

CABINET FOR HEALTH AND FAMILY SERVICES

Building and Implementing a Family First CQI Framework: Accomplishments and Lessons Learned





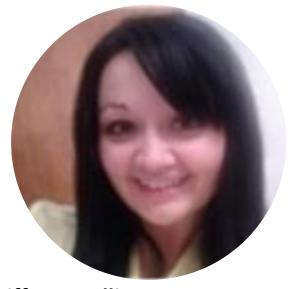
## Presenters



Jennifer Thornhill, MSSW, CSW
Prevention Branch Manager
Division of Protection and
Permanency
Department for Community Based
Services
Jennifer.Thornhill@ky.gov



Yolanda Green-Rogers, MSW
Senior Policy Analyst
Chapin Hall at the University of Chicago
yrogers@chapinhall.org



Tiffany Mullis, MSSW, MPA
Assistant Director
Division of Service Regions
Department for Community Based Services
Northern Kentucky University, Adjunct
Professor
Public Child Welfare Certification Program;
Social Work Department
Tiffany.Mullis@ky.gov
859-307-2811



502-564-7635



## Objectives

- Learn about a measurement framework designed to collect data on four key elements of Family First implementation: agency capacity, reach, fidelity to EBPs and outcomes.
- Learn how the data and evidence gleaned from the measurement framework can be used to identify root causes of needed improvements and inform the development of potential solutions.
- Hear how evidence from Family First CQI processes are being integrated into Kentucky DCBS' broader CQI system.





# What is the status of your Title IV-E Prevention Program Five-Year Plan?





Historical Context and Preparing for Family First



## Practice Transformation in Kentucky

- Child Welfare Transformation launched in Kentucky in April 2018
- Phase one began in May 2019
- Reform goals:
  - Reduce case loads
  - Improve timeliness to permanency
  - Safely reduce the number of children entering into OOHC





**Project Management** 

Structure Process Outcomes

- 9 Workgroups
- Workforce
- Permanency
- Prevention
- Fiscal Mod.
- Trans. Aged Youth
- Foster Parent
- Relative Pl.
- Service Regions
- IT

- Requirements
- Scope of Work
- Key Themes
- Risk Assessment
- Communications
- Project Monitoring
- Stakeholder Engagement

- Strategy implementation
- Deliverables
- Early evaluation
- Course correction as needed
- Embed into ongoing practice



### KENTUCKY'S FAMILY FIRST IMPLEMENTATION



GOALS Safely reduce entries Improve timeliness to Reduce staff into out of home care appropriate permanency caseloads **Family Centric Prevention and Reunification Services** FOCUS **Utilization of Foster Care as a Last Resort Quality Family Settings for All Children** DECISION **Child Welfare Transformation Governance Structure and Workgroups FAMILY FIRST Implementation Teams** Workforce/ Title IV-E Judicial **Evidence Based QRTP** Systems -**Practices/Data Training Supports SACWIS (TWIST) Claiming** Gather and present Create the QRTP Contribute to 5-year Engage with TWIST staff Ensure an accurate and Education for courts, data to inform target requirements guide for Prevention Plan narrative (Kentucky's SACWIS efficient system is in engage judicial stakeholders, and populations, contribute providers and develop and the Standards of system) to ensure all place, complete a gap to and review 5-year report and QRTP Practice and training FFPSA requirements for analysis and develop a revise family Prevention Plan, and prevention and QRTP are roadmap for system court rules assessment process requirements review results of provider captured in the system changes, and provide readiness assessment an in depth analysis of DCBS' funding streams



Illustrates the facilitation of internal and external communication feedback loops.



## Kentucky - Family First Theory of Change

#### **Inputs**

#### **Outputs**

#### **Impact**

## RESOURCES

## PRACTICE INVESTMENTS

## SERVICES

#### TWIST enhancements

- Title IV-E funding
- COI/Evaluation team
  - Evaluation plan
  - CQI plan
- Provider agency and child welfare and workforce
- Provider Readiness findings

#### Child and Adolescent Needs and Strengths

- Structured Decision-Making
- · Training and Coaching
- Family First Prevention Services Act liaisons
- Prevention Plan

#### Culture of Safety

- Public/private partnerships
- Legislative commitment
- Stakeholder engagement

#### Intentional services

- Monitoring for effectiveness and appropriateness
- Access to accurate and comprehensive data

#### Quality assessments of risk, safety, and protective factors

- Quality strengths and needs assessments
- Appropriate evidence-based practice identification
- Greater evidence-based practice linkage and family participation in service

#### • A workforce that feels safe and supported with the right tools

Greater workforce retention

## Parent Capabilities Built

- Improved problem-solving skills
- Improved family relationships
- Changes are maintained
- An empowered ability to access resources
- An ability to independently address issues as they arise
- The confidence to parent and manage behaviors

### Child and Family Outcomes





- Re-entries
- Maltreatment
- Repeat maltreatment
- Caseloads



Child and family wellbeing

#### Expanded business model

- Well-supported evidence-based practices
  - Functional Family Therapy
  - Homebuilders
  - Motivational Interviewing
  - Multisystemic Therapy
  - Parent-Child Interaction Therapy
- Promising evidence-based practices
  - High-Fidelity Wraparound
  - Sobriety Treatment and Recovery Teams
  - Trauma Focused-Cognitive Behavioral Therapy

- Greater service capacity
- Aligned service array
- Fidelity monitoring

#### Child Welfare Agency **Outcomes**

- Increased investments in preventative services
- Decreased foster care expenditures
- Decreased child welfare caseloads

## Phase One Highlights: Prevention

- 2019 Provider
  Readiness Assessment
- Assess service provision needs
- Identify evidence-based practices
- Regional forums
- Draft/submit 5-year FFPSA State Plan
- Expand in-home services and invest in prevention



