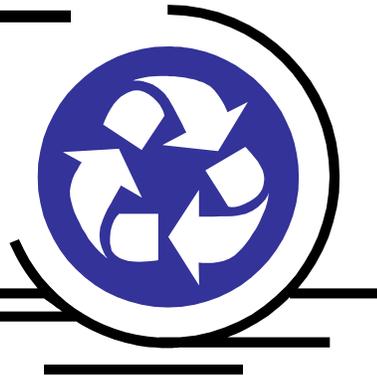

Fiscal Year 2006

**Continuous
Quality
Improvement Plan**



Introduction and Background

This plan outlines and describes the implementation of the Continuous Quality Improvement (CQI) process within the Missouri Children's Division (CD). The primary purpose for engaging in CQI activities is to achieve positive outcomes and the highest quality of services for the children and families served by the division. To achieve this goal, it is essential for the division to: 1) institute structured processes by which to examine, evaluate, and act on quality issues within our agency and ; (2) involve all division staff as well as stakeholders in these processes .

CQI Process

The Children's Division first initiated its formal CQI process in 1999 by developing a CQI structure involving all levels of staff, implementing peer record reviews statewide, restructuring consumer surveys, instituting yearly staff surveys and developing twenty critical outcome measures used to monitor services provided to children and families. Since that time, these processes have remained in place but staff attrition and hiring freezes within the Quality Assurance Unit in the division's central office have left these programs largely unattended.

Despite staffing and fiscal setbacks, the division has continued to recognize the importance of preserving these CQI processes and staff have continued to participate and see achievements, both at a local and statewide level, through the CQI process. In 2004, the director of the Children's Division was able to hire a Quality Assurance Manager and seven Regional Quality Assurance Specialists whose focus is exclusively on CQI processes and activities. The division's prior achievements through CQI and this renewed commitment to quality improvement are a testament to the cultural change occurring within the division which is focused on becoming a learning and growing organization.

Accreditation

In 2004, the division was legislated through HB 1453 to become accredited through the Council on Accreditation (COA) within five years. Although legislated, funding for this endeavor must be approved through legislative appropriations each year. Despite possible funding challenges in the future, the division will continue working towards accreditation with the recognition that accreditation and the CQI process are neither singular events nor one-time initiatives. Rather, accreditation and CQI together will continue to serve the division as a fully integrated and on-going journey aimed at structuring and focusing efforts on quality issues and meeting best practice standards.

Circuit Self-Assessment

From the beginning, Division leadership set a course for systemic improvement through self assessment and long term and short term strategic planning. To address immediate need and short term planning, leadership immediately began developing a process and protocols for individualized, circuit-based self assessment.

The Circuit Self-Assessment, completed in August 2004 involved each circuit identifying its strengths and challenges in providing high quality, family-focused, child protection services. The self-assessment areas for evaluation include: 1) demographics; 2) circuit structure; 3) circuit staffing; 4) management; 5) CQI process; 6) personnel practices; 7) facilities; 8) juvenile court structure and relationships; 8) community partnering; 9) service array; 10) case work practice; 11) case work and documentation; 12) outcomes; 13) training needs; 14) circuit strengths and challenges. These assessments served as a basis for strategic planning to effect positive improvements toward measurable outcomes. The assessments identified needs for technical assistance, resources and support.

Case reviews and outcomes monitoring is continuous and is conducted in conjunction with local community partners. Ongoing local committees will be established to provide independent community advice, advocacy, and accountability. These partners help guide the Division toward its goal of imbedding best practice into the fabric of the organization to achieve safety, stability, permanency, and well-being for children and their families.

Program Improvement Plan

January 2005, the Children's Division finalized its Program Improvement Plan (PIP). This long term plan was developed in response to the federal Child and Family Services Review (CFSR) conducted December 2003. The final report issued in March 2004 provided information on strengths and areas needing improvement for services provided by the Children's Division. The recommendations contained in the CFSR final report, coupled with over 100 recommendations from additional reviews by the Governor, legislators, judiciary and state auditor, provided the Children's Division with rich data to develop strategies for enhancing practice. The PIP was developed in partnership with numerous stakeholders including the Division of Youth Services, Office of State Courts Administrator, universities, service providers, child welfare colleagues, Department of Public Safety, Department of Elementary and Secondary Education and Department of Mental Health. The PIP provides a framework for achieving systemic improvement in practice and ultimately improved outcomes for Missouri's children and families.

CQI, the PIP, and COA best practice standards are intricately tied to one another. Over the next two years the division will utilize the PIP as a roadmap for practice improvement with the CQI process functioning as a vehicle for change. During this time, the division remains cognizant of developing solutions which meet best practice standards which are in alignment with our mission and principles.

Community Engagement

A strength of the Missouri Children's Division is its strong value for partnering with families and communities. The agency has worked diligently to develop partnerships with communities and to be accountable to our citizens. The Division is committed to openness, accountability, data-driven decision making and working with our partners to improve services and outcomes for children and families. In Missouri's PIP, many actions steps include partnerships with the Office of State Court Administrators, Department of Mental Health, Department of Health, state universities, Department of Public Safety, community partnerships and others.

The Children's Division is partnering with the courts to pilot court improvement projects which include open courts. A newly established Office of the Child Advocate is addressing the need for a venue for consumer and constituent issues of concern. Cross training is already occurring between the courts and the Children's Division.

There are numerous ways in which the Children's Division engages community partners and stakeholders. In addition to the CFSR, reviews by the Governor, legislators, judiciary and state auditor, provide the Children's Division with rich data to develop strategies for enhancing practice. The Children's Justice Task Force is composed of public figures who advocate for children and families in Missouri and serves as an avenue for change for the Children's Division.

Definitions

Implementing a CQI process requires a clear understanding and consensus on the terminology of "Quality Assurance" and "Quality Improvement". As it relates to the Children's Division CQI process, these terms are defined as follows:

Quality Assurance: Those processes that measure compliance against identified standards. These activities may include but are not limited to record reviews or program evaluation.

