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

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

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

Outcomes
- Strategy implementation
- Deliverables
- Early evaluation
- Course correction as needed
- Embed into ongoing practice
KENTUCKY’S FAMILY FIRST IMPLEMENTATION

GOALS
- Safely reduce entries into out of home care
- Improve timeliness to appropriate permanency
- Reduce staff caseloads

FOCUS
- Family Centric Prevention and Reunification Services
- Utilization of Foster Care as a Last Resort
- Quality Family Settings for All Children

DECISION
- Child Welfare Transformation Governance Structure and Workgroups

TEAMS
- Evidence Based Practices/Data
  - Gather and present data to inform target populations, contribute to and review 5-year Prevention Plan, and review results of provider readiness assessment
- QRTP
  - Create the QRTP requirements guide for providers and develop report and QRTP assessment process
- Workforce/Training Supports
  - Contribute to 5-year Prevention Plan narrative and the Standards of Practice and training requirements
- Systems - SACWIS (TWIST)
  - Engage with TWIST staff (Kentucky’s SACWIS system) to ensure all FFPSA requirements for prevention and QRTP are captured in the system
- Title IV-E Claiming
  - Ensure an accurate and efficient system is in place, complete a gap analysis and develop a roadmap for system changes, and provide an in-depth analysis of DCBS’ funding streams
- Judicial
  - Education for courts, engage judicial stakeholders, and revise family court rules

FAMILY FIRST Implementation Teams

Illustrates the facilitation of internal and external communication feedback loops.
## Kentucky - Family First Theory of Change

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs</th>
<th>Impact</th>
</tr>
</thead>
</table>
| RESOURCES | • TWIST enhancements  
• Title IV-E funding  
• CQI/Evaluation team  
  • Evaluation plan  
  • CQI plan  
  • Provider agency and child welfare and workforce  
  • Provider Readiness findings | • Intentional services  
• Monitoring for effectiveness and appropriateness  
• Access to accurate and comprehensive data | |
| PRACTICE INVESTMENTS | • Child and Adolescent Needs and Strengths  
  • Structured Decision-Making  
  • Training and Coaching  
  • Family First Prevention Services Act liaisons  
  • Prevention Plan | • 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 | |
| CULTURE CHANGE | • Culture of Safety  
• Public/private partnerships  
• Legislative commitment  
• Stakeholder engagement | • A workforce that feels safe and supported with the right tools  
• Greater workforce retention | |
| SERVICES | • 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 | |
| | | |

### 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
- Entries into Out of Home care
- Re-entries
- Maltreatment
- Repeat maltreatment
- Caseloads

### 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
<table>
<thead>
<tr>
<th>Implemented Family First Prevention in October 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; State plan approval April 2020</td>
</tr>
<tr>
<td>&gt; State plan amendment December 2021</td>
</tr>
<tr>
<td>&gt; State plan amendment September 2022</td>
</tr>
<tr>
<td>&gt; Increased funding for prevention services</td>
</tr>
<tr>
<td>&gt; Legislative appropriations for prevention</td>
</tr>
<tr>
<td>&gt; Decreased Foster care expenditures</td>
</tr>
<tr>
<td>&gt; Expanded prevention services</td>
</tr>
<tr>
<td>&gt; Expanded evidence-based practices</td>
</tr>
<tr>
<td>&gt; Expanded capacity through agency commitment and organizational change</td>
</tr>
<tr>
<td>&gt; Partnered with Chapin Hall to implement a Family First CQI Measurement Framework</td>
</tr>
<tr>
<td>&gt; Integrated Family First CQI into broader agency CQI</td>
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</table>
Family & Youth Driven

Community Collaboration

Connecting Families to Support

Leverage & Communicate Data

Policy & System Changes

Addressing equity & inclusion

Changing paradigm for how families are served

Honoring family voice and choice

Building Community Well-Being Among Families Grant

Prevent Child Abuse Kentucky

Lean on Me Initiative

Parent Engagement Meetings

Community Partnerships-social determinants of health

Fatherhood Engagement

Community Collaboration for Children

Ensuring families have access to information and support necessary for family well-being.