# Implemented Family First Prevention in October 2019

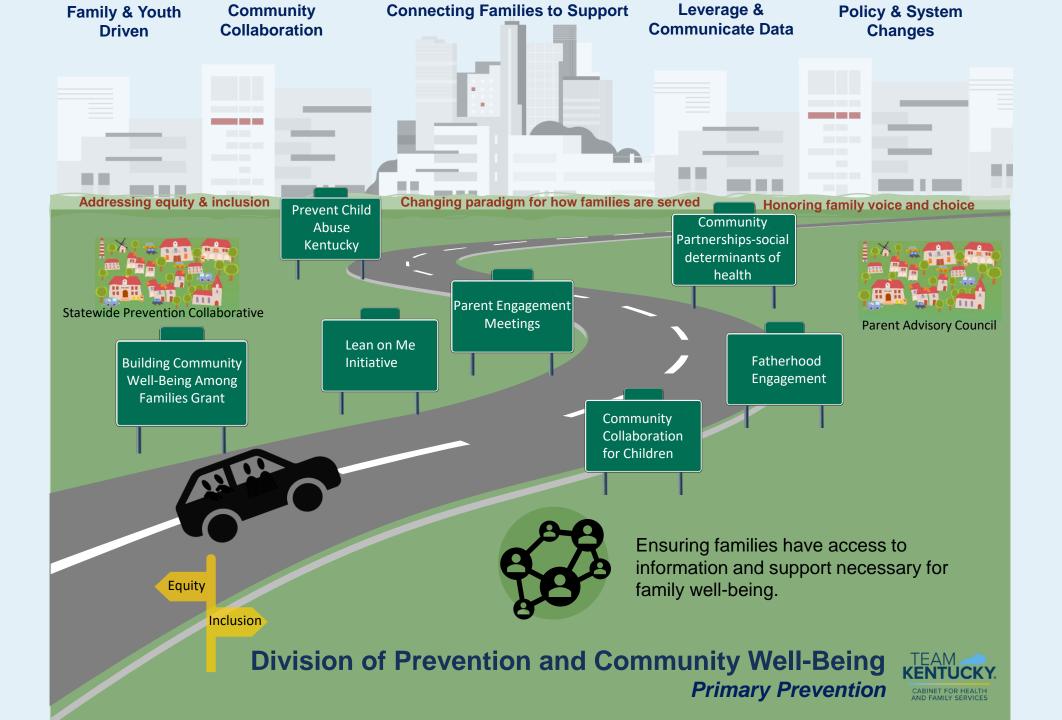
- > State plan approval April 2020
- > State plan amendment December 2021
- State planamendmentSeptember 2022

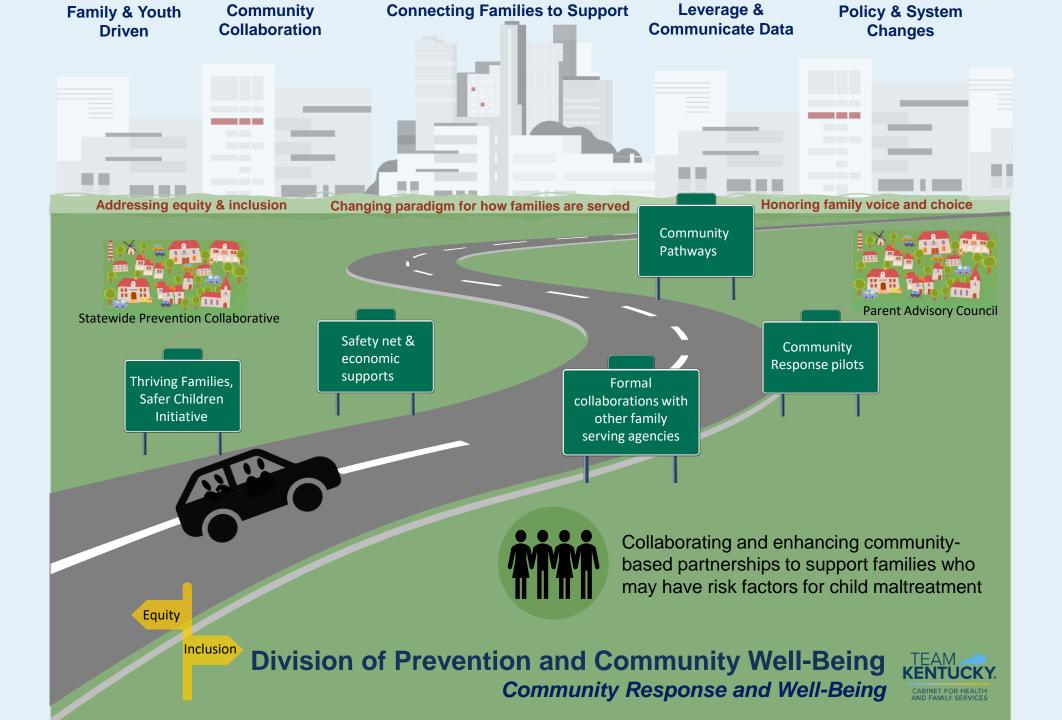
- > Increased funding for prevention services
- > Legislative appropriations for prevention
- > Decreased Foster care expenditures