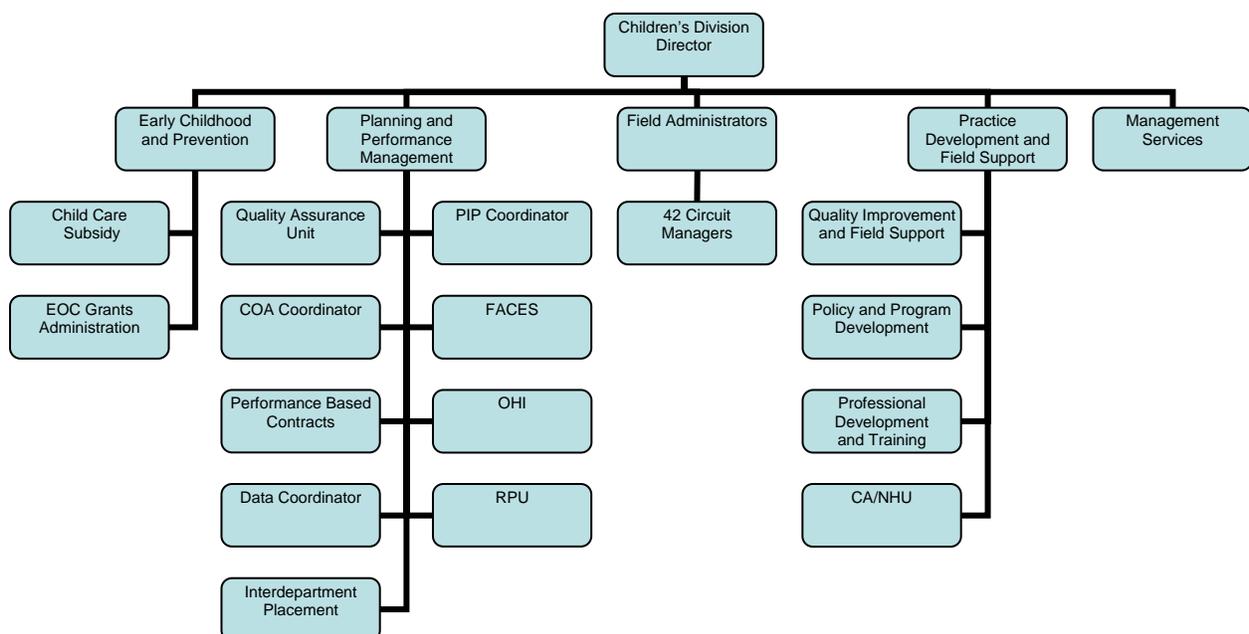
Quality Improvement: Actions taken that lead to incremental improvements in the provision of services or in the services provided to consumers. These actions are usually conceptualized and implemented by staff.

Organizational Structure

Effective August 28, 2003, Governor Bob Holden issued an executive order reorganizing the Department of Social Services. The reorganization created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect. The new organizational structure emphasizes supporting the work of front line staff. Leadership is committed to continuous quality improvement that builds on existing strengths to address areas of concern.

After an extensive review of its organizational needs the division focused on practice excellence that included: 1) a clearly articulated vision and mission for the Children's Division; 2) a new organizational structure that is aligned with judicial circuits and supports circuits through cross-functional teams at the state, regional, and local levels; 3) strong partnerships with communities, courts, law enforcement and treatment providers; 4) high quality training for all staff; 5) a mentoring program for new staff; and 6) flexible funding to meet the unique needs of children and families.

The following organizational chart briefly illustrates the Children's Division structure. The new Quality Assurance Unit is housed within the Planning and Performance Management section assuring QA activities are closely coordinated with and supportive of the PIP and COA activities.



The Quality Assurance Unit

The Quality Assurance Unit is composed of a Quality Assurance Unit Manager and one vacant Program Development Specialist position based in the division's central office. Also housed within this unit are seven regional Quality Assurance Specialists. The QA Specialists are supervised day-to-day by the seven field administrators but take strategic direction from the Quality Assurance Unit Manager in central office. Although there are inherent difficulties due to this type of supervision, the Quality Assurance Manager and Regional Field Administrators remain committed to partnering in meeting both regional and statewide quality assurance needs.

QA Unit Supervision and Training

The QA Specialists have conference calls with the QA Unit Manager at least monthly. Additionally, the QA Specialists meet monthly with the QA Manager. These meetings are typically two to three days long focusing on training topics relevant to statewide QA work which compliments their regional activities. Trainings scheduled in 2005 cover basic Quality Assurance Concepts (QA 101), Excel Charting and Initial Data Analysis, CQI Train-the-Trainer, Advanced Excel Training, PDR Train-the-Trainer, PDR Technical Assistance Training, Survey of Organizational Excellence Analysis Training, PowerPoint Training, and Peer Record Review Training. Other training needs will be addressed as identified during the course of the year.

The Quality Improvement and Field Support Unit

This unit is under the Practice Development and Field Support section of the division and is composed of one Unit Manager and six Program Development Specialist (PDS) all located in the division's central office. Five of the PDS are each assigned to one region of the state to support quality improvement activities as needed. The Quality Improvement Unit and Quality Assurance Unit work closely together to ensure compliance against set standards and that plans for improvement are operationalized.

Practice Enhancement Teams (PET)

As previously indicated, circuit self assessment will be followed by circuit strategic improvement planning. Each circuit will assess PIP identified data measures, monitor them on an ongoing basis, develop strategies to address areas needing improvement and access technical assistance as needed through Practice Enhancement Teams. Practice Enhancement Teams may include a quality improvement leader, quality assurance specialist, program specialist, trainer and other ad hoc members based on the issue of concern. The plan is to establish Practice Enhancement Teams geographically, however, teams may be deployed across regions based on expertise and identified needs. Staff will be supported in completing the circuit self-assessment and resulting strategic improvement plans through the cross-functional Practice Enhancement Teams.

CD Mission and Principles Supports CQI

The mission of the Children's Division has been affirmed as follows:

The mission of the Children's Division is to partner with families and communities to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.

The guiding principles for the Children's Division are:

Partnership: Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

Practice: The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

Prevention: Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

Protection: Children have a right to be safe and live free from abuse and neglect.

Permanency: Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

Professionalism: Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Clearly articulating the Division's mission, guiding principles and practice model is foundational to building an infrastructure that supports practice excellence and results in improved outcomes for children and families.

