Continuous Quality Improvement Project

Virginia

Interview with Dorothy Hollahan, Quality Manager CQI Unit
Courtenay Brooks, Quality Analyst
dorothy.hollahan@dss.virginia.gov • 804-726-7534
January 9, 2012

CONTINUOUS QUALITY IMPROVEMENT (CQI) STRUCTURE

Department Structure

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:

Quality Analysts → Quality Manager → Family Services Division Director → Deputy Commissioner → Commissioner

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.

Virginia’s 2011 APSR describes OBRA:

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.

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.

Staff Qualifications and Responsibilities

CQI quality analysts should have social services experience (public or private) and some knowledge of quality and data. Job responsibilities for quality analysts are specialized within the CQI unit; each covers a specific piece of the Quality Service Review process (e.g. training, system improvement plans, recruitment, data). All CQI staff are fully dedicated to the CQI-related activities.
Training

In 2011, the CQI Unit trained approximately 40 hours on audio and video workshops from the American Society for Quality’s Annual Conference. These workshops covered many subjects, including quality theory and quality tools. The Unit also trains on policy and practice changes in the State on an as needed basis.

Committees

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.

CQI PLAN

Expectations, Missions, and Objectives

The CQI Unit aims to satisfy two customer groups with their work: first, the children and families served and secondly the local departments of social services who provide services. The goals are to improve outcomes for children and families and to provide a valuable product to local departments, i.e., an external review based in appreciative inquiry that identifies strengths and how they can be used for improvement. The State describes its model as continuous quality improvement rather than compliance based.

The quality review approach of the Division of Family Services is based in a philosophy and practice of continuous quality improvement and is accountable to the principles of the Virginia Children’s Services Practice Model. These principles include:

- Belief that all children and youth deserve a safe environment
- Belief in family, child and youth-driven practice
- Belief that children do best when raised in families
- Belief that all children and youth need and deserve a permanent family
- Belief in partnering with others to support child and family success in a system that is family–focused, child-centered and community based.
- Belief that how we do our work is as important as the work we do.

CQI Policies

The CQI Unit has developed a manual that defines the QSR and System Improvement Plan (SIP) Process. (See Elements of the CQI System: Qualitative Reviews for more information). The Unit utilizes the QSR Protocol to guide reviewers that is linked and operationalizes the Virginia Practice Model. By using a standardized approach, localities always know what to expect. The Unit publishes and makes available a summary of the QSR Indicators to their reviewers and stakeholders.
Qualitative Reviews

Virginia uses Quality Service Reviews (QSRs) to help local departments identify issues for improvement.

Virginia’s 2011 APSR describes the history of the QSR:

The QSR instrument was developed in September 2010 at a design meeting with assistance and support through a contract with Child Welfare Policy and Practice Group (CWPPG) and Human Systems and Outcomes (HSO). The QSR protocol operationalizes the Virginia Children’s Services Practice Model also addressing safety, permanency, and well-being. A group of Virginia Department of Social Services staff, local staff, community partners and stakeholders were involved in a 2.5 day meeting to develop the protocol.

The 2011 QSR and System Improvement Plan (SIP) Process manual describes Virginia’s quality service reviews:

Quality Service Review for Virginia is a three step process consisting of: on-site review of cases, a written report of review findings, and a System Improvement Plan developed by the local department of social services on identified issues for improvement. A QSR assess child welfare case practice in two domains, child and family status and practice performance.

Step 1 – Quality Service Review conducted at a Local Department of Social Services (LDSS).

- Case review of a LDSS is conducted using a random sample of foster care and CPS ongoing cases. Cases are reviewed in a one week onsite review with interviews of agency personnel, child, family, and community partners. Immediate feedback is provided to the caseworker and supervisor on each case reviewed.

- Preliminary results are provided to the local department on Friday morning of review week through meetings with department staff, with the possible inclusion of community stake holders, offering immediate feedback on review findings.

- A final report covering strengths and opportunities for improvement is then issued within 60 days of the review to LDSS, Regional Consultants, Regional Directors, and Program Managers.

Step 2- Analysis of Information and Results

- LDSS reviews the full report and conducts internal discussion which may include Regional Consultants, to identify the systemic factors and processes that impact the outcomes in the QSR report. This discussion should include linkages between the QSR results, Safe Measures, Critical Outcomes Report (COR) data, and the VA Practice Model.