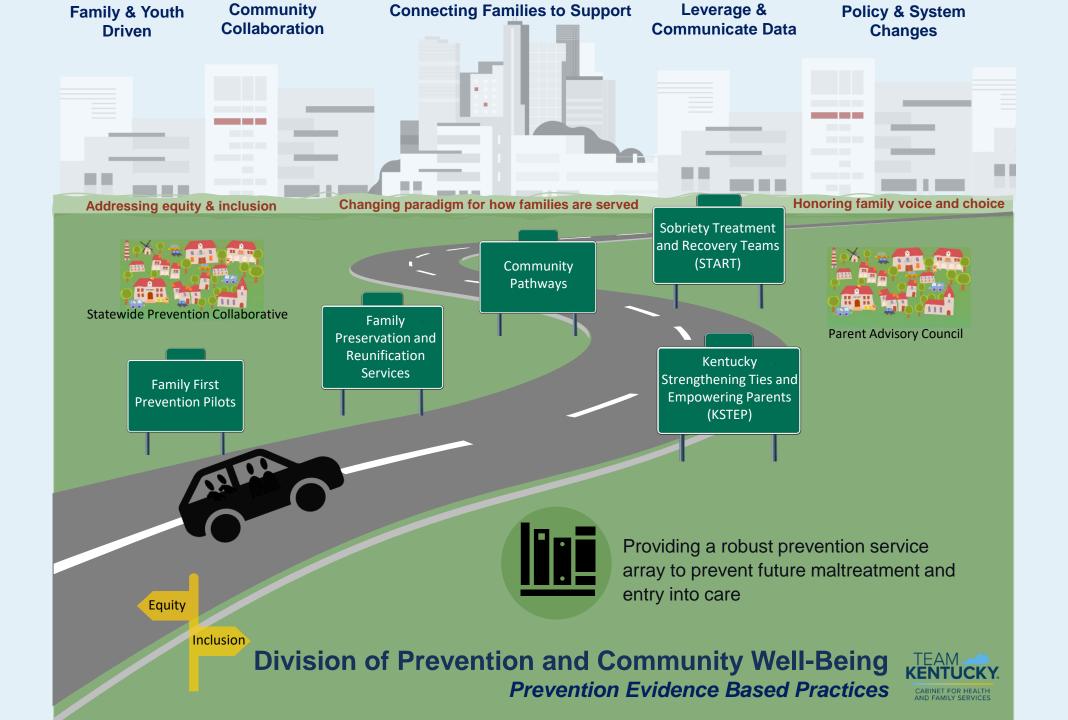
- > Expanded prevention services
- > Expanded evidencebased practices
- > Expanded capacity through agency commitment and organizational change
- > Partnered with
  Chapin Hall to
  implement a Family
  First CQI
  Measurement
  Framework
- > Integrated Family
  First CQI into broader
  agency CQI











## Prevention Plan Implementation and CQI





## Measuring Performance

- Measure and monitor initial and ongoing implementation of the Prevention Plan
- Use a measurement framework to produce the information needed to fuel improvement efforts
- Establish routine forums with a diverse array of partners to engage in improvement planning
- Ensure race equity is centered and constituent engagement is intentional





# Has your state started to build infrastructure for Family First CQI?





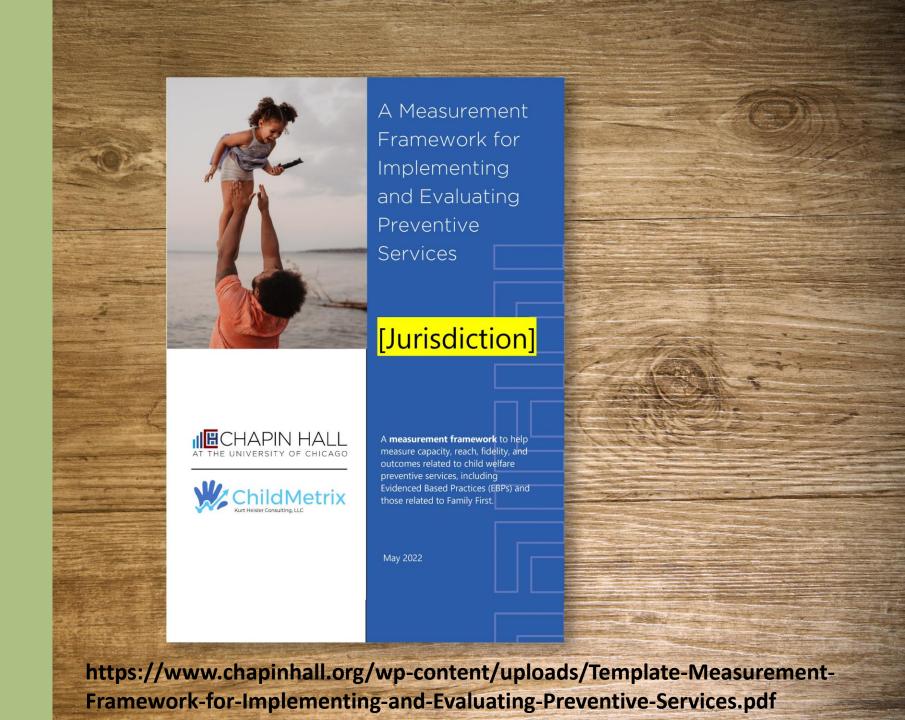














## **Agency Capacity Measures\***

Assess the degree to which the agency devoted the necessary resources to support its implementation of prevention services

## Reflect key implementation drivers

- Staffing^
- Training
- Coaching
- Technology supports & infrastructure
- Facilitative administration
- Systems interventions

\*This framework groups capacity measures into six domains that correspond closely to seven "implementation drivers" identified by the National Implementation Research Network (NIRN). (NIRN's seventh implementation driver – Fidelity – is captured later in its own section.) For more information on NIRN and these implementation drivers, see https://nirn.fpg.unc.edu/module-1/implementation-drivers.