Philosophy of CQI

CQI is a process by which **all staff** are involved in the evaluation of the effectiveness of services provided to participants by the Children's Division. Evaluation involves the examination of the division's internal systems, procedures, and outcomes; the examination of input from participants, and the examination of relationships and interactions between CD and other stakeholders. CQI is intended to be a process that is creative, inclusive, regular, structured, solution focused, efficient, empowering, action oriented, and common sense driven. Tenants of the CQI process include:

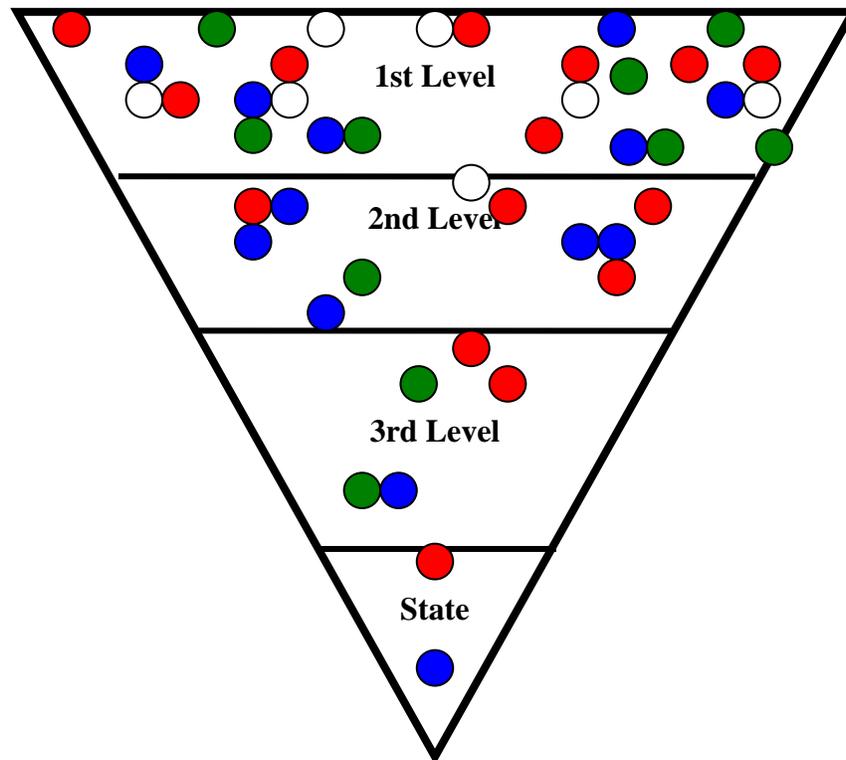
- CQI allows service providers to look at their activities and task performance and create plans for improvement.
- CQI is different from traditional quality assurance in that its focus is self-directed, self determined change rather than change imposed by an external entity.
- CQI determines whether services meet predetermined expectations of quality and outcomes.
- CQI attempts to correct observed deficiencies identified through the CQI process
- Every person is part of a CQI Team.
- The CQI process involves multiple levels of team meetings.
- Each team sends one representative to the next level meeting.
- All CQI meetings and team members are equal in importance.
- 90% of the issues are resolved at the level that first identified the issue.
- A continuous feedback loop ensures the continuity of the process.

CQI teams are *decision-making teams*. The teams must remain solution focused. Meetings result in the identification of needs, goals, and available resources, as well as strengths of the program, the staff, and the participants. Plans are formulated that build on those strengths. Areas needing improvement are identified and discussed, action plans are developed, and strategies are implemented to improve service delivery. Team members have the responsibility for advocating for their proposed improvements.

The first level CQI team is able to implement an action plan for 90% of all issues identified by that team. Those issues that are not resolved are shared with the next level team for possible

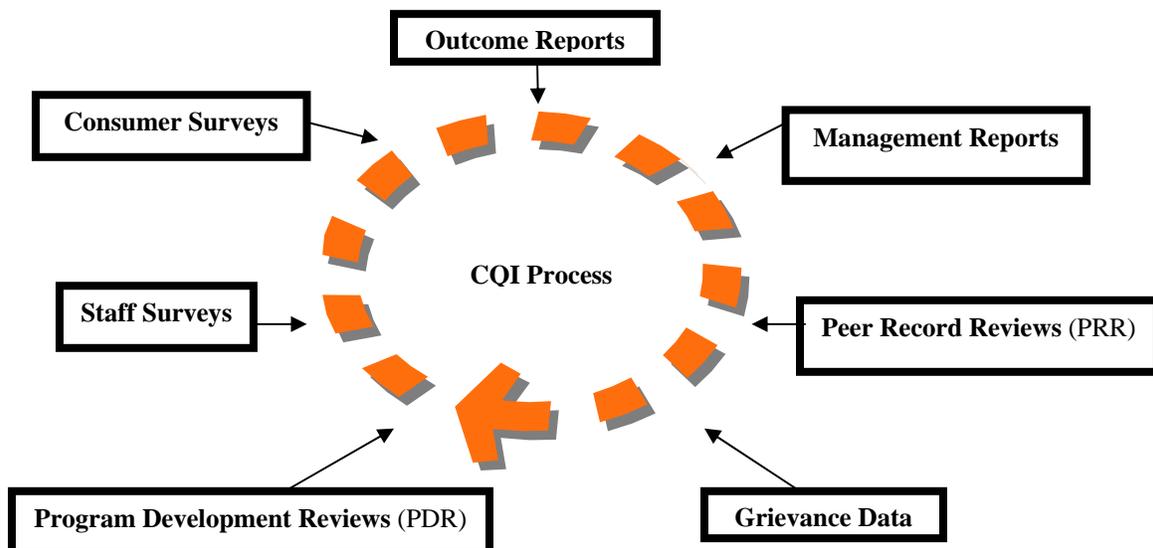
resolution. Through this process, needs are met by those most directly affected and by those with the most knowledge about the needs and the solutions.

The following graphic represents how issues (dots) are resolved through the four levels of CQI.



Quality Assurance and CQI

All of the quality assurance activities in which the Division engages feed into the CQI process. It is the information and data from all of these sources which are used to drive decision making in Central Office, Regional Office, each Circuit and in the field. Several avenues have been developed for quality assurance through peer reviews, consumer and staff surveys, and grievance and outcome data, all of which feed into the overall CQI System as illustrated below.



All of these quality assurance processes produce data and information related to service delivery and are examined during CQI meetings.

Quarterly Outcome Reports

Reports on child welfare outcome measures monitor agency performance and guide future initiatives. The outcomes are the results the agency desires to achieve and reflect a condition of well-being for children, adults, families, and communities. The outcome measures cross all program lines and are quantifiable information which indicates the degree to which desired outcomes are being achieved and provide a mechanism for evaluation of performance. There are 20 critical outcome measures, each fitting into one of the domains of safety, or permanency.

