is to talk about your role in a child welfare agency. The reviewers are eager to learn how the region operates, and the people involved in its operation.

The third lesson learned: No one can accomplish the accreditation process on their own. In Northwest, everyone helped to make the week go as smoothly as possible. Secretaries, workers, supervisors and even cleaning crews worked long hours to ensure Northwest met COA standards. No one in the region was left out of the process. It was also helpful to hear from Northeast on how they accomplished their review. This information was invaluable as Northwest began to set up the conference room, tag the assessments for the files, and prepare for interviews. The Northeast tips helped Northwest feel more confident in their presentation to reviewers.

Finally, the last thought on the accreditation process should focus on the steps to

sustain meeting the standards long after the last region achieves compliance. As regions help other regions prepare for accreditation, relationships are being built that will aid the state in continuing to strive for high quality standards. We simply learn from each other. This information can be utilized to help create steps that can be applied to other reviews and audits that in the end will help the state towards re-accreditation.



“Three reasons that problems are inevitable: first we live in a world of growing complexity and diversity; second, we interact with people; and third we cannot control all the situations we face.”

-John C. Maxwell-



*DCS Values:
Diversity -
The Department
respects, celebrates,
and seeks to
maintain the
integrity of all
cultures.*

Social Workers Corner *By Tony Nease, MSW*

What exactly is culture? People may self-identify culture based on age, background, class, color, community, ethnicity, gender identity or expression, immigration status, language, marital status, mental or physical disability, national origin, political belief, race, religion, sex or sexual orientation.

So, if culture is made up of so many different aspects how can we ever become culturally competent? The answer to that is simple. You can't just be culturally competent. Cultural competency is fluid, it's always moving like a river. To be culturally competent you have to move along with the changes and not just sit stagnant.

Cultural competency is a process. That process involves constantly self-assessing to see where we are in our own thought processes around those different than us. It

involves on-going education and professional development to learn about different cultures and to learn more about the cultures in which we ourselves belong.

Yes, that's cultures. People don't fit neatly into just one culture. People also don't stay in all of the same cultures their entire life cycle. Age, class, community, marital status, etc. changes as we evolve through life.

Cultures also intersect with each other in a manner that makes each persons experience very different. For instance the experience and self-identity of a Caucasian, Greek Orthodox, single male is significantly different than that of a Caucasian, Baptist, divorced female with two children. So, why do most people look at them as being of one culture...Caucasian?

Diversity is covered in one of

the DCS Values Statements. But, how do we respect, celebrate, and maintain the integrity of all cultures? Is that something that we actually think about on a daily basis? Do we assure that we are doing this in our Child and Family Team Meetings? Do we really look at all aspects of the many cultures that are a part of each child and family that we work with?

Well, we should. Culture plays a huge role in a persons self-identity, whether they realize it or not. It is from that cultural identity that a true Social Worker can build strengths and identify potential supports for families. Avoiding culture when working with a family is robbing that family of part of their identity.

Look around your office or facility. Is it culturally competent? What kind of pictures *(continued on page 6)*

Davidson County Lessons Learned *By Jana Elkins*

What I learned from COA is that the CQI process was used for everything from the top down and back up again. Teams formed across the state to discuss all of the standards, what do they mean, how do we meet them, how are we not meeting them, and what are our next steps. Next steps meant amending policies, forms, procedures, training, and more meetings with program area staff to discuss if changes *are* to be made how can we do this the

right way and meet everyone's needs. Then, it was more meetings to bring all of these ideas back again to the original group to track and adjust our progress on coming into compliance with the COA standards. It was an awful lot of work, but it was work that had never been done before. Teaming and engagement was such an integral part in the process. The COA Coordinators met and brought in experts in areas where we weren't clear about our compli-

ance level. Minutes were kept of these meetings and distributed. We tracked where we thought we weren't as far along as we had hoped to be, and rallied around those areas. Teams from across the state descended, and are still descending, on regions to assist them in understanding the big picture and the details. It was so incredible to finally meet and *(continued on page 6)*



Using QSR Data to Drive Performance *By Tony Nease, MSW*

It's Quality Service Review season again. Time for QSR Coaches, Leads, and Shadows to hit the road traveling across the state, interviewing children, families, and the team members built around them. Regions will begin awaiting to see the case names that are pulled to be reviewed for their regions, and Family Service Workers will begin to prepare families to be interviewed, and of course the dreaded QSR packets.

There is such a build up of excitement and dread around getting ready for the annual QSR review and during the review. Regions wait out that week hoping and praying that the scores around the twenty-two indicators are improved over the previous year. We go through the motions of identifying strengths, needs, and trends. We even think about action steps to improve performance.