Division of Prevention and Community Well-Being

Primary Prevention
Family & Youth Driven
Community Collaboration
Connecting Families to Support
Leverage & Communicate Data
Policy & System Changes

Addressing equity & inclusion
Changing paradigm for how families are served
Honoring family voice and choice

Statewide Prevention Collaborative
Thruiving Families, Safer Children Initiative
Safety net & economic supports
Community Pathways
Formal collaborations with other family serving agencies
Community Response pilots

Collaborating and enhancing community-based partnerships to support families who may have risk factors for child maltreatment

Division of Prevention and Community Well-Being
Community Response and Well-Being

Equity
Inclusion
Family & Youth Driven
Community Collaboration
Connecting Families to Support
Leverage & Communicate Data
Policy & System Changes

Addressing equity & inclusion
Changing paradigm for how families are served
Honoring family voice and choice

Statewide Prevention Collaborative
Family First Prevention Pilots
Family Preservation and Reunification Services
Community Pathways
Sobriety Treatment and Recovery Teams (START)
Kentucky Strengthening Ties and Empowering Parents (KSTEP)
Parent Advisory Council

Equity
Inclusion

Providing a robust prevention service array to prevent future maltreatment and entry into care

Division of Prevention and Community Well-Being
Prevention Evidence Based Practices
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?
A Measurement Framework for Implementing and Evaluating Preventive Services

[Jurisdiction]

May 2022

A measurement framework to help measure capacity, reach, fidelity, and outcomes related to child welfare preventive services, including Evidenced Based Practices (EBP) and those related to Family First.

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.

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

**Family First Candidates and Pregnant and Parenting Youth (PPY) 2020 Q1 | Kentucky**

| How many children & youth came to the agency’s attention? (N = 2,000) |
|--------------------------|-----------------|
| FF candidate             | 1,000           |
| PPV                      | 50              |
| Potential FF candidate   | 400             |
| Other                    | 550             |

<table>
<thead>
<tr>
<th>How many children &amp; youth were referred to an EBP? (N = 1,050)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FF candidate refered</td>
</tr>
<tr>
<td>Not referred</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>PPV refered</td>
</tr>
<tr>
<td>Not referred</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

For children & youth referred to an EBP, what was the referral decision?

<table>
<thead>
<tr>
<th>FF candidate</th>
<th>Child already connected to service (i.e., KSTEP &amp; START)</th>
<th>Gatekeeper accepted referral</th>
<th>Gatekeeper closed case without services</th>
<th>Gatekeeper diverted candidate to another program</th>
<th>Gatekeeper rejected referral</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>80</td>
<td>800</td>
<td>50</td>
<td>20</td>
<td>40</td>
<td>1,000</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PPV</th>
<th>Gatekeeper accepted referral</th>
<th>Gatekeeper closed case without services</th>
<th>Gatekeeper diverted candidate to another program</th>
<th>Gatekeeper rejected referral</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>30</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>40</td>
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</tbody>
</table>

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**Family First Candidates and Pregnant and Parenting Youth (PPY) 2020 Q1 | Kentucky**

<table>
<thead>
<tr>
<th>How many children &amp; youth with accepted referrals started an EBP?</th>
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</thead>
<tbody>
<tr>
<td>FF candidate started</td>
</tr>
<tr>
<td>Not started</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>PPV started</td>
</tr>
<tr>
<td>Not started</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

For children & youth who did not start an EBP, what were the reasons?

<table>
<thead>
<tr>
<th>FF candidate</th>
<th>Wasteful</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30</td>
<td>10</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPV</th>
<th>Wasteful</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

For children & youth who started an EBP, how many are still enrolled?

<table>
<thead>
<tr>
<th>FF candidate</th>
<th>Case open</th>
<th>Case closed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>740</td>
<td>20</td>
<td>760</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPV</th>
<th>Case open</th>
<th>Case closed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30</td>
<td>20</td>
<td>50</td>
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</tbody>
</table>
Fidelity Measures

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.
<table>
<thead>
<tr>
<th>Fidelity Question</th>
<th>Explanation/Guidance</th>
<th>Case Review Key Findings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does the provider have the appropriate education?</td>
<td>High school diploma or GED</td>
<td></td>
</tr>
<tr>
<td>b. Does the provider have appropriate training?</td>
<td>1) Basic Skills Training for &quot;on the ground&quot; workers</td>
<td></td>
</tr>
<tr>
<td>c. Is there appropriate supervision and movement toward proficiency in MI skills?</td>
<td>1) Advanced Training is required for supervisors (reviewer should look for evidence of Advanced Training)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) Coaching and supervision are specific and detailed (i.e. &quot;you said xxxxxx&quot;, that can be considered judgmental. How can we say that in the MI spirit?&quot;)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4) Session notes indicate the supervisor is supporting the provider in adhering to the model</td>
<td></td>
</tr>
<tr>
<td>a. Is the client appropriate for IV-E?</td>
<td>1) Current SUD diagnosis (active or in remission), 2) Relapse Prevention, OR 3) deficit in daily living resulting from SUD</td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Activities of the service: type, content. Dosage (e.g., frequency, intensity, duration), timeliness of assessments and services