Safety

- Measure #1. Improve Timeliness of Initial Child Contact*
- Measure #2. Improve Timeliness of Completion of Reports*
- Measure #3. Reduce Recurrence of Abuse*
- Measure #4. Reduce Incidence of Child Abuse in Foster Care*
- Measure #5. Reduce Recurrence of Child Abuse/Neglect (after reunification)*
- Measure #6. Enhance Service Delivery to Prevent Child Abuse/Neglect in Intact Families*
- Measure #7. Enhance Service Delivery to Prevent Child Abuse/Neglect (IIS)*

Permanency

- Measure #8. Reduce Time in Foster Care*
- Measure #8a. Children Active in DFS Custody by Race*
- Measure #8b. Children Active in DFS Custody by Age*
- Measure #9. Increase Permanency for Children in Foster Care (children exiting by exit reason)*
- Measure #9a. Increase Permanency for Children in Foster Care (children exiting by exit reason and race)*
- Measure #9b. Increase Permanency for Children in Foster Care (children exiting by exit reason and age)*
- Measure #9c. Increase Permanency for Children in Foster Care (children exiting by exit reason and length of time to exit)*
- Measure #10. Reduce Time in Foster Care (Entry to Reunification, total)*
- Measure #10a. Reduce Time in Foster Care (Entry to Reunification, by race)*
- Measure #10b. Reduce Time in Foster Care (Entry to Reunification, by age)*
- Measure #11. Reduce Time in Foster Care (Entry to Adoption, total)*
- Measure #11a. Reduce Time in Foster Care (Entry to Adoption, by race)*
- Measure #11b. Reduce Time in Foster Care (Entry to Adoption, by age)*
- Measure #12. Increase the Number of Family Support Team Meetings (timely completion of FSTM)*
- Measure #13. Reduce the Number of Placements Children Experience in Foster Care*
- Measure 13a. Reduce the Number of Placements Children Experience in Foster Care (Children in Care Less than 12 Months)*
- Measure #14. Reduce Re-entry into Foster Care*
- Measure #15. Reduce Adoption Disruptions*
- Measure #16. Increase the Number of Family Resource Providers*
- Measure #17. Increase the Number of Children Placed with Relatives/Kinship Providers*
- Measure #18. Increase the Number of Children Residing in Their Communities*
- Measure #19. Reduce the # of Children Residing in Residential Treatment Facilities*
- Measure #20. Reduce the Number of Families with FCS Cases Open Over 12 Months*

As most of the outcome data is reported out quarterly, six of the outcomes are used as proxy measures for the six National Standards so progress in the PIP can be tracked on a quarterly basis. Believed to be reflective of good practice and the goals already established by the agency, the outcomes are reported out by each circuit, region, and at a state level and are available to all staff on the intranet.

Monthly Management Reports

The Children's Division Management Report is a monthly publication detailing information concerning services provided by the Children's Division. Information made available through this publication includes the areas of Child Abuse and Neglect, Family-centered Services, Out-of-Home Placement, and Intensive In-home Services. Month-end information is available through ad-hoc research requests beginning with the first working day of the following month. The on-line edition is posted approximately two weeks later. Information contained in each publication is intended for that month's use only.

Supervisory Consultation and Oversight

Supervisors are the most visible and accessible role models for CD social service workers. By actions and words, supervisors can implicitly and explicitly establish the limits of permissible behavior. Effective methods of supervision are adapted to the individuality of each CD social service worker and to the group as a whole. Based on the need and experience of the worker, individual supervisory conferences are provided on a weekly, bi-monthly, or monthly basis by plan, or by request. Monthly group meetings or conferences provide the opportunity to review memorandums, new policies and policy updates.

Each month, the second level supervisor reviews ten percent (10%) of the county's cases (or five [5] cases, whichever is the greater amount) which meet the following criteria: 1) The case has been open eight (8) months or longer; 2) The case has no court involvement; and 3) The case has been randomly selected from the county's total non-court involved.

Case reviews by second level supervisors and area staff are intended to evaluate the effectiveness of the social service worker's Family-Centered approach and looking at first level supervision which holds the responsibility for ensuring such services are appropriately time-limited. Recommendations are considered for whether a case should be closed or remain open.

Each month, the Regional Administrator or designee reviews 50% of the county's cases (or one [1] case, whichever is the greater amount) which meet the following criteria: 1) The case has been open 12 months or longer; 2) It has no court involvement; and 3) It has been randomly selected from the county's total non-court involved treatment services caseload.

The Regional Administrator or designee also reviews all of the county's cases that meet the following criteria: 1) The case has been open 16 months or longer; and 2) It has no court involvement. Each case in this category is reviewed again at four-month intervals (i.e., a case that has been opened for 16 months will again be reviewed at 20 months and again at 24 months, and so on).

Although division policy requires that supervisors review cases at certain intervals, the review tool utilized varies across the state. Additionally, this data and information is not captured in a manner which can be aggregated and used for analysis. Therefore, a standardized supervisory case review tool (SCRT) will be developed during 2006 and tested for use by supervisors during their case reviews. The tool will be designed with the assistance of supervisors from all over the state as well as with the assistance of the National Resource Center for Organizational

Improvement. The tool will compliment the PRR process. Information from the SCRT will be entered into a database so data can be aggregated by circuit and reported out.

Peer Record Reviews

The Peer Record Review (PRR) is a strategy designed to ensure that documentation of essential service components exist in the case record, provide objective input regarding quality service provision, and to identify systemic barriers to quality services. Intended to be supportive in nature, peer reviewers are asked to identify strengths as well as the areas of needed improvement and are expected to share their findings with staff through the use of the Peer Record Review Protocol. In addition to the Children's Division worker gaining a new perspective, the review's knowledge and skill is enhanced.

Completed on a quarterly basis, 10% of in-home and foster care cases statewide are randomly selected for review each year. Small circuits review considerably more than 10% of a year's time. The review includes a sample of Child Abuse/Neglect cases, Family-Centered Service cases, and Out-of-Home Care cases that are currently open or have been closed within three months immediately preceding the quarter in which the review is being conducted. Ten percent of adoption and Intensive In-Home Service cases are reviewed every six months on a statewide basis.

All frontline staff has the opportunity to participate in the PRR process. To prevent a conflict of interest and maintain objectivity, reviewers do not review any case in which they are or have ever been involved. Reviewers are provided the case record to obtain the information for the review. The reviewers use the Peer Record Review Protocol for each record reviewed. Once completed, the information is entered into the statewide database.

