Southern Region CQI Learning Collaborative Webinar
San Diego County Profile

September 3, 2015 11:30 am – 1:00 pm

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Southern Region CQI Learning Collaborative Webinar
San Diego County Profile

Dawn Schoonhoven Scott, MSW,
Program Director, PCWTA

PCWTA is a program of the Academy for Professional Excellence at San Diego State University School of Social Work in collaboration with our University partners, CSU San Bernardino, Loma Linda University and CSU Fullerton
Purpose

• Support the development of Continuous Quality Improvement (CQI) policies, processes and protocols across the Southern Region

• Provide a basic overview of CQI and provide a forum for each county to share strategies, resources and existing efforts to develop CQI models

• Provide technical assistance and subject matter experts to guide implementation of CQI
San Diego Child Welfare Services

Continuous Quality Improvement
The CQI System in San Diego

• Background and development
• Our vision of CQI
• Structure of the CQI system
• Role of the Data Unit
• Centralized CQI Unit
• Regional/Program Policy Analyst
• Communication Components
• Strengths of current system
• Challenges of system
• Future Upgrades
Our Vision of CQI

Continuous Quality Improvement

- Shared expectations and responsibility
- Continuous learning at all levels
- Quality of enhanced practices and System Improvement Plan goals tied to our review processes
- Dedicated resources to support CQI
- Findings are shared and acted upon
- CQI manual – clear instructions and expectations for consistent practice
- Reclassification of our Quality Assurance Supervisors to Policy Analyst and the addition of a Centralized CQI unit
Centralized CQI Projects

Incredible Families
300 E
CQI Policy Manual
 Relative Home Approvals
 Placement
 CSEC
 Evaluated Out Referrals in Region/Hotline
 Evaluated Out Referrals at the Hotline
 Quick Response Team
 Independent Living Skills
 Investigations
 Pending Referrals
 Lean Six Sigma
 Approved Relative Caregiver

Safety Organized Practices (SOP)
 Waiver Outcomes
 SET Evaluation Tool
 SET Learning Cycle Presentations
 Pathways Review aka: (Katie A)
 Referrals Reassigned (Zip Codes)
 KinGAP
 Visitation Court Elevations
 Case Flow
 Protocols
**Monthly Placement Report**

**Example: School of Origin Data**

<table>
<thead>
<tr>
<th>Client Age (Multiple Items)</th>
<th>Placement End (blank)</th>
<th>Dedup</th>
<th>Case Service Component (Multiple Items)</th>
</tr>
</thead>
</table>

**Children in ER/FR/FM (ages 6 and older) in all Placement Types**

<table>
<thead>
<tr>
<th>Report Region</th>
<th>N</th>
<th>U</th>
<th>Y</th>
<th>(blank)</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>24</td>
<td>1</td>
<td>63</td>
<td>7</td>
<td>95</td>
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<tr>
<td>East</td>
<td>7</td>
<td>2</td>
<td>18</td>
<td>58</td>
<td>85</td>
</tr>
<tr>
<td>Medical/Deaf Services</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>North Central</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>19</td>
<td>30</td>
</tr>
<tr>
<td>North Coastal</td>
<td>6</td>
<td>0</td>
<td>14</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>North Inland</td>
<td>13</td>
<td>1</td>
<td>15</td>
<td>4</td>
<td>33</td>
</tr>
<tr>
<td>Pathways to Well-Being</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>116</td>
<td>119</td>
</tr>
<tr>
<td>Residential Services</td>
<td>10</td>
<td>4</td>
<td>18</td>
<td>11</td>
<td>43</td>
</tr>
<tr>
<td>San Pasqual Academy</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>South</td>
<td>25</td>
<td>0</td>
<td>44</td>
<td>26</td>
<td>95</td>
</tr>
<tr>
<td>Grand Total</td>
<td>96</td>
<td>11</td>
<td>185</td>
<td>270</td>
<td>562</td>
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</tbody>
</table>

**Monthly Key Data Report (KDR):** A dashboard for specified Federal, State and local targets and outcome measures for each CWS Region and Special Program. Data is taken from SafeMeasures.
**Key Data Report (KDR):** Dashboard for specified Federal, State and local targets and outcome measures for Regions and Special Program.