<table>
<thead>
<tr>
<th>Fidelity Question</th>
<th>Explanation/Guidance</th>
<th>Case Review Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Are appropriate assessments used to determine base score and to show progress?</td>
<td>Use of ASAM Dimension 4 &quot;Readiness for Change&quot; or URICA to assess base score/stage of change and progress during treatment.</td>
<td></td>
</tr>
<tr>
<td>b. Competent use of skills</td>
<td>1) OARS Skills (open ended questions, affirmations, reflections, summaries),</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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),</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) Change Talk is Used (goal setting, pros and cons lists, values, scaling)</td>
<td></td>
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</tbody>
</table>

**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*

1. **Overall Statewide CQI**

2. **Family First 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
April 2018
Child Welfare Transformation Launch

May 2019
CWT Transition Begins

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

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

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

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

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

**Definition of CQI:**
- *It is a philosophy* – it places a high value on improvement. *(CFSP)*
- *It is a system* – a coherent set of components that supports the continuous improvement process. *(KPIs)*
- *It is a cyclical process* – 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 *inclusive*, involving stakeholders and staff at all levels.
- It is *holistic*, incorporating information about multiple aspects of the system and establishing linkages.

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**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.

**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.**
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.
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

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

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
Agency feedback loop: making the conversation tangible

CQI UPDATES
An update brought to you by the Field Quality Branch

VOL 1 ISSUE 1
October 1, 2022

What is the criteria to be a CQI Issue?
- Concerns perceived as barriers to service delivery and/or quality work
- Requires Teamwork
- Not Addressed by Existing Guidelines
- Requires Action Planning

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 reams of scenarios, case numbers, help desk tickets, etc.* when submitting any system enhancements.
- Workplace Saftey 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

Local Issues → Regional Issues → Statewide Issues

Feedback Loop:
- The team submitting the issue must describe it in writing in sufficient 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.

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

*RMU CQI Training*
Use of Surveys and Polling

### Common Themes for Strengths
- **Action Planning:** Have a voice, 74; CQI Tools, 45; Improved Services, 16; Data Driven, 3
- **Informative/Resourceful:** Identify Barriers, 9; Communication Feedback, 49; Community Partner Involvement, 0; Helpful Tips/Goals, 3

### Common Themes for Areas of Improvement
- **Add Increase Workshop:** AGENDA/DOCUMENTATION GLEANCE, 19; All Issues should be acknowledged, 13; Communication barriers to Barriers, 1; Case Reviews, 11; Overwhelmed, 0
- **Facilitator Training:** Frequency of Meetings, 4; Feedback/Meeting Skills, 1; Need More Data, 1; Need More Encouragement for Ideas, 3; Data is wrong/overwhelming, 1
- **TOOL MLCI PIP Focus/Data Focus:** Training an Action Planning, 1; TRAINING CQI PROCESS, 8; Enablers, 1; dislike teams, 1; EXPANDING PREFERENCES TO ALL TYPES OFF STAFF/Team, 12; Time barrier, 8; Creates low morale, 6
Evaluation & Monitoring Phase

Are the activities being implemented as intended?

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?
Family First CQI

Broader Agency CQI

Collaboration
Stakeholder Involvement
Integration
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

Family First Candidates and Pregnant and Parenting Youth (PPY)
01/01/2022 - 12/31/2022

Children coming to our attention: 65,773

Potential FF Candidates and PPY Candidates
- Potential candidates: 5,304 (14%)
- Potential PPY: 235 (0.3%)
- Other: 55,633 (85.3%)

Referrals to Gatekeeper (GK)
- Referred to GK: 5,829 (50%)
- Not referred to GK: 4,575 (40%)

GK Decisions
- GK accepted: 1,751 (33%)
- GK rejected: 98 (2%)
- Other: 567 (6%)