Once the information is entered into the database it is generated into reports reflecting results for each site, region and state as a whole. The information is provided back to the individual sites for further analysis and is posted on the intranet for easy access by all Children's Division's employees. The Division extracts the information and develops a plan for improving on-going service delivery in areas found needing improvement as well as develops processes to build upon the strengths found from the review. Several questions from the PRR are used in quarterly monitoring of the PIP.

The Child Abuse and Neglect Hotline Unit (CANHU) in conjunction with the Quality Assurance Unit are working on way to develop a peer review system at the hotline unit. The proposal is that ten percent of all calls will be automatically sampled for peer review and automatically forwarded to a hotline worker for review. If a case does not pass peer review it will automatically be forwarded to the CANHU supervisor for review. If necessary, the CANHU supervisor will do a tape review of the call. Supervisors will also do reviews of a random sample of all calls. This number is still to be determined.

Practice Development Reviews

The Practice Development Review (PDR) is modeled after the Quality Service Review model developed by Dr. Ivor Groves and Dr. Ray Foster and based on Service Testing™ methods. The PDR uses a performance appraisal process to conclude how children and families are benefiting from services. Key indicators are used to examine outcomes for individual children and families and for the service system as a whole. Through this process, strengths and areas needing improvement are identified to achieve improved system performance, strengthened front-line practice, and better results for children and families. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the service system on their status.

Teams comprised of two individuals conduct the review at the designated site. Each team member completes a training session prior to the review. The review is comprised of a random sample of children who are from intact families as well as children in out-of-home care. The number of children reviewed varies from 12 to 24 families, depending on the size of the review site.

The review spans approximately three days and the review teams review one family each. Each review team begins familiarizing themselves with the “core story” by reviewing the family case record. Additional information about the case is obtained through conducting interviews with key informants such as the child, the foster parent, the biological parent, juvenile officer and other service providers. The PDR Protocol “Blue Book” is used to rate the status of the child and overall service system performance.

During the review, each team has an opportunity to debrief with the other review teams. This provides an opportunity to process the information and receive feedback from the other reviewers regarding their findings. The debriefing serves as a time for reflection on the cases being reviewed and a time to develop a composite of the strengths and areas of needed improvement in the site being reviewed.

Concurrent to the case review is a process for interviewing community stakeholders. Information is gained from stakeholders, providing a general sense of how they perceive the status of children and families and the service system in the community. The interviewers utilize the designated protocol which mirrors the key status indicators used in the child and family interviews. Information gathered from these interviews is shared with the review teams, aggregated and contained in the final PDR site report.

The final phase of the review process is to share the findings with local Children’s Division staff and community stakeholders. Each review team has an opportunity to meet with the Children’s Division Worker and Supervisor assigned to the child’s case to discuss the findings and provide feedback. Within two weeks, the PDR Coordinator presents the aggregate findings and trends to the Children’s Division Staff and community stakeholders in a wrap-up community presentation. This presentation includes an opportunity for community members to ask questions and provide feedback. All of the PDR results are posted on the intranet and all Children’s Division’s employees have access to the information.

The number of PDRs completed each year varies and is dependent upon scheduling by the regional administrator. The current plan is for each circuit to experience a PDR at least once every four years, but may occur more frequently dependent upon need.

Information gained through these two types of peer reviews is used to continually measure and enhance the quality of services provided to families and children being served by the division. Both processes are designed to be supportive of staff for continuous quality improvement. The reviews are designed to provide direct feedback to front-line staff, supervisors, and administration to assist them in improving child welfare services.

Consumer Surveys

In order to improve the quality of services, it is important to receive feedback from the children and families served by the Division. Input from consumers is obtained through surveys which are system generated and mailed from the Department of Social Services’ Research and Evaluation Unit. A self-addressed stamped envelope accompanies the survey to facilitate a higher response rate and assure confidentiality. Information from returned surveys is entered

into a database, aggregated, and sent in report form to the county and regional offices for review through the Continuous Quality Improvement (CQI) process.

There are five surveys distributed targeting different types of consumers including: youth in out-of-home care, adults being served through the Family-Centered Services or Family-Centered Out-of-Home Care, adults served through Intensive In-Home Services, adults who have recently been involved in an investigation or assessment, and foster/relative care providers. Each survey addresses broad issues such as participation in the service delivery process, how they were treated, if their needs were met, and the availability of staff. In addition, each survey contains a few items that address the specific needs of each targeted respondent.

Each month the following surveys are sent to:

- A random sample of 10% of families who recently completed a CA/N hotline
- A random sample of 10% of families who recently completed the IIS program
- A random sample of 10% of families who are active FCS cases
- A random sample of 100 active youth in agency custody age 12+
- A random sample of 50 active Foster/Relative Families

Measures are taken to survey youth in agency custody and Foster/Relative families no more than one time per year. Data from the surveys is compiled and posted annually on the agency intranet for use by all staff during their CQI meetings.

Enhancements in the consumer survey process are planned for FY 2006. Improvements include sampling and reporting intact families separate from families with a child in care and surveys for adoptive consumers. Additionally, the process by which the surveys are processed in Central Office has been revamped so the information in the surveys is entered into database and returned immediately to regional administrators for examination. This enables regional administrators to respond more quickly to areas or trends which may need attention or acknowledge good work done by staff while still protecting the confidentiality of the respondent.

Staff Survey: The Survey of Organizational Excellence (SOE)

Assessment of employee satisfaction is a way to gather vital information from our organization's most valuable resource, our employees. The SOE allows detailed and comprehensive organizational information to be obtained from all division staff for use in the development of strategies to improve on identified areas of need. The SOE is an online survey designed to link scores on the survey to issues impacting the organization. Survey questions are drawn from empirical and theoretical literature on organizations and specifically examine five key dimensions of life within the organization: work team, work setting, general organizational features, communication patterns, and personal demands.

Each May, during a designated two to three week period of time, staff are electronically emailed the survey and encouraged to complete it during work hours and from a work terminal. The survey can be completed on any computer connected to the internet and takes approximately 20 minutes to complete. Response rates for the survey have risen from 18% in 2002 to 70% in 2005. The survey is administered on a yearly basis and all survey results are posted on the intranet for use by division staff during CQI meetings.

Grievance Data

There are two avenues by which the Children's Division gathers grievance data; through the Service Delivery Grievance Process and through the Constituent Unit.

