

**Continuous Quality Improvement (CQI) Working Paper**  
***Action Planning***  
**September, 2013**

This document is one of eight working papers focusing on the components of a CQI system:

1. Leadership and Making the Business Case,
2. Managing Data to Support CQI,
3. Qualitative Case Review Processes,
4. Turning Data into Information,
5. Action Planning,
6. Program Evaluation Basics,
7. Building the Capacity of the CQI Workforce and
8. CQI Structure, Teams and Communication.

The purpose of these documents is to define and describe the range of specific strategies within each component to implement a high functioning CQI system in a jurisdiction. While recognizing that the evolution of CQI is iterative and requires time to refine and implement strategies, each working paper is intended to stimulate thinking about a range of strategies, to identify possible barriers to implementation and to identify solutions and recommendations.

Each document includes specific citations and suggestions for additional background publications, information and materials, but all the working papers derive critical background information from three key sources. First, the CQI Framework helped identify the 8 components and key strategies across the working papers.<sup>i</sup> Second, the Administration for Children and Families Information Memorandum on CQI helped inform many of the concepts in these papers.<sup>ii</sup> Third, and perhaps most important, the National Child Welfare Resource Center for Organizational Improvement (NRCOI), in collaboration with the National Resource Center for Child Welfare Data and Technology (NRC-CWDT), convened 75 representatives from 23 states and numerous organizations to attend a National CQI Working Meeting on August 29-30, 2012. Participants reviewed draft working papers and worked intensively to refine their content during and after the working meeting.<sup>iii</sup>

## **I. Definition and Background**

Deciding *what* to do in order to improve performance is one of the most difficult decisions in public child welfare. As the field strives to develop a range of evidence-based solutions, there is not sufficient evidence-based knowledge to inform every demand today. Nevertheless, whether at the case level or the agency level we are pressed – urgently – to *do something*. Balancing the press for action with the need to act both efficiently and effectively is the conundrum we face.

Action planning, managed through the CQI system at the state and local levels, offers a way forward. Action planning can be a part of an agency-wide strategic planning process, local office improvement efforts or case level decision-making with families. For the purposes of this paper, *action planning is defined as a purposeful process that includes review, analysis and interpretation of relevant data and information and then the development of solutions to improve practice and outcomes.*

This definition makes it clear that action planning is an essential component of the CQI process that aligns with the Children’s Bureau’s five components of CQI (ACYF-CF-IM-12-07). The steps of action planning take place both in Component IV (Analysis and Dissemination of Quality Data) and Component V (Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Processes).

The key steps in an action planning process generally include the following:

1. Review relevant data and information
2. Create a safe place to consider and understand “Why?” (E.g., brainstorm, tell a story, connect the dots, create a hypothesis, “5 Whys,” fishbone diagram, root cause analysis, etc.)
3. Search for multiple interpretations to explain current performance
4. Generate potential solutions
5. Develop experiments to test assumptions and new approaches
6. Document expected changes and ways to measure them
7. Implement small experiments to test new approaches
8. Review experiment results, adjust approaches and try again
9. Create systemic plans to scale solid approaches across an office, agency, etc.

Agencies and CQI systems vary in their expectations and support for action planning in response to CQI findings. However, experience shows that CQI staff need to dedicate time to facilitating action planning processes at the state and local levels if agencies expect to impact their practice and outcomes through the CQI process.

## II. Key Strategies

**Agency leadership encourages action planning to improve practice.** In a continuous learning environment, staff use data and information to understand and drive performance. Action planning can focus on moving the measures (e.g., priorities, benchmarks, dashboard metrics, etc.) OR it can focus on improving practice that will then be reflected in performance metrics. Agency leadership must set the expectation and create CQI structures through which managers and staff can engage in action planning that will address root causes rather than impose compliance-based efforts to move the numbers.

**CQI staff facilitate and coach action planning efforts.** Turning data into information and using that information to diagnose and plan is a learnable competency. Experience suggests a core set of dedicated CQI staff that can facilitate, coach, push and prod the agency in learning

and retaining these skills. While CQI structures may vary across different agencies, CQI staff must help statewide and local action planning groups understand and use data, distinguish adaptive and technical problems, develop hypotheses and experiments and ultimately implement systemic change efforts.

**Engage a range of internal and external stakeholders in action planning.** Many agencies use some form of “CQI Committees” to review data and information and develop possible solutions. Engaging a range of stakeholders with different perspectives in these groups helps identify multiple interpretations about areas that need improvement and develop experiments and action plans that consider the reality of the current system and practice. Such groups also may help avoid the imposition of unrealistic solutions on the field.

Building skill sets for action planning and developing community capacity takes time. Doing this begins with using the agency’s data. Agency leadership needs to make it clear that CQI facilitators have the authority and the mandate to be bold and transparent in sharing the agency’s data with stakeholders. In addition, CQI facilitators need to present understandable data to all levels of internal and external stakeholders. Data needs to be tied to children and show the impact of agency efforts on the lives of the agency’s clients.