Then it's over. The region and/or facility takes a deep breath and goes on about their daily life. But, the question everyone should ask is ... now what?

The "now what" is possibly the most important piece of the QSR, but it's often times the one piece that seems to be skipped. The "now what" is all about using the information collected from the QSR process to identify issues, brainstorm ideas around correcting those issues, setting goals, and developing actions steps to meet those goals. In other words ... the "now what"

is Continuous Quality Improvement.

First, regions/facilities need to take a look at individual cases that were reviewed. What were any immediate needs identified during the QSR. It is those needs that need to be addressed on a micro level, if you will. That should be the first priority so that the safety and permanency of the child are not adversely effected.

Secondly, a CQI team needs to be formed to look at the over all preliminary scores the region/facility received. This should occur ideally within one week of the review ending. This would be where the region looks at the indicators where scores were not as good as they should have been.

However, this is more than looking at just the scores. It is at this critical juncture that the team needs to look at the root of the problems with those low scoring indicators. What trends are found in this region/facility that have attributed to the scores being lower than anticipated? Is there some piece of the culture of this region/facility that has directly impacted the scores?

This is also a good time to look at impact factors outside of the agency. Are there issues with the courts, contract providers, community partners, or others that are contributing to children and families not receiving the type of services they should be?

Thirdly, from that point the region/agency should be ready

to hold a QSR data camp. These would generally be held about sixty days after the Quality Service Review. It is at this point that the region/facility, community partners, and DCS Office of Performance and Quality Improvement staff members come together to look at the "big picture."

This is a good place to really dig down into the root causes of issues that effect the outcomes for children and families. It is here that the region/facility will want to look at some short and long term planning to truly drive quality case management and set goals for what that quality expectation will be for them.

The fourth step would be the tracking and adjusting phase of the Continuous Quality Improvement process. The best way to track and adjust is through the mini-QSR process.

The mini-QSR process is two-fold. First, this allows the region to get a good idea of what action steps they implemented from their annual QSR appear to be working. It is here where the region/facility can get an idea of progress being made. Second, the mini-QSR process is a good way of training staff members on the QSR process and getting them more familiar with the QSR indicators.

At the end of the mini-QSR the CQI team who worked on setting the improvement goals and developing action steps would reconvene to

analyze the data from the mini-QSR to see what action steps worked, and which ones didn't.

The team would need to look at the action steps that worked and see if further refinement to those action steps could lead to even better performance.

The team also needs to look at the action steps that obviously didn't work. Those action steps need to be reviewed to see what if any errors there were in their implementation. If there were no errors and those steps just did not work, then it's back to the drawing board to identify different action steps to try and achieve the goals that were set by the team.

The QSR is an ongoing process. It's not just a one time a year review. It is a process that if used correctly and wisely will drastically improve the services that the Department offers to the children and families that we serve.



DAPHNE'S WORD FIND

P G N F Z K S A N N E M P A V E H F O F E R R M Z F A Y I M R A A Y D P
M N L N J V Z O Q A O E M S C O R E A R N A V Y A R C N I N Q T V A R E
V I Y V H X Q F D Q R I W T G C M X U E R L O Q H X C R B O C M A O A Z
I R R B J C E L T F G V T A M A O S C O N T R A C T R P U R U I G R C E
I O T N E M E V O R P M I A G L N U S E T T I N G L E L F P M R D D Y D
T T U T Q V G R P L Q K P O U E A E N G C E B R E P D A H D A U T E U X
B I C Q I P M Q C R G T K W C L N R H T D X E P L U I N V M N A L P N O
S N I X T A S Q O W Z V H I W H A C E Y A V A N T E T N H M E I K H F T
X O X Q N K F M A D U K L S O F H V Y D I B Y I I O A I N O I T C A S K
F M P C T T S S R C Q C E Q B E X X E E E C I C T V T N U Y D M P P Y P
F I E A Y S T E F O A S H Y E Y D L W J K F F L V Z I G R N T R E I E O
R I K E E D C P C S F E R B U N A D A Q A K C S I D O M E O Q T L C V L
N T J C W S W H E M B S M E N X T H W O E Z J U R T N F R Z S D V F R I
S H O Q C G D X D S N V L V F W A D S Z G Q W S V Y Y S T R O P E R U C
U R O O Z W T V Y G F W Q Y E D P V H T K W A G C N I V Y K O O N J S Y
P O A A Q B C N H A D O Y U Q U I S Z P Q F U T Q V Z Y S U Z R S I U