The Service Delivery Grievance Process

In order to maintain a continuous quality improvement culture within the organization, it is important to ensure that all youth and families served are informed of their rights and have a formal process to voice their concerns. The Service Delivery Grievance Process is a structured process by which consumer service delivery issues can be addressed at the most local level possible, allowing families the opportunity to express concerns regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors.

Any adult family member, youth 12 years of age or older, or any child younger than 12 years of age with the assistance of a parent, guardian, out-of-home care provider, or Guardian Ad litem, who is currently receiving services or has had services terminated within the past 30 days may file a grievance.

The need to track outcomes and the means by which they were achieved is an important part of the quality improvement process. The information received from *Level One* through *Level Three* of the grievance process is entered into the statewide Service Delivery Grievance Database. Although specific grievances cannot be viewed by all staff, aggregate information for the state and each county is available to staff for use during CQI meetings. Each CQI team is reviews the data and looks for trends related to the quality of services being delivered, program issues, communication, etc. that led to the grievances.

Central Office Constituent Response Unit

In Central Office, the constituent unit responds to communication from consumers in the form of letters, calls, and email. This unit streamlined constituent concerns by maintaining a tracking log and providing consistency in addressing child welfare issues. The diversity of knowledge of the unit members includes a working knowledge of resources to familiarity with policies and best practices of social work. The division uses the constituent tracking log for evaluating the Children Protection System and identifying potential improvements areas.

Jackson County Quality Assurance System

In addition to the above quality assurance activities, the following descriptors are quality assurance efforts that have been established as a result of the Jackson County Consent Decree, *G.L. v. Stangler*. As part of the Consent Decree, an external Monitoring Committee also reviews the outcomes from all efforts in Jackson County and identifies action steps needed for improvement. The Monitoring Committee reports to the Federal Court the progress of the Jackson County Children's Division in meeting the requirements outline in the Exit Plan of the Consent Decree.

Semi-Annual Report of Compliance: Various case reviews are completed to provide the information for this report. The reviews are as follows:

- Visitation Review: Fifty cases are randomly selected each month to determine compliance for visitation between the Children's Service Worker and the child, parent/child visitation and child/sibling visitation.
- Placement Information: A case review measures compliance with the Consent Decree exit requirements involving placement issues. Information to be provided to the child and the alternative care provider at the time of placement is assessed, as well as the completion of pre-placement visits. Fifteen cases each month are selected for this review. In addition, placements in conformity with licensure restrictions are assessed each month, based on a report from the Research and Evaluation Unit. Sibling overloads are also reviewed from this report.

- **Adoption Review:** Approximately 115 cases are reviewed for each semi-annual review to gather information to determine compliance with the adoption requirements. This review looks at the timeliness of the goal change and adoption planning process, timely review of adoption case plans, and timeliness of completing adoption recruitment activities to find an adoptive home.
- **Licensing Review:** The universe for this semi-annual review includes all newly licensed foster homes, as well as a percentage of those needing re-licensure during the specified review period. The review monitors the timeliness of the licensure activity, including determining if the foster home meets state regulations for safety, all training requirements have been met, and that a Child Abuse/Neglect (CA/N) and criminal background check have been completed on the prospective foster parent(s) prior to initial or within 90 days of re-licensure.
- **Maltreatment of children in foster homes-**This review looks at all children who were alleged victims of abuse/neglect or inappropriate discipline in a licensed alternative care provider's home. This review monitors the compliance of timeliness of reporting the incident, timeliness of completing the report, if a staffing is held to determine any corrective action plan or revocation for the foster home, and the timeliness of the Program Administrator's approval or modification of the corrective action plan. The review also identifies the children who had been placed in homes on suspension for substantiated hotlines of abuse/neglect or inappropriate discipline.
- **Monthly PDR for Medical/Dental, Planning and Service Provision:** A random sample of 85 cases is selected during each semi-annual reporting period. Using the PDR model, the reviewer completes a case record review as well as conducts in-person and phone interviews with the service team members. The reviewer gathers information to determine the timeliness of dental examinations and required follow up services, timeliness of medical examinations and required follow up services, timeliness of case planning conferences and timeliness of the provision of identified services. In addition, the reviewers are asked to determine whether or not the case goal matches the circumstances of the case, whether the child has been the subject of an allegation of abuse/neglect or inappropriate discipline by an alternative care provider, and if the child's health care information has been provided to the appropriate identified parties.
- **Serious Medical Case Review:** The entire universe of children who are identified as having a serious medical condition are reviewed to determine if health care plans are completed within 30 days of entry into alternative care or identification as a serious medical child. The plans are assessed to determine if the required elements are present. Also, timely review and revision of the health care plan is determined.
- **Caseload Compliance:** The Consent Decree establishes caseload sizes for any caseload including an alternative care child. A caseload report is provided each month, based on a random date, and each caseload is assessed to determine if it falls within the standards outlined in the Consent Decree.

Semi-Annual Community PDR: This review is conducted in March and September of each year. A random sample of ten (10) to twelve (12) cases of children in the legal custody of the Children's Division is reviewed each period. The PDR method of service testing is used for this review. Information from this review is shared with Children's Division staff and community stakeholders, as well as with the Community Quality Assurance Committee (CQAC). The CQAC is comprised of professionals from child welfare and related disciplines in Jackson County. Professional members include a pediatric physician from a local children's hospital, a representative from Family Court, a Teaching Foster Parent, and representatives from area organizations such as Department of Mental Health, Domestic Violence Network, Cornerstones of Care Residential Care Agencies, and others. The members encompass a broad spectrum of

professionals who create a multi-disciplinary perspective in carrying out the Committee functions.

The purpose of the CQAC is to ensure that program policy and practice improvements gained through the *G.L. v. Stangler* Modified Consent Decree are continued and expanded once Court jurisdiction is terminated. The members of the CQAC have been trained on the PDR process and are required to participate with the “story telling” time at the conclusion of each review. Participation in this part of the process provides a better understanding of the circumstances of the cases reviewed. The CQAC makes recommendations to the Jackson County Children’s Division based on the information gained through the PDR process as well as other quality assurance activities. The CQAC publishes an annual report of activities which is provided to local community stakeholders.

CQI Team Participation

It is vital to the implementation and success of the CQI process for ALL staff to use their knowledge, vision, and skills. The CQI process involves teams of administrative staff and service delivery staff and community partners. Service delivery staff range from those who provide direct participant services to those who provide service support staff. Service support staff may include clerical personnel, transportation aides, and social services aides who provide day to day assistance and resources to either administrative or service delivery staff or both. Service support staff are vital members of CQI teams and participate as appropriate on the team in which their input can be most beneficial.