^NIRN calls this driver "Selection"

^^NIRN calls this driver "Decision Support Data System"





## Agency Capacity

- Surveys delivered to DCBS staff in October 2021
- Focus groups to assess capacity measures were delivered to service providers in January 2022
- Responses analyzed through Quality Insurance and Chapin Hall
- Findings presented to Family First CQI Stakeholders Group
  - Ex. Turnover/retention challenges for providers and DCBS
  - Ex. Need for EBP training sustainability/training of trainers





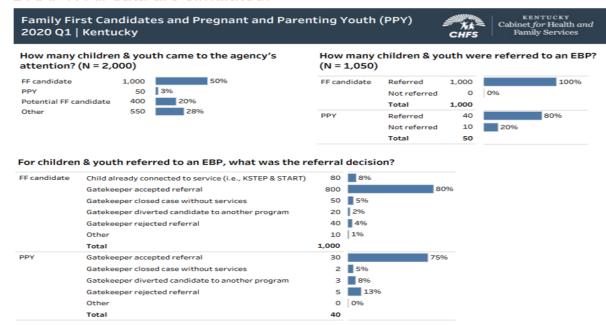


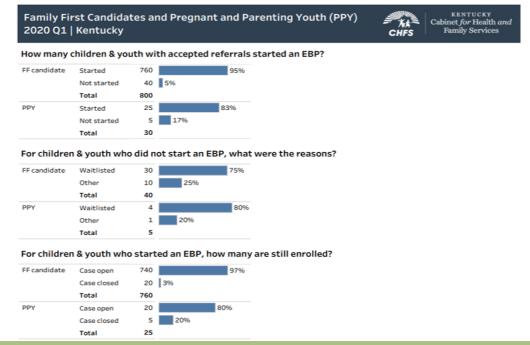
## Reach Measures

Measures related to children and families referred to services, outcomes of those referrals, and service uptake and completion

#### SAMPLE 1st report on measures of REACH

#### DRAFT. All data are simulated.











The extent to which the service is carried out with adherence to the intended approach and can be assessed by measuring the degree to which capacity, process, and quality requirements are met.





## Motivational Interviewing - SOURCE: Miller and Rollnick (2012) Motivational Interviewing 3<sup>rd</sup> Edition

1. Staffing and Training: licensure, certification,	qualifications, training; supervisor/staff ratio, staff/client ratio; coach	ing and supervision		
Fidelity Question	Explanation/Guidance	Case Review Key Findings:		
a. Does the provider have the appropriate education?	High school diploma or GED			
<ul><li>b. Does the provider have appropriate training?</li></ul>	1) Basic Skills Training for "on the ground" workers			
c. Is there appropriate supervision and movement toward proficiency in MI skills?	1) Advanced Training is required for supervisors (reviewer should look for evidence of Advanced Training)			
	2) There is use of fidelity measures and coaching to work toward proficiency through observation, note review, or role playing. The reviewer should look for the MITI, MISC or MIA-STEP (clinician assessments)			
	3) Coaching and supervision are specific and detailed (i.e. "you said xxxxx", that can be considered judgmental. How can we say that in the MI spirit?")			
	4) Session notes indicate the supervisor is supporting the provider in adhering to the model			
Fidelity Question	Explanation/Guidance			
a. Is the client appropriate for IV-E?	1) Current SUD diagnosis (active or in remission), 2) Relapse Prevention, OR 3) deficit in daily living resulting from SUD			





## Motivational Interviewing - SOURCE: Miller and Rollnick (2012) Motivational Interviewing 3<sup>rd</sup> Edition

3.	Activities of the service: type, content. Do	sage (e.g., frequency, intensity, duration	n), timeliness of assessments and services
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Fidelity Question	Explanation/Guidance	Case Review Key Findings
a. Are appropriate assessments used to determine base score and to show progress?	Use of ASAM Dimension 4 "Readiness for Change" or URICA to assess base score/stage of change and progress during treatment.	
b. Competent use of skills	1) OARS Skills (open ended questions, affirmations, reflections, summaries),	
	2) Consistency with MI Spirit (MI is based on partnerships, acceptance, empathy, autonomy, affirmation, compassion and evocation NOT confrontation, judgement, imposition, authority, criticism, indifference, or education),	
	3) Change Talk is Used (goal setting, pros and cons lists, values, scaling)	

**Case Review Strengths:** 

**Case Review Enhancement Opportunities:** 







## Outcomes

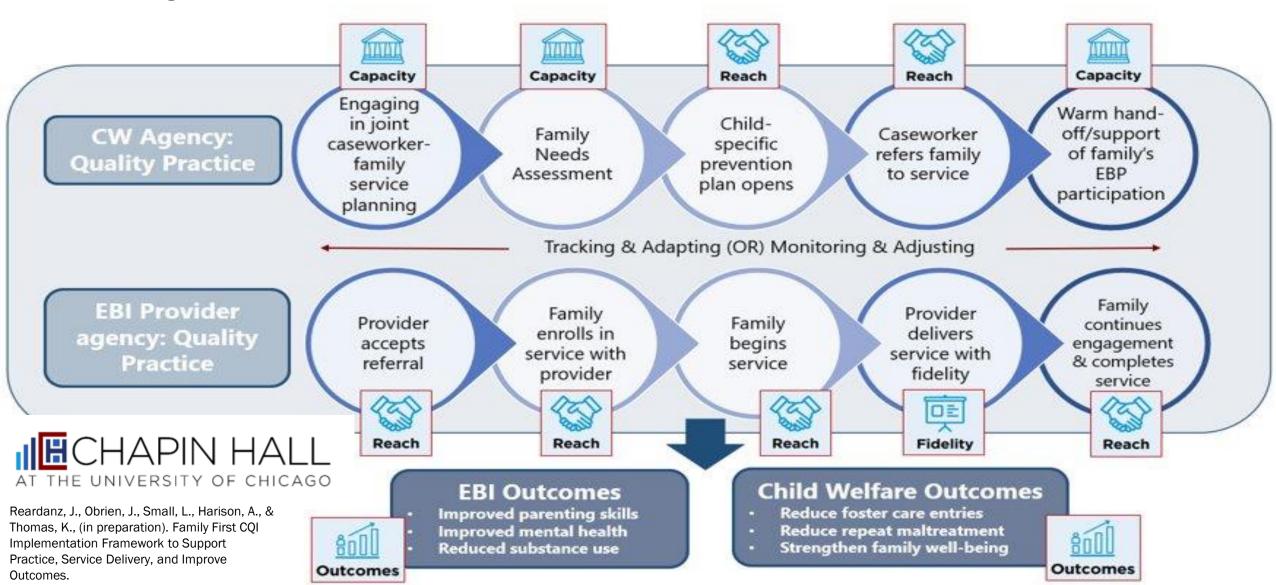
The extent to which the services are achieving the desired results for children and families, outcomes may be:

- Prescribed by the EBP
- Agency specific, for example:
  - CPS report while still receiving the EBP
  - CPS report within 12 mos. of competing an EBP
  - Entered foster care while receiving the EBP
  - Entered foster care after EBP closure by timing
- Federally required outcomes for Family First candidates (long term outcomes related to foster care entry)





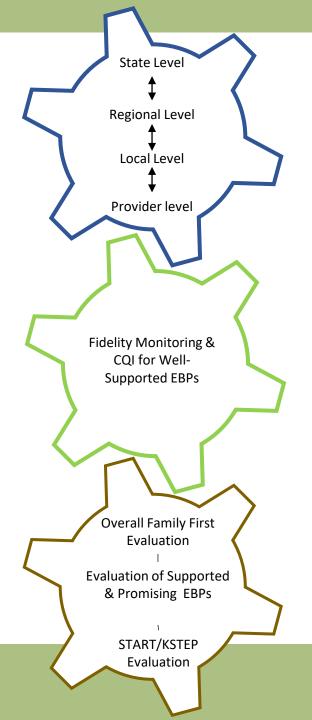
## **Quality Practice Leads to EBP Participation and Outcomes Pathway: The Whole Picture**



## **Proposed CQI framework**

Three integrated components

2. Family First CQI



1. Overall Statewide CQI

3. Family First Evaluation





## **Discussion Questions**

 If you have started to build infrastructure or have implemented Family First CQI processes, what successes have you experienced?

 If you have not started or are in the planning process now, what challenges do you anticipate?





# Child Welfare Transformation Phase Two: CQI Re-design





## TIMELINE

April 2018
Child Welfare
Transformation
Launch

June 2019 -Dec. 2019 Staff engagement CWT Phase II QA groups

Feb. 2020-Sept. 2020 CQI Self-Assessment CQI Training Academy

Jan. 2021-June 2021 of rollout, CQI Forums Launch

May 2019
CWT Transition
Begins

Jan. 2020
CQI Redesign Project
Center for States Collaboration

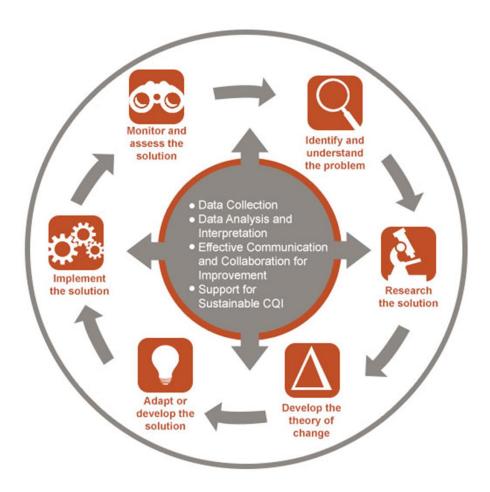
Oct. 2020-Dec. 2020
CQI Redesign Project
Modifications to the CQI
State plan informed by
Self-assessment
Recommendations & staff
feedback



July 2021 to present: Implementation, Monitoring, Evaluation



- Cycle of Learning utilized for CQI
- CQI issues are defined as affecting/impacting the same 3 topical outcome focused areas as the CFSP:
  - Safety
  - Permanency
  - Well-being





## Finding Common Ground: "What is CQI"?





# Embed CWT into everyday operations; changing the CULTURE of CQI

- **Data: Key Performance Measures** (or KPI's)
  - Aligned with Safety, Permanency, and Well-Being
  - Will be re-evaluated and changed as necessary.
  - Regions will be able to include other performance measures specific to their needs.
  - Inclusion of racial equity and disparity outcomes.

### Definition of CQI:

- <u>It is a philosophy</u> it places a high value on improvement. **(CFSP)**
- <u>It is a system</u> a coherent set of components that supports the continuous improvement process.
   (KPIs)
- <u>It is a cyclical process</u> it seeks to identify, describe, and analyze strengths and problems and then test, implement, learn from, and revise solutions. (APSR/CFSR)

### Key Features of a CQI System:

- It is *data-informed*, systematic, and proactive.
- It is <u>inclusive</u>, involving stakeholders and staff at all levels.
- It is <u>holistic</u>, incorporating information about multiple aspects of the system and establishing linkages



# Foster a Culture of Learning



## **Ongoing training for CQI Specialists**

- Center for States CQI Training Academy and coaching sessions
- My Purpose online trainings
- Subject matter experts informing the work
- Ongoing forums and department wide CQI orientation training
- CQI Specialists facilitating and coaching local teams



CQI can be seen as a trifecta for addressing concerns, supported by data and informed by practice review

- **Tiered teaming system**: Local, Regional and State CQI teams identify and solve barriers to service delivery and outcome achievement.
- Management Reports and data: Connect data with outcomes and benchmarks by highlighting and monitoring trends.
- Reviews of case work quality: Multi-level case reviews and feedback at each level to promote high quality case work and best practices.