Program	Accountability	Review	Accreditation
Action	Steps	Score	Card
Contract	Agency	Case	Process
CFSR	Surveys	COA	CQI
Data	Federal	Forms	Evaluation
Monitoring	Licensure	Incident	Reports
Goal	Setting	Policy	Planning
Performance	Improvement	Plan	QSR

Shelby County CQI Success Story *By Leigh O'Hay*

Shelby CPS Team Leader DeShawn Harris and his Team 44 (Jacquelyn Ponder, Yolanda Walker, Kristie Macklin, Ralph Branch, Brian Jefferson and Regina Stigler) discussed the issue that many parents do not have the money to pay for the drug screens that are requested by the Department. One team member mentioned that when working out of the Weakley County DCS office, employees there would administer urine drug screens to the clients in the DCS office. The team then sent this issue up requesting that Shelby employees be able to administer drug screens to clients in the DCS offices. This issue went to the CPS Leadership team and to the Training Coordinator, Mildred McCrary. From that meeting, Ms. McCrary, in collaboration with the Southwest Region, was able to coordinate with the American Bio Medica Corporation (AMBC) for them to provide over 200 Shelby employees with a hands-on drug testing training. Mr. Stan Rockovich, regional sales manager for AMBC came to Memphis from Southwestern Pennsylvania and provided 11 training sessions spread out over 4 days during the week of September 15-18th. Thanks to Mr. Rockovich and AMBC, Shelby employees will now be able to drug test clients at no personal cost to them. The speed with which these screenings can now be done will greatly increase Shelby's ability to assess safety for our children and families.



Pictured left to right: Brian Jefferson, Jacquelyn Ponder, Kristie Macklin, and DeShawn Harris.

Mid-Cumberland CQI Success Story *By Andrea Baker*

In an area of practice that is challenging to keep up with, and with an ever increasing tide of investigations and assessment cases, the CPS TL's of the Mid-Cumberland Region have made time to work diligently on a means to make the case closure process more efficient.

CPS folks sometimes feel beleaguered and overwhelmed due to the consistently intense and immediate nature of the work coupled with often having some high caseloads. The TL's of the Mid-Cumberland Region have worked planfully and thoughtfully to relieve some of that pressure through trying to ensure that their FSW's have the most efficient tools for the job. This investment then helps to remove some of the bumps in the road that could slow down the timely processing of cases. The team has constantly looked at ways to weed out discrepancies that hinder the performance of duties. Over the course of the last eleven months, the team has engaged in a systematic dissection of the case closure checklists, work aides and policies to ensure alignment and eliminate any inconsistencies between them.

Through their focused study and their communication with FSW's about real life practice, they unearthed numerous loop-holes and questions which they addressed through specific recom-

mendations for each finding. The CPS workgroup then referred these recommendations to the Mid-Cumberland Region's Level 2 CQI Team - The Regional CQI Team. The Workgroup presented their recommendations in the form of a task by allegation grid with reference to the specifically related portion of the policy and they illuminated areas in which there were inconsistencies. Although the process was at times tedious for the team, they understood that the outcome could impact our efficiency in the timely processing of cases and thereby, positively impact service to our families. Also, the streamlining of the process could alleviate some stress for CPS workers and help them know that they are supported in their work. Thank you Mid-Cumberland CPS!



Davidson County CQI Success Story *By Jana Elkins*



We had been in discussion with Juvenile Court (JJC) about the parking situation there. Our folks were having to pay \$2 every time they parked in the lot for court or pay a parking fee of \$15. As you can imagine, this could become quite expensive if one was in court all the time, as some are. Well, our contact person at JJC, who is overseen by Metro, was unable to get their General Services Department to lend a hand with this. We talked within our department and learned that there is a "Park-It Downtown" site that we could use to gain permits to park in the lot where

we had to pay and it was free. All we had to do was enter our downtown office address, select Lot E, as well as our names and so forth, and they would send us a pass. Well, as you can imagine, when this information was released to the entire staff, their website got hit very hard with requests for these permits. Apparently, some staff were unaware of which lot to select and ended up calling the agency and used my name. I got a phone call from an administrative staff person with Park-It and had to explain our dilemma to them in detail as to why they were getting so many requests. It

didn't take long to paint the picture to them of why we needed these permits. So, it was decided that as long as our staff selected Lot E and understood the parameters around parking there, especially during Titans games and after hours, the man agreed to allow us permits. Our staff are still waiting on some permits to be mailed to them. I can only imagine how many they have been processing in the past few weeks, but they are trickling in and our folks are very happy about not having to pay any longer.

"Honesty is something that you can't wear out."