Step 3 – Next Steps Meeting

- Thirty days after receipt of the written report of the Quality Service Review a next steps meeting will be held with attendance to include the LDSS Director, Supervisors and staff as appropriate, VDSS Regional Consultants and VDSS Continuous Quality Improvement staff.

  - The purpose of the meeting is to discuss the results of the QSR, the analysis by the department and identify priorities for practice change and improvement that will impact
outcomes for children and families. Some of these areas may include regulatory and policy compliance, casework processes, supervisory processes, case management, gaps in performance measures, training competencies, best practices and resource needs.

- Outcome of the meeting will be two fold. First, the prioritization and identification of one to three issues that the LDSS can commit to work on that will improve processes and outcome measures. Second, the identification of steps towards solutions and the development of specific action plans for the identified solutions.

Step 4 – System Improvement Plans (SIP)

- A System Improvement Plan is comprised of series of action plans to improve practice and outcomes for children and families. The purpose of the LDSS SIP is two-fold: 1) to outline how the LDSS will adjust their services/practice in response to the QSR results in order to improve their outcomes as reported in COR and Safe Measures, and 2) to serve as a mechanism for VDSS to report on progress made on both local and state levels to improve outcomes for children and families as outlined in VA’s federal Program Improvement Plan (written in response to VA’s 2009 CFSR).

- Regional Consultants and CQI staff are available for technical assistance in the development of the system improvement plans.

- Within 30 days of the Next Steps Meeting the LDSS will complete a SIP and forward to Regional Consultants and CQI staff. The LDSS will report on the status of the implementation and achievements of their SIP at least annually to the Regional Consultants and the Continuous Quality Improvement (CQI) Unit. On-going monitoring of the SIP will be part of the ongoing technical assistant provided by Regional Consultants.

Sampling

After identifying an agency and its number of caseworkers and caseload size, the CQI Unit pulls a random sample of CPS and foster care cases. The sample is sorted by caseworker and no more than one case per worker is chosen. For foster care cases, from the random sample a convenience sample is pulled to ensure that a variance in permanency goals is present. The sample is presented to the local department and a consent process is completed with the families. The Unit always oversamples, allowing the Unit to make substitutions if a pulled case is determined unacceptable.

Inter-rater Reliability & Oversight Function

To address inter-rater reliability, mini rounds are held during the review week. Reviewers share an overview summary of their cases and then discuss their ratings, particularly any areas of ambiguity. The Unit plans to implement in the next year a training in which reviewers individually complete electronic or in-person case scenario reviews and then convene to discuss their findings.

All reviewers are mentored and shadowed during their initial reviews. The CQI Unit uses a reviewer assessment instrument; typically 2-4 reviews are completed before a reviewer is rated high enough to perform reviews independently. While writing the final report, CQI quality analysts contact reviewers to ask questions about any gaps or inconsistencies in the data. The CQI quality manager reviews all final reports, providing the final oversight function on the QSR process.
Quantitative Data

The Outcome Based Reporting & Accounting (OBRA) group uses quantitative data from the State’s child welfare management information system (OASIS) through a variety of reporting tools, including the Virginia Child Welfare Outcomes Report utility as well as a web-based tool, SafeMeasures. A critical outcome scorecard was developed, in consultation with the Managing By Data workgroup, to provide a summary assessment tool for performance across a variety of measures. The included goals draw from measures associated with the Transformation movement, the CFSR goals, and identified safety measures. A methodological crosswalk between several of the critical outcome goals as well additional measures to indicators assessed through the QSR evaluations was created and is utilized in the review process.

USE OF DATA

Reports

Data that drives the Critical Outcomes Scorecard, available through SafeMeasures, is extracted nightly and analyzed nearly every day. The information is available via the web-tool, SafeMeasures, to any LDSS and VDSS. The Scorecard is a derivative of the Critical Outcomes Report, which was originally created to provide one report that shows all the indicators for child welfare. The report is comprised of 14 critical outcomes in three areas of focus: Transformation outcomes, CFSR outcomes, and Safety outcomes. From those three areas, the Managing By Data workgroup determined the most useful and informative measures to capture in the report. The workgroup set performance standards for some measures and made the decision to use national standards for other measures.

Quality service review reports are sent to the local department approximately 60 days following the review (See Elements of the CQI System: Qualitative Reviews for more information). All local reports are posted on Virginia’s Department of Social Services’ internal website, which is accessible to all local departments and state agencies. The website also includes basic information about the QSR, information for reviewers, local system improvement plans, and CQI resources. The CQI Unit hopes that this website will help to facilitate the creation of a peer network for local departments.