## SOP 30.6 CQI and the Case Review Process

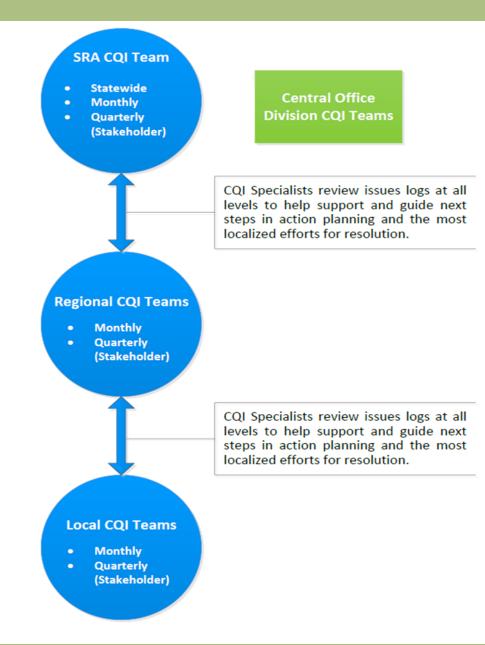
- CQI Case Review process
  - Debriefing
    - Regional Action Planning
- CQI State Plan and Procedures Manual
  - Available in SOP for access
    - Conducting annual review and eval of State Plan
    - (CQI-ing our own CQI plan)





# A systematic structure for responding to agency's changing needs.

Executive Leadership CQI Team





## **CQI Youth Engagement**

#### **Strengths:**

- Collaboration with Voices of the Commonwealth, Murray State and SKY
- Virtual platforms allowed more participation statewide
- Feedback loop (TEAMS channel for feedback from agency, follow-up with VOC/youth)
- CQI Youth FAQ brochure
- Surveys-ongoing

#### **Barriers:**

- Lack of participation/engagement (virtual fatigue)
- Feedback doesn't always reach same youth

## Youth Feedback example: Goal 3: Increase the timeliness to appropriate permanency for all children in OOHC

feedback: ensure youth are engaged in decision making around permanency obtain ongoing surveys from youth to inform practice joint training/team building between foster youth/foster parents









Current Youth serving
as Voices of the
Commonwealth

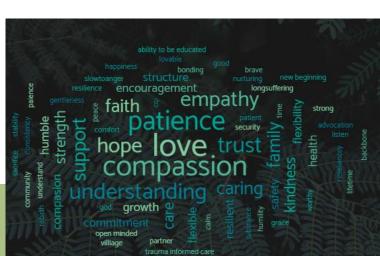


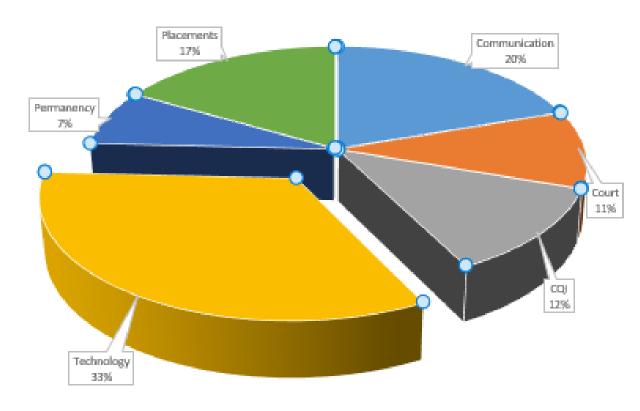
## Foster/Adoptive Parent Stakeholder Engagement

- CQI training-partnership with stakeholders bi-annually
- Foster/Adoptive Parent survey
- Polls during CQI overview
- Identified training needs/barriers

Regional Foster/Adoptive Parent
 CQI teams

"In one word, identify a strength in fostering children"





Barriers in Achieving Permanency for Children from resource family POV



## Consistent stakeholder engagement at all levels of the agency

Decision point to collect focused community partner meeting minutes from our identified community partner gaps from the PIP

- Youth: Meet with Voices of Commonwealth quarterly, residential meetings at facilities with youth rep
- Foster/Adoptive Families: Support networks monthly meetings
- PCC/PCP regional quarterly meetings
  - CCC: monthly
- Court/Judges: Reviewing permanency data, way for courts to vet CQI
- RIAC---Monthly meetings—regional level

KY began with a hand count and collecting localized community partner meeting notes, barrier is workload and human resource burden, despite multiple connections occurring.



Agency
feedback
loop:
making the
making the
conversation
tangible

#### **CQI UPDATES**



Quarter 1 2022

An update brought to you by the Field Quality Branch

VOL. 1. ISSUE 1

#### What is the criteria to be a CQI Issue?



- Concerns perceived as a barrier to service delivery and/or quality work;
- · Requires Teamwork;
- Not Addressed by Existing Guidelines; and
- Requires Action Planning.

Click image to left for CQI Issue Identification Tip Sheet

#### Guidance for non-CQI Issues

#### Where to send the following non-CQI issues as they arise:

System issues are sent to the regional CQI specialists:

TWIST issues will be reviewed & forwarded to DPP; while

Worker Portal issues will be reviewed & forwarded to DFS for resolution.

\*\*Please remember to send examples (screenshots, case numbers, help desk tickets, etc...)
when submitting any system enhancements.