Waylon Jennings

Davidson County Lessons Learned *(Continued)*

talk to all of these wonderful people doing great work in regions that I might have never talked to were it not for this process. They were so kind to come back again and again to clarify and answer questions and help us CQI our own problems and how we were going to solve them in order to gain the prize of compliance. It has been an awesome sight to see the e-mails flying to support our sister regions and our cohorts in the program areas. We are all in this together. The Practice Wheel is alive and kicking, not only in CFTM(s) or case work. It was and is alive and kicking in the preparation and road to accreditation. As the entire state completes their site visits and we are accredited, I hope we don't lose the relationships we have forged and the value of these experiences as we continue to improve our way of doing business.



Social Workers Corner *(Continued)*

are up on the walls? Are they all representative of one race or one gender? Look at the census data for the county where you work and the population of children and families that you serve. Would all of those different, intersecting cultures feel comfortable in your office? Will they see others representative of their culture when they arrive in your office? What do you know about all of those cultures, and what do you need to know about those cultures to work effectively with that family? What about your fellow employees? What do you know about their cultural identity?

These are all questions that we need to ask ourselves as we strive to be a culturally competent agency that provides high quality services for everyone. Improving our cultural competency as an agency and as individuals requires a sustained effort over time with on-going self-assessment and education.

“Oppression can only survive through silence.”

-Unknown-

“Integrity is what we do, what we say, and what we say, we do.”

-Don Geler-

“It is often easier to become outraged by injustice half a world away than by oppression and discrimination half a block from home”.

-Carl T. Rowan-

“A man is never as tall as when he kneels to help a child.”

-Unknown-

“I know of no great men except those who have rendered great service to the human race.”

-Voltaire-

“If you don’t like something, change it. If you can’t change it, change your attitude.”

-Maya Angelou-

“Failure is success if we learn from it.”

-Malcolm Forbes-



“All men are created equal. It is only men themselves who place themselves above equality.”

-David Allan Coe-

“The qualities of a great man are vision, integrity, courage, understanding, the power of articulation, and profundity of character.”

-Dwight D. Eisenhower-

“The largest room in the world is the room for improvement.”

-Unknown-

“A lot of people are waiting for Martin Luther King or Mahatma Gandhi to come back – but they are gone. We are it. It is up to us. It is up to you.”

-Marian Wright Edelman-

DEPARTMENT OF
CHILDREN'S SERVICES

Putting the Pieces Together

A PUBLICATION OF THE
OFFICE OF PERFORMANCE
AND QUALITY IMPROVEMENT

436 Sixth Avenue North
Ninth Floor
Nashville, TN 37243-1290

Editor:
Tony Nease - 865-594-6633 ext. 1273



This is an Excellent Month to Begin Your Quest for Cultural Competence

OCTOBER IS ...

Celebrate the Bilingual Child Month
World Blindness Awareness Month

Dyslexia Awareness Month

Gay and Lesbian History Month

German-American Heritage Month

Global Diversity Awareness Month

National Down Syndrome Month

Polish American History Month

Rett Syndrome Month

Vegetarian Month

Universal Children's Week (Oct. 1–7)

Peace, Friendship and Good-will week (Oct 26–Nov. 1)

National Diversity Day (October 2nd)

Native American's Day (October 12th)

Smoky Mountain CQI Success *By Julie Carmean*

The Smoky Mountain region has been struggling with dental EPSD&T percentages for several months now. When trying to address this problem during a Core Leadership Meeting, it was discovered that one of our counties does not have enough dental providers that will accept TennCare Select.

In the past, a mobile dentistry unit had come to this county but because of waning appointments, they had discontinued this service. The Smoky Mountain Health Advocacy Representative, Sandra Sheets, asked the mobile dentistry unit to come back. After struggling with appointment

dates and the dentist's need for an appointment list, a date was set and the mobile unit agreed to return.

Now, the region was charged with ensuring that there is enough business to keep the unit coming back. Our Resource Linkage Coordinator, Dusty Cantrell, stepped in to help with this task. A flyer was completed to hand out to the members of the Community Advisory Boards and post at the local health department as well as other community organizations. A secondary flyer was completed in Spanish with the help of Social Services Team Leader, Kavianra James, so that we can include the Hispanic commu-

nity who may also be able to utilize the service.

Though we do not have our newest dental percentages at this time, the Smoky Mountain region is hopeful that we will be able to meet our regional goal of 95% by the end of the year. We know we won't get there by focusing on one county alone, but we also know that we can't get there without that county. This is one of our small steps toward a goal and we are happy that we have been able to work hand in hand with the community to provide a needed service, not just for our children, but for anyone that might need access to a dental provider.