The success of a CQI process is dependent upon the degree to which the agency and team members are committed to the process. ***All staff are members of a CQI team.*** The expectation is that the quarterly team meeting is used to evaluate the agency services and outcomes and in turn create and implement plans to improve services.

CQI vs. Supervision

- The CQI process is not intended to be a replication of the existing agency hierarchy.
- CQI is NOT intended to replace supervision.
As Fotena Zirps, an expert on the CQI process has stated, “CQI and Supervision provide complementary functions to the agency. The supervisor’s charge is to provide personal feedback to staff and to work with employees on remediating weaknesses and building on strengths.”
“The CQI process looks at a different piece of the work environment. Its job is to look at processes and programs and to remove barriers that exist in doing the work. The specific work of the individual workers is not the focus, but rather the system that all workers function within.”
- CQI uses case related data in an aggregate, non-identifying way to provide feedback and accountability to staff in a timely fashion. Individual workers and supervisory units can then use the information to go back and look at their individual and unit strengths and weaknesses.
- CQI provides a time to reflect on events and processes that have occurred over the past three months. Staff have uninterrupted time to consider what works, what does not, and how to improve without the interruption of day to day activity.
- The CQI process is NOT a quick fix for all problems. No matter what level within the agency looks at a problem, successful resolution of the issues requires careful and thoughtful consideration given to all possible solutions. Some problems may lend themselves to

immediate resolution once identified while others may require research, evaluation, and careful development of solutions within different levels of the agency.

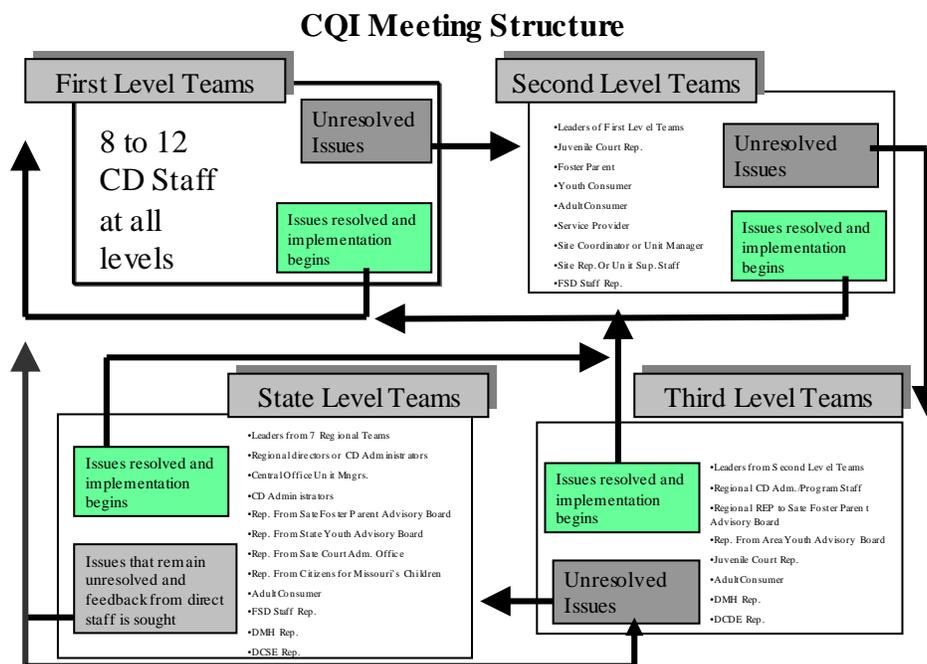
- CQI provides a chance to create and look at new and unique ways of resolving one-time or ongoing problems, and to build on agency and program strengths.
- CQI provides a chance to learn and develop by identifying training needs and possible changes in policy and procedure.
- CQI is NOT a replacement of existing methods of agency communication or the lines of authority within the agency. It simply provides an additional method for systematically looking at all types of issues that affect the effective operation of the agency.

Levels of CQI Teams

There are **Four Levels of CQI Teams** consisting of First, Second, Third, and State Teams. The purpose of having four levels is to provide all staff the opportunity to evaluate and impact agency performance and outcomes. The multi-level process allows for solutions to be generated and implemented by all levels of staff within the agency. Yet, problems requiring input from succeeding levels of the agency can be advanced through the system in an orderly way that assures a commitment to problem solving and feedback. Additionally, the interactive nature of the process allows give and take and the presentation of data from the first level team to the state level team.

Team Descriptions

Teams consist of approximately 8-12 people at the First Level and Second Levels. In the interest of efficient outcomes, Third Level and State Teams are larger. The overall state CQI process is inclusive of all staff including supervisors, workers, support staff, administrative and program staff, and community participants, including both consumers and stakeholders. Suggested numbers and categories of participants are intended as a guideline for each level in designing their own teams. Additional participants may be added as they serve the team's needs. Team leaders may request the attendance of individuals who possess details about a particular issue to assist them at the next level meeting.



CQI meetings are mandatory in that they must be scheduled for each level, every quarter and all staff are required to attend. The meetings allow everyone an opportunity for regular input. It is recommended that an annual calendar be created for every level meeting. For ease in coordination, meetings at each level are held during the same time frame each quarter. According to the CQI calendar, meetings take place every month during the year at some level which relates to quality improvement. The process of issue resolution occurs during the meetings and between the meetings as well.

First Level Teams

The teams are composed of approximately 8-12 peers. The number of First Level Teams in a county depends on the size of the office. Extremely small counties (3-4 staff) may have their own meetings or join with another county of similar size to form a larger First Level Team. The First Level Teams consist of peers (i.e. frontline workers will meet with frontline workers, supervisors will meet with supervisors, etc.) Whatever the composition, all levels of staff are included in a team. Central office staff form their own First Level Teams based on the same guidelines.

First Level Teams are composed only of agency staff to allow for free-flowing discussion and decision making on local issues. In addition, they identify policies or issues that impact local avoids external influence from other agencies or community parties.

The First Level Teams meet within the last two weeks of the first month of each quarter. The meetings are scheduled for 90 minutes and may be held in lieu of or in conjunction with a regular staff meeting. A CQI agenda is used and distinct minutes recorded for the CQI portion of the meeting using the CQI Activity Log.