#### Workplace/Staff Safety and Critical Incidents/Accidents:

Safety issues are sent to Safety Administrators

Building issues are sent to Building Managers

#### Community partner concerns:

These issues should be addressed at a community partner meeting that is already naturally occurring if possible or develop a plan of action outlining who will address the issue (SRCA, Specialists, SRA, FSOS, etc.).

#### Advancing Issues & Feedback Loop



CQI Specialists review all issues to determine if further efforts can be offered at the current level. If unable to resolve on the local level, the issue is presented to regional leadership to determine potential resolution or escalate to the Statewide Team.

Leadership will determine if resolving the issue would require a regulatory or policy change, rather than clarification, training, or internal practice change.

Issue on

Home type

Problem with

SKY contacts

enter multiple

onsults at one

TWIST system issues are resolved when submitted to DPP for review; system updates will be issued by DPP.

The team submitting the issue must describe it in writing in sufficient enough detail to enable those unfamiliar with it to understand the issue, and propose a potential solution or ideas that might help in forming remediation or progress.

#### Feedback loop:

All issues will be addressed and any status updates relayed so the team can be in communication together about progress or further needs or efforts to be discussed.

To learn more about issues, please click the links below:

EKU CQI Training





AND FAMILY SERVICES

tickler for case

button

Multiple

changes to

case plan

Intake #'s are

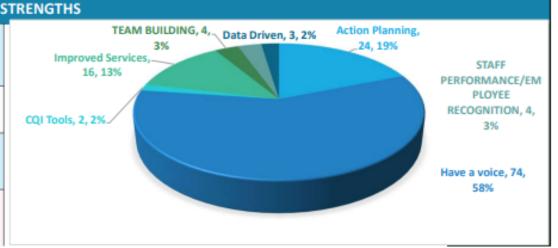
different

between

systems

**Use of Surveys and Polling** 

				C	оммои тн	EMES FOR S	
Action Planning	Have a voice	CQI Tools	Improved Services	TEAM BUILDING	STAFF PERFORMANCE/E MPLOYEE RECOGNITION	Data Driven	
24	74	2	16	4	4	3	
Informative/Resourceful	Identify Barriers	Communication Feedback	COMMUNITY PARTNER INVOLVEMENT	CQI PROCESS	FEDERAL & STATE OUTCOMES	HELPFUL TIPS/GOALS	
12	9	46	1	49	0	3	



COMMON THEMES FOR AREAS OF IMPROVEMENT											
Adds increase workload	AGENDA/DICSUSSIO N GUIDELINES	All issues should be acknowledged	CQI Process Barrier	Barrier with Regional Management	Case reviews	Communication Loop/Resolutions To Barriers	OVERWHELMING	REGIONAL LEADERSHIP BARRIER	REGIONAL Adds increase AGENDA/DICSUSSION LEADERSHIP BARRIER workload 1 Facilitator GUDELINES 19 0 Data is Training 2 TOO MUGNequency of Meetings Wrong/Overwhelming PF PGCUS/DATA 4 Training on Action		
1	19	13	6	1	1	59	11	0	3 creates low morale FOCUS Planning 12% All issues should be acknowledged 13 LOW Not helpful 1 Repetative Planning 11 Repetative		
Facilitator Training	Frequency of Meetings	LOW ENGAGEMENT	Need FSOS CQI Meeting Back	Need More Data	Need More Encouragement for Ideas	No system	Not helpful	Data is Wrong/Overwhel ming	TOCETSS 128		
2	4	1	1	1	1	3	1	3			
TOO MUCH PIP FOCUS/DATA FOCUS	Training on Action Planning	TRAINING ON CQI PROCESS	Unsure	dislike Teams	EXPANDING INCLUSIVENESS TO ALL TYPES OFF STAFF	Time barrier	Repetative	creates low morale	Communication Loop/Resolutions To Barriers 59 No system 3 Time barrier 23% More Encourage map: 15%		
1	4	11	8	1	1	12	8	6	for Ideas 1 Barrier with Regional EXPANDING Management 1 Need INCLUSTVENESS TO ALL TYPES OFF STAFF Teams 2% 2%		



## **Evaluation & Monitoring Phase**

Are the activities being implemented as intended?

VALUATIO

E

Why or why not?
What has worked well during implementation and are there areas for improvement?

#### **CQI Plan Component**

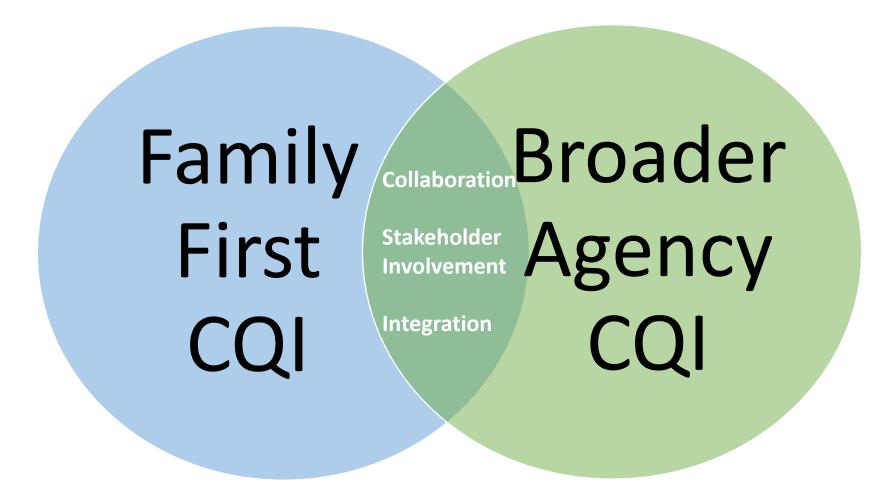
- CQI Vision
- Teaming Structure
- Agency Feedback Loop
- Infrastructure Supports
- Core Data Set
- Case Record Review Process
- Training Requirements
- Communication Plan