<table>
<thead>
<tr>
<th>Monthly Measures</th>
<th>Adoptations</th>
<th>Care</th>
<th>Central</th>
<th>East</th>
<th>EFC</th>
<th>N Central</th>
<th>N Coastal</th>
<th>N Inland</th>
<th>Residential</th>
<th>SPA</th>
<th>South</th>
<th>Countywide</th>
<th>Goal</th>
<th>Target</th>
<th>Target source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to Investigation (by Child)</td>
<td>69%</td>
<td>67%</td>
<td>86%</td>
<td>94%</td>
<td>94%</td>
<td>91%</td>
<td>86%</td>
<td>73%</td>
<td>100%</td>
<td>NA</td>
<td>92%</td>
<td>86%</td>
<td>90%</td>
<td>90%</td>
<td>State goal</td>
</tr>
<tr>
<td>Face to Face Contacts (ages 0 - 18)</td>
<td>90%</td>
<td>92%</td>
<td>98%</td>
<td>94%</td>
<td>94%</td>
<td>99%</td>
<td>97%</td>
<td>95%</td>
<td>97%</td>
<td>99%</td>
<td>99%</td>
<td>96%</td>
<td>94%</td>
<td>98%</td>
<td>National goal</td>
</tr>
<tr>
<td>Face to Face Contacts (All ages - including NMDs)</td>
<td>90%</td>
<td>92%</td>
<td>98%</td>
<td>94%</td>
<td>94%</td>
<td>99%</td>
<td>97%</td>
<td>95%</td>
<td>97%</td>
<td>99%</td>
<td>99%</td>
<td>96%</td>
<td>94%</td>
<td>98%</td>
<td>National goal</td>
</tr>
<tr>
<td>Kin Placements*</td>
<td>58%</td>
<td>NA</td>
<td>40%</td>
<td>68%</td>
<td>33%</td>
<td>53%</td>
<td>53%</td>
<td>33%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>54%</td>
<td>55%</td>
<td>55%</td>
<td>Ops plan</td>
</tr>
<tr>
<td>Physical Exams up-to-date</td>
<td>87%</td>
<td>85%</td>
<td>90%</td>
<td>91%</td>
<td>83%</td>
<td>87%</td>
<td>77%</td>
<td>92%</td>
<td>99%</td>
<td>90%</td>
<td>87%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>Exec Team</td>
</tr>
<tr>
<td>Dental Exams up-to-date</td>
<td>70%</td>
<td>NA</td>
<td>62%</td>
<td>88%</td>
<td>82%</td>
<td>68%</td>
<td>64%</td>
<td>83%</td>
<td>91%</td>
<td>85%</td>
<td>82%</td>
<td>75%</td>
<td>90%</td>
<td>90%</td>
<td>Exec Team</td>
</tr>
<tr>
<td>FM Cases Open over 12 Months</td>
<td>NA</td>
<td>NA</td>
<td>12%</td>
<td>6%</td>
<td>NA</td>
<td>12%</td>
<td>0%</td>
<td>5%</td>
<td>26%</td>
<td>NA</td>
<td>7%</td>
<td>8%</td>
<td>5%</td>
<td>5%</td>
<td>NHD</td>
</tr>
<tr>
<td>FR Cases Open over 18 Months</td>
<td>NA</td>
<td>NA</td>
<td>5%</td>
<td>3%</td>
<td>NA</td>
<td>2%</td>
<td>6%</td>
<td>8%</td>
<td>3%</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>NHD</td>
</tr>
<tr>
<td>Referrals Open over 40 Days</td>
<td>0%</td>
<td>13%</td>
<td>5%</td>
<td>6%</td>
<td>NA</td>
<td>17%</td>
<td>7%</td>
<td>13%</td>
<td>29%</td>
<td>NA</td>
<td>11%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>SD policy</td>
</tr>
<tr>
<td>Open Cases: Case Plan Status (% with a plan in place)</td>
<td>75%</td>
<td>NA</td>
<td>62%</td>
<td>90%</td>
<td>76%</td>
<td>91%</td>
<td>89%</td>
<td>86%</td>
<td>87%</td>
<td>94%</td>
<td>82%</td>
<td>80%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Timely Contacts with Parent</td>
<td>NA</td>
<td>NA</td>
<td>48%</td>
<td>57%</td>
<td>NA</td>
<td>49%</td>
<td>58%</td>
<td>57%</td>
<td>40%</td>
<td>7%</td>
<td>50%</td>
<td>52%</td>
<td>*</td>
<td>*</td>
<td>NA</td>
</tr>
<tr>
<td>Voluntary Open over 6 months</td>
<td>NA</td>
<td>NA</td>
<td>27%</td>
<td>29%</td>
<td>NA</td>
<td>30%</td>
<td>21%</td>
<td>52%</td>
<td>0%</td>
<td>NA</td>
<td>31%</td>
<td>33%</td>
<td>*</td>
<td>*</td>
<td>NA</td>
</tr>
<tr>
<td>FR Cases without Open Placement Episode</td>
<td>1</td>
<td>NA</td>
<td>22</td>
<td>27</td>
<td>0</td>
<td>9</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>32</td>
<td>110</td>
<td>*</td>
<td>*</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Quarterly Measures