The CQI Unit plans to begin producing a statewide annual report beginning August 2012. This report will link critical outcome measures with aggregate measures from the QSR and the work of system improvement plans.

Data Software

Through the Casey Family Programs grant, the CQI Unit received access to Delta Graphics and FileMaker. The CQI Unit received training on these programs when they were first introduced. The Unit also uses Excel, Access and SPSS. OBRA uses only Excel and Access. Internal training is available on Excel.

Plan Development and Training

See Qualitative Reviews: Step 4 – System Improvement Plans (SIP) for information on local improvement plans.

The CQI Unit is responsible for using data to identify trends across the State. Through the use of both qualitative and quantitative data, the Unit is able to inform the State and local department about trends in practice and outcomes. Data from the QSR has been used to help inform training. For example, data
was used to identify a trend in the data related to family engagement. Upon further analysis, new training was identified as a need and outside consultants were brought in to complete train the trainer activities at local departments. The CQI Unit anticipates that data will eventually be used to influence curriculum development as well.

**Identifying and Correcting Data Quality Issues**

OBRA is responsible for addressing data quality issues. OASIS is a case management information system into which data is regularly entered; SafeMeasures produces useful and meaningful reports extracted from data entered into OASIS on a nightly basis. The transparency and availability of entered data into OASIS via the SafeMeasures platform now allows for quality control of data entered into and maintained in the child welfare management information system. OBRA, in conjunction and collaboration with Managing By Data, regularly reviews data anomalies, trends and information; assessments are made regarding quality of data entry and maintenance; an integrated approach to systematically cleaning the data is underway and is a part of the continual quality improvement efforts undertaken by VDSS and LDSS.

**Linking Data Sources**

The CQI Unit uses two tools to link qualitative and quantitative data:

- **Critical Outcomes and QSR Crosswalk**: This tool allows the Unit to make linkages between the detailed qualitative data from the QSR and agency-wide quantitative measures in the Critical Outcomes Report.
- **Practice Model and QSR Crosswalk**: This tool allows the Unit to examine how the qualitative data from the QSR aligns with Virginia’s Practice Model.

**Collaborative Data Analysis Efforts**

The CQI Unit and OBRA work collaboratively to link and analyze the quantitative and qualitative data collected. The State has formal and informal collaboration with local departments of social services, various agencies in Virginia state government and the Managing by Data Work group to inform data driven decisions and improve outcomes for children and families.

**STAKEHOLDER INVOLVEMENT**

**Internal/External Stakeholders**

The CQI Unit interacts with stakeholders in a number of ways. The CQI quality manager has presented to the Family Services Subcommittee of the League of Social Services Executives (made up of directors from all 120 agencies in the State). The Unit has also presented at the League’s annual conference on quality service reviews. The CQI quality manager moderated a panel for local directors to attend that featured directors who had already experienced the QSR process. The Unit has also been influential in speaking with local private agencies, regional consultants, regional directors and local directors about the importance of CQI.

The Unit conducted focus groups with stakeholders in the past, however the team decided that they were too burdensome on the local department during review weeks. The Unit now makes itself available for focus groups post-QSR to discuss any major issues concerning the local department.
Collaboration

Collaboration occurs more frequently on the local level than at the state level. For example, judges, court service staff, CASA, mental health providers, etc. attend local QSRs. Collaboration will occur following the QSR as well, as local departments call on community partners to help with their System Improvement Plans.

The CQI Unit has partnered with a graduate class at Virginia Commonwealth University for a Practical Optimization project. The students will explore several components of the QSR process, including: resources (financial/human), QSR requirements, number of cases for an adequate sample, reviewers, etc., to determine the capabilities of the Unit. This will provide the Unit a clearer picture of how many trainers are needed to complete reviews across the State and how long the project should take.

Privatized Systems

Virginia does not use private providers for case management services; all case management is handled in-house. During the quality service review, if a case is pulled that has used a private provider (e.g. therapeutic services, foster care), the provider is asked to participate in the QSR interview process.

SUMMARY DOCUMENTS

QSR and System Improvement Plan (SIP) Process Manual

QSR Protocol

QSR Indicators

Critical Outcomes and QSR Crosswalk

Practice Model and QSR Crosswalk