## Has your state begun Family First CQI integration into broader agency CQI?











## Integration: Collaboration and Stakeholder Involvement

#### Agency CQI monthly collaborative

- Feedback loop for Family First
- Data sharing, issue identification agency wide, integration of CFSR/PIP

#### Quarterly Family First CQI meetings

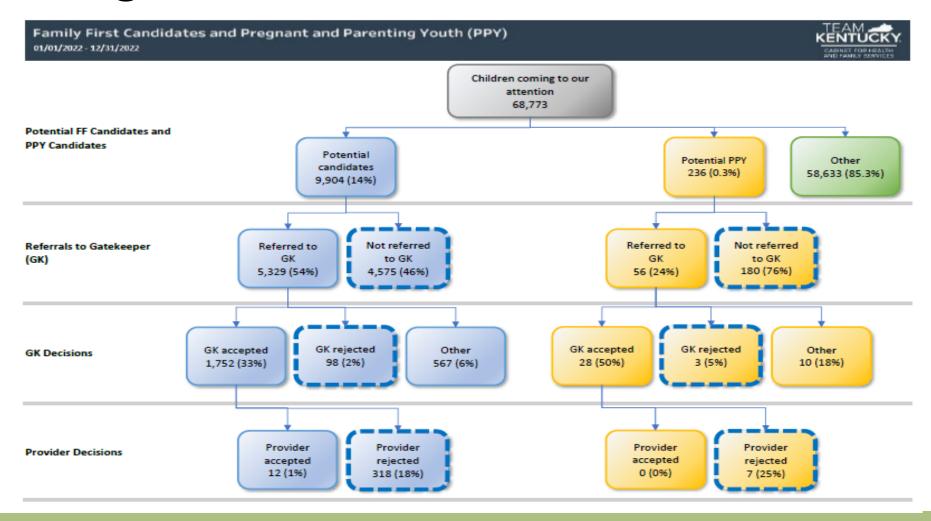
- Robust stakeholder participation
- Feedback loop for outcomes
- Aligned with measurement framework







## Integration: Reach of Services







### **Reports Directory:**

### Access and User Friendly to connect data and reports to the work

Α Α	R	L C	υ	E	ļ F	li li	- н	l I	J
r: 6/2020	OUTCO	OMES GUIDE					SUCCESS		
Outcome measurement	Report #	Report Name	OCCURANCE	WHO	How To Use Report description	QUALITY TIP	Performance Evaluation Measurement	How to get	Internal/External use
Safety	TWS-D306	Investigative Consultation	Daily	Split by Region		Specialists should be receiving this daily to review high risk consults.		Regional CQI specialists	internal only
Safety, Permanency, and well being	TWS-M004	Case Listing	Monthly	Split by Region	This report shows all cases regardless of case function. Lists all active cases, evals, consults, family plans, contacts, resource capacity		Evaluation calculations on case plans and supervisory consults	Regional CQI specialists	internal only
Safety, Permanency, and well being	TWS-M004S	Case Listing Summary Report	Monthly	Split by Region	Region/FSOS/Worker summary: Lists all active cases, evals, consults, family plans, contacts, resource capacity	Use this report as a guide each month to see which contacts were missed.	Evaluation calculations on contacts	Regional CQI specialists	internal only
Safety, Permanency, and well being	TWS-M004SW	Case Listing Summary Report by Region	Monthly	Split by Region	Only statewide summary Lists all active cases, evals, consults, family plans, contacts, resource capacity			Regional CQI specialists	internal only
Safety, Permanency, and well being	TWS-M004WI	Cases Anticipatory	Monthly	Split by Region		Use this report to anticipate case plan due dates, contacts, and consults for documentation.		Regional CQI specialists	internal only
Safety, Permanency, and well being	TWS-M023	Case plan due dates	monthly	due dates .	This report is used to show the 00HC case plans that are past due and plans that are coming due in the next 90 days. This report is emailed to all supervisors, regional management staff and to all workers with past due plans. The report is also filtered to show reports that are coming due in the next three months for supervisors/workers to utilize. The report runs on the 15 <sup>th</sup> . The past due date and date for plans coming due is calculated by looking at the date of 1st placement for most recent removal date.			specialists	internal only
Permanency	TWS-M043	ASFA Requirement	Monthly	Split by Region	Tracks total months in care, ASFA timeframes			Regional CQI	internal only





## Integration: Race Equity



- Implementation of a race equity assessment
  - Assess design and implementation of Family First
  - Ensure cultural responsiveness
  - Avoid disproportionality/disparity in services
- Current scope of work to integrate findings in Family First and broader agency CQI





#### FRAMEWORK

#### Address barriers in. **CHFS Racial Equity** accessing benefits and Vision & CoP opportunities Increase racial equity in DCBS Health Equity hiring Audit (CARAT) Increase racial equity in procurement DCBS Racial Equity Use a communication Teams & Action Plan strategy to advance racial equity Division & Build the foundations of a. Regional culture of equity Goals REIA use on key functions Improve data readiness to Commissioner's Office DPPadvance equity DSR**FFPSA** Strengthen and expand DPCWB DFS. agency and community DAFM partnerships that 9 Regions promote equity work





DCBS Racial Equity Action Plan

## Discussion

 If you are currently building or have already integrated Family First CQI into broader agency CQI, what successes have you experienced?

 If you have not started or are in the planning process now, what challenges do you anticipate?





## Additional Questions and Discussion