<table>
<thead>
<tr>
<th>FY2014/15 Q8 (Jan-Mar 2015)</th>
<th>County Avg</th>
<th>Goal</th>
<th>Target</th>
<th>Target source</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1.1 No Recurrence of maltreatment</td>
<td>80.6%</td>
<td>92.0%</td>
<td>94.2%</td>
<td>94.2%</td>
</tr>
<tr>
<td>C1.3 Reunification within 12 mos (entry cohort)</td>
<td>33.9%</td>
<td>34.4%</td>
<td>33.3%</td>
<td>49.5%</td>
</tr>
<tr>
<td>C1.4 Reentry following reunification</td>
<td>11.1%</td>
<td>100.0%</td>
<td>8.0%</td>
<td>18.8%</td>
</tr>
<tr>
<td>C1.5 Placement Stabililty</td>
<td>100.0%</td>
<td>78.5%</td>
<td>87.2%</td>
<td>75.0%</td>
</tr>
<tr>
<td>C1.6 Placement Stability</td>
<td>100.0%</td>
<td>78.5%</td>
<td>87.2%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Family Engagement Efforts</td>
<td>18.2%</td>
<td>58.3%</td>
<td>70.5%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Health &amp; Education Passport documentation</td>
<td>90.8%</td>
<td>95.7%</td>
<td>90.5%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Total Number of TDMS (All types)</td>
<td>7</td>
<td>NA</td>
<td>52</td>
<td>71</td>
</tr>
</tbody>
</table>
Example of Instructions for Key Data Report

C1.3 Reunification within 12 Months (Entry Cohort)
Go to the "Child and Family Services Review" menu on the left hand side. Click on the "CFSR Measure C1.3: Reunification Within 12 Months (Entry Cohort)" measure.

3. The measure will default to the most recent time frame.

4. Click on the filter icon to filter the data for your region.

5. The percent of children who reunified within 12 months will be displayed in the middle of the page.
CQI Policy Analysts & Regional Teams:

Examples of projects and activities:

• SET Case Reviews
• Safe Measures utilization by SW
• Facilitate Regional CQI Teams
  ➢ Review Key Data Report to identify Region specific trends and next steps
  ➢ Region/Program specific goals
• Individual SW dashboards
• “CQI Tips” and weekly newsletters
• Coordination with SOP coaches
• Key in communication loop to all staff levels
SW Dashboard example:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>WORKER:</td>
<td>Total # cases</td>
<td>Timely Contacts</td>
<td>Risk Reassess Timely</td>
<td>BSNA Timely</td>
<td>Case Plan</td>
<td>Contacts with Parents 100%</td>
<td>Contacts with Parents partial</td>
<td>Medical</td>
<td>Dental</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>July</td>
<td></td>
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<tr>
<td>3</td>
<td>August</td>
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<tr>
<td>4</td>
<td>September</td>
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<tr>
<td>5</td>
<td>October</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
<td>January</td>
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</tbody>
</table>
Communication Components of CQI

- CQI Learning circles
- CQI Workgroup & Steering Committee
- CQI Regional Teams
- Showcase good practice
- Training and Coaching
- Feedback includes system and practice level analyses
Strengths of CQI System

• Re-classification of QA supervisor to Policy Analyst
• Support of the Centralized CQI Team and Data Unit
• Full Utilization of Safe Measures
• Coaching and learning circles
• Connecting data to stories
• CQI workgroup and Steering committee
• CQI Manual is a “living document” to guide practice
• Road shows provided by Centralized CQI on projects
• CQI PA in each Region / Special Program
Challenges to the CQI Process

• Shifting from Quality Assurance to CQI
• Compliance VS Quality case reviews
• Different levels of staff experience
• Development of case review tools
• Feedback loop for CFSR process and Case Reviews
• Lack input from community partners, clients and stakeholders
• Organizational change and culture takes time
Upgrades and Next Steps

- Inter-rater reliability in our case review process
- Feedback to staff about CFSR process and case reviews
- Combining a compliance based case review with SOP and SET case review
- Formalize tracking systems for projects with review periods
- Formalize reporting and tracking of Region CQI team projects
- Additional instructions on how to pull data for unit and SW dashboards to the manual
- Improve our Feedback loop
Questions and Comments?
This webinar is brought to you by:
Southern Region CQI Learning Collaborative Webinar

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San Diego County CQI Team

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