Provider Decisions
- Provider accepted: 12 (1%)
- Provider rejected: 318 (18%)
- Provider rejected: 0 (0%)

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO
# Reports Directory:

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

## OUTCOMES GUIDE

<table>
<thead>
<tr>
<th>Outcome measurement</th>
<th>Report #</th>
<th>Report Name</th>
<th>OCCURANCE</th>
<th>WHO</th>
<th>How To Use Report description</th>
<th>QUALITY TIP</th>
<th>Performance Evaluation Measurement</th>
<th>How to get it</th>
<th>Internal/External use</th>
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<tr>
<td>Safety</td>
<td>TWS-5006</td>
<td>Investigative Consultation</td>
<td>Daily</td>
<td>Split by Region</td>
<td>This report looks at high risk investigations for children 4 and under, physical abuse, facility investigations.</td>
<td>Specialists should be reviewing this daily to review high risk consults.</td>
<td>Regional Child Protection Specialists</td>
<td>Internal only</td>
<td>Internal only</td>
</tr>
<tr>
<td>Safety, Permanency, and well being</td>
<td>TWS-5006S</td>
<td>Case Listing</td>
<td>Monthly</td>
<td>Split by Region</td>
<td>This report shows all cases regardless of case function. Lists all active cases, evals, consults, family plans, contacts, resource capacity.</td>
<td>Evaluation calculations on case plans and supervisors consults.</td>
<td>Regional Child Protection Specialists</td>
<td>Internal only</td>
<td>Internal only</td>
</tr>
<tr>
<td>Safety, Permanency, and well being</td>
<td>TWS-5006S</td>
<td>Case Listing Summary Report</td>
<td>Monthly</td>
<td>Split by Region</td>
<td>Regional Child Protection Worker summary. Lists all active cases, evals, consults, family plans, contacts, resource capacity.</td>
<td>Use this report as a guide each month to see which contacts were released.</td>
<td>Regional Child Protection Specialists</td>
<td>Internal only</td>
<td>Internal only</td>
</tr>
<tr>
<td>Safety, Permanency, and well being</td>
<td>TWS-5006SW</td>
<td>Case Listing Summary Report By Region</td>
<td>Monthly</td>
<td>Split by Region</td>
<td>Only statewide summary. Lists all active cases, evals, consults, family plans, contacts, resource capacity.</td>
<td>Evaluation calculations on contacts.</td>
<td>Regional Child Protection Specialists</td>
<td>Internal only</td>
<td>Internal only</td>
</tr>
<tr>
<td>Safety, Permanency, and well being</td>
<td>TWS-5004W</td>
<td>Cases Anticipatory</td>
<td>Monthly</td>
<td>Split by Region</td>
<td>Use for planning. Lists all active cases, evals, consults, family plans, contacts, resource capacity.</td>
<td>Use this report to anticipate case plan due dates, contacts, and consults for documentation.</td>
<td>Regional Child Protection Specialists</td>
<td>Internal only</td>
<td>Internal only</td>
</tr>
<tr>
<td>Safety, Permanency, and well being</td>
<td>TWS-5022</td>
<td>Case plan due dates</td>
<td>Monthly</td>
<td>Use for case plan due dates</td>
<td>This report is used to show the DHHS 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 15th of the month. The past due date and date for plans coming due is calculated by looking at the date of last placement for most recent removal date.</td>
<td>Regional Child Protection Specialists</td>
<td>Internal only</td>
<td>Internal only</td>
<td></td>
</tr>
<tr>
<td>Temporary</td>
<td>TWS-5043</td>
<td>CASFA Requirement</td>
<td>Monthly</td>
<td>Split by Region</td>
<td>Tracks total months in care, CASFA timeframes.</td>
<td>Regional Child Protection Specialists</td>
<td>Internal only</td>
<td>Internal only</td>
<td></td>
</tr>
</tbody>
</table>

**CHAPIN HALL**

AT THE UNIVERSITY OF CHICAGO
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
DCBS Racial Equity Action Plan

- Address barriers in accessing benefits and opportunities
- Increase racial equity in hiring
- Increase racial equity in procurement
- Use a communication strategy to advance racial equity
- Build the foundations of a culture of equity
- REIA use on key functions
- Improve data readiness to advance equity
- Strengthen and expand agency and community partnerships that promote equity work
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