Second Level Teams

Second Level Teams provide an opportunity to address issues that impact a particular Judicial Circuit and any unresolved issues presented by the Leaders of the First Level Team. The Second Level Team meets within the first two weeks of the second month of each quarter. The Second Level Team meetings are also scheduled for 90 minutes, yet may last slightly longer, if community representatives are included. Locations for the Second Level Team meetings may rotate in multi-county sites as the team desires.

The Second Level Teams are composed of approximately 8-12 members. This level meeting may be completely an internal staff process or also may include community representatives.

Second Level Team members may include:

- Leader from each First Level Team
- Juvenile Court Representative
- Foster Parent
- Youth Consumer
- Adult Consumer
- Service Provider
- Site coordinator or unit manager
- Circuit Manager or unit supervisory staff
- Income Maintenance staff

Rural Areas may use Judicial Circuits to define this level meeting. Many Judicial Circuits have continued to hold regular site meetings to address ongoing practice issues.

Metropolitan Areas and Central Office Units may wish to use the Second Level Team as a way to encourage greater internal communication among units. Thus, the inclusion of outside parties may be inappropriate at this level of the CQI process.

Third Level Teams

Third Level Teams provide an opportunity to address regional issues and consolidate information and issues from all teams in the region or issues from the previous quarterly State Level Team meetings. Third Level Team meetings are held within the last two weeks of the second month of each quarter. The time frame for this level meeting may exceed 90 minutes as community representative will be present and they may require time to become familiar with the topics of discussion. Time for travel must be planned therefore advanced scheduling is necessary.

The teams are composed at a minimum of the following members:

- Leaders from the First and Second Level Teams
- Regional CD Administrative/Program Staff
- Regional Representative to the State Foster Parent Advisory Board
- Representative from the Area Youth Advisory Board
- Juvenile Court Representative
- Adult Consumer
- DMH Representative
- Family Support Division Representative
- Department of Health and Senior Services Representative

State Level Team

The State Level Team provides an opportunity to address statewide issues and consolidate information and issues from all other levels of teams. State Level Team meetings are held in the second or third week of the third month of each quarter. This level meeting is also scheduled for an expanded time period as community representatives are present. Advanced scheduling is made to assure attendance is at a maximum.

The State Team is composed at a minimum of the following members:

- Leaders from all of the Third Level Team Meetings
- Regional Directors or CD Administrators
- Representative from the Family Support Division
- Representative from the State Foster Parent Advisory Board
- Representative from the State Youth Advisory Board
- Representative from the State Court Administrators Office
- Representative from Citizens for Missouri's Children
- Representative from the School of Social Work
- Adult consumer

Community Partners and Consumer Participation

The agency and its staff interact on a daily basis with others in an effort to provide quality services to families. In order for the CQI process to truly reflect a complete picture of the service delivery system, these partners must also be a part of the process. Therefore, the expectation of the CQI process is that community partners and consumers be involved at least by the Third Level, if not sooner.

The division will pay community partners and consumers mileage for attendance at the CQI meetings. They will be required to complete the travel voucher and turn it in to the designated CQI team leader. The division will also pay day care costs for foster and birth families for their attendance at the meetings. This should also be paid from the travel voucher.

Community Partners are individuals with whom the division works in conjunction to provide holistic services. Examples of community partners may include but are not limited to:

- Juvenile Court Representatives
- Foster Parents
- Residential or Counseling Service Providers
- Department of Mental Health
- Family Support Division
- Guardian Ad Litem
- Attorneys
- School Personnel
- Health Care Professionals
- Community or Child Advocates
- Community Partnership Representatives
- Law Enforcement Representatives

Community partners are selected based on their ability to assist in the process of generating solutions. Participants are purposefully selected who are very familiar with the policy, procedures and practice of the division. This will help avoid spending a substantial amount of time orienting them to the agency.

Consumers are identified as adults and youth involved with the Children's Division. Their involvement begins at the same level as community partners. The selection of these participants is done very carefully with a goal of selecting individuals who have enough knowledge of at least a part of the CD system to actively participate. It is recognized that many consumers initially have a difficult time interacting in the meetings. It is suggested that a staff person who knows the individual serve as a coach to assist them in understanding their role. Consumers may be either current or past division participants. It may be more comfortable for a consumer who is no longer receiving services to actively participate in the process. Youth are selected from the Independent Living Programs or other groups, although ILP participation is not a requirement.

Leadership Roles for Team Operation

Each Region will have designated persons to serve as regional CQI coaches. These individuals will possess advanced knowledge of the CQI process and assist the CQI teams in being effective and efficient.

Each team, at every level, must have three persons agree to take on roles of Scribe, Facilitator, and Leader. Roles generally should rotate each year. If there are sufficient members on the team, it is recommended that a second person be selected for each role to serve as alternates. The alternates may assume the role at the beginning of the next year and the team would then select new replacement alternates. If the team leader cannot attend the next level meeting for some reason, the alternate leader will take his/her place.

***Quality Improvement Coaches**

Each Region has designated one or more persons to serve as regional CQI coaches. CQI Coaches duties may include:

- Being familiar with the basic CQI process
- Understanding the roles of the team members
- Assisting the teams in their meetings as necessary:
 - Helping scribes set up the notebook for recording minutes
 - Assisting facilitators in preparing for meetings
 - Modeling for the facilitator methods to obtain full inclusion and group cohesion
 - Reinforcing team members for their efforts
 - Serving as a sounding board for teams regarding improvement ideas
 - Meeting with other coaches to support one another
 - Helping teams collect and analyze data
 - Assisting community partners and consumers in becoming familiar with the process

***Scribe Role**

The scribe must be able to separate him/herself from the discussion of the meeting and focus on recording the wisdom and comments of the team members.

Qualities of a scribe:

- Listens well
- Can separate what is salient in the overall discussion
- Willing to ask for clarification when needed
- Writes legibly
- Ignores side issues and distractions
- Can fill out the Meeting Activity Log form
- Organized
- Has a place that the notebook can be kept that is accessible to staff but where confidentiality can be maintained

Tasks of a scribe:

- Maintain the CQI notebook and ensure necessary data is present in the notebook
- Prepare the agenda with the facilitator
- Ensure the team has a place that is appropriate to meet
- Take legible notes
- Capture all of the pieces of the action plan, check with team for accuracy
- Make sure that the leader can read and understand the CQI Activity Log
- Copy the CQI Activity Log for the next level meeting
- Copy any materials that team members need for the meeting

***