One goal here is to create a team of stakeholders who can set goals together which can motivate internal and external stakeholders to garner success. The CQI staff need to work with stakeholders beyond child welfare to spread ownership to the courts and other agency partners.

Internal stakeholders should not be neglected. It is critical to engage and involve the supervisory and management levels of the agency to build and maintain CQI commitment and capacity. Deepening the CQI commitment in this way also solidifies the CQI process in case of changes in agency executive staff. But this kind of commitment should be a by-product of teamwork and involving the supervisory and management levels of staff, not a goal in itself.

**Develop multiple interpretations.** Staff engaged in CQI and action planning processes should learn to brainstorm multiple interpretations to explain existing data and information. Based on these interpretations, groups develop doable solutions and/or experiments to learn more. In some cases, action planning is a maximization problem: selecting strategies that will yield the greatest change for the most economical investment. In very hierarchical organizations, there is some danger that an executive team’s opinion is given more weight than the workers’ opinions, even when case knowledge may be critical in determining realistic and effective solutions. Alternatively, caseworkers may be so close to the work that a manager’s view may offer a helpful perspective. To counter these tendencies, CQI facilitators should help stakeholders stay in a diagnostic stage as long as necessary, rather than rushing to action and solutions.

CQI facilitators also should help action planning participants connect possible or proposed actions with the agency’s purpose: participants need to understand how the action plan connects to the larger picture—the agency’s mission, vision, and guiding principles and values.

**Build evidence-based practice.** Evidence-based practices reassure us that certain strategies, when implemented with fidelity, are likely to yield predictable results. However, such strategies will not be available for action planning around certain issues. In these situations, action planning may focus on experiments with the goal of developing “practice-based evidence” approaches. An action planning process that develops, tests, measures and modifies informed solutions over time may accumulate a weight of evidence that will lead to better practices and improved outcomes.

**Test hypotheses:** Because data and information in child welfare are not always definitive, action planning requires hypothesis development and testing. That is, action plans should describe the elements of the hypothesis: what agencies see, what they think it means, what actions they will take to make changes, what they expect to result and how they will measure these results. Clarity about these elements allow tracking and adjusting during experiments and/or implementation efforts. Absent these elements, agencies often operate through simple trial and error, an incomplete approach that may yield results, but at a much higher cost and over much longer periods of time.

**Start with small, doable experiments rather than grand solutions.** Testing assumptions and possible solutions using small experiments has proven effective in refining ideas and engaging staff in change efforts (e.g., Plan Do Study Act cycles, Breakthrough Series, small tests of change, “what can you do by next Tuesday?” approaches, etc.). Two other sets of criteria that could be used are the Specific, Measurable, Attainable, Realistic, and Timely (SMART) and the SMW criteria--Simple, Measurable, and Worthwhile (i.e., have a positive impact on children and families). Also, it is very important to have realistic time parameters for the experiments.

**Specify tasks, people and completion dates in action plans.** Action plans should include specific tasks assigned to specific people with specific completion dates. Broader plans that lack specificity will more frequently lag in implementation. Accountability is a must across all levels for pieces of the action plan that people are responsible for implementing. The CQI staff need to monitor and track implementation and help participants feel accountable for their parts of the plan.

**Publicize and celebrate successes.** This is hard work. When an action plan is successful, the agency should tell its success story and help people understand why the new approach worked.

### **III. Implementation Barriers**

**Selecting inappropriate or overly ambitious strategies.** Choosing the wrong strategy (e.g., a technical solution to an adaptive problem), or an overly ambitious one that will be extremely difficult to implement, may have a number of negative consequences. Time and effort will be wasted and opportunities to move systems forward will be lost. Action planning processes that promote (or even demand) clear, measureable links between identified problems, proposed solutions and anticipated outcomes help minimize the prospect of imposing inappropriate and/or overly ambitious strategies.

Again, using clear criteria (Simple, Measureable, and Worthwhile—have a positive impact on children and families) and/or SMART criteria (Specific, Measurable, Attainable, Realistic, and Timely) can help prevent overly ambitious strategies. If the team decides the strategy is overly ambitious, the team can narrow the scope to be more realistic and incremental. CQI systems need to modify or discontinue efforts that are not getting the desired outcomes. As Stephen Covey said, “Begin with the end in mind.”

**Inadequate stakeholder involvement.** Action planning efforts that do not involve a range of internal and external stakeholders may be more prone to developing inappropriate, overly ambitious or ineffective strategies. For example, if processes only involve top level leaders and/or CQI staff who may be disconnected from current frontline practice, explanations for problems and proposed solutions may be unrealistic and implementation barriers unanticipated. CQI staff should facilitate and coach collaborative action planning processes rather than undertake it in isolation from the people engaged in the work at the local level.

Some strategies have been identified to address inadequate stakeholder involvement. For example, the State or jurisdiction could develop and use stakeholder surveys to identify barriers to participation by internal and external stakeholders. Also, some jurisdictions have created and maintained standing regional stakeholder collaboratives with formal charters to participate in regional CQI activities.

**Unreliable data.** Action planning requires credible data and information. The more trustworthy the data, the better decisions are likely to be. Therefore, when data are suspect, systems must be more vigilant in watching for, and anticipating, unexpected consequences. Action planning efforts should consider the limits of data being used and always search for alternative sources (e.g., case reads) to complement them. CQI staff also should respond openly to those who question the validity of data. At the same time, always letting people “dis” the data can become a barrier in itself to making progress. At some point, the data that is in the system is the data that is acted on.

**Data-phobic culture:** While the child welfare field has made great strides in collecting and using data, some social workers still claim to be “data-phobic.” Action planning in a CQI system and culture requires at least some facility with using data. Staff, supervisors, managers and leaders need to know where their information and data come from, how reliable they are, and whether the data are appropriate to answer question(s) of interest. Dedicated CQI staff who see their role as facilitating effective action planning can help foster this culture change over time, but engaging all staff in data-driven decision-making poses a considerable challenge.

Some strategies used to address this barrier include:

- Promote expectations of data-fluency as a step to agency.
- Discourage people using diversion or making excuses by saying that data are unreliable. This can be an avoidance tactic to resist change or fear of loss.

- Teach people to be consumers of data. Be sensitive and conscious about presenting data to make it meaningful to the “data-phobic.” Make the data connect to children and families. Present data in non-threatening ways. Data is a start—it doesn’t answer why.

**Unintended consequences of focusing on single data indicators:** Dashboards and agency priorities may encourage too much focus on moving single indicators in a positive direction. Action planning must maintain a systems perspective, even when the focus is understanding and ultimately improving a discrete indicator or outcome. For families, a change in established patterns of behavior can translate into unpredictable consequences elsewhere in the family system. In agencies, action focused on one part of the system may translate into unintended consequences elsewhere. (E.g., if diversion work leads to more difficult children and families entering the system, might length of stay increase?) CQI staff and action planning processes should teach and reinforce the need to look across multiple issues or indicators, probe for how they connect and scan for unintended consequences.

#### **IV. Background Information and Materials**

NRC-CWDT Tips, Tools and Trends focused on “Picking Solutions That Work:”

<http://www.nrcwdt.org/2012/04/tips-tools-and-trends-picking-solutions-that-work/>

Simple logic model (New York State example):

<http://muskie.usm.maine.edu/helpkids/CQIproj/NYLogicModelOverviewGuide.pdf>

and <http://muskie.usm.maine.edu/helpkids/CQIproj/NYLEFTLogicModeldraft.pdf>

Fishbone Template:

<http://www.theinnovationcenter.org/files/doc/B4/CLW%20pp%20143%20Using%20the%20Fishbone%20Process%20to%20Generate%20Action%20Plans.pdf>

Casey Family Programs Breakthrough Series Collaborative:

<http://www.casey.org/resources/initiatives/breakthroughseries/>

S.M.A.R.T. Goals Worksheet:

[http://www.livecleveland.org/sites/livecleveland/images/smartGoalsWorksheet\\_0.pdf](http://www.livecleveland.org/sites/livecleveland/images/smartGoalsWorksheet_0.pdf)

Plan Do Study Act (Illinois example):

[http://www.state.il.us/DCFS/docs/LCPhaseV/Resource\\_3.pdf](http://www.state.il.us/DCFS/docs/LCPhaseV/Resource_3.pdf)

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<sup>i</sup> Using Continuous Quality Improvement to Improve Child Welfare Practice – A Framework for Implementation, Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, May 2005.

<http://muskie.usm.maine.edu/helpkids/rcpdfs/CQIFramework.pdf>

<sup>ii</sup> Information Memorandum: Continuous Quality Improvement in Title IV-B and IV-E Programs. ACYF-CB-IM-12-07.

<http://www.acf.hhs.gov/programs/cb/resource/im1207>

<sup>iii</sup> This was an intense working meeting that detailed the current needs and successes among child welfare jurisdictions in the core implementation components of CQI. Prior to the meeting participants received and reviewed draft working papers developed by the NRCs on 8 CQI core components. Participants with shared expertise worked in groups during the meeting and focused on refining the working papers on the content and execution of CQI core components. Large group sessions focused on the links between these components and the technical assistance (TA) needs of jurisdictions. As key stakeholders in the process, participants defined their needs, shared their successes and struggles, and thought creatively to further refine a CQI framework to advance the work in child welfare. The NRCOI and NRC-CWDT thank them for these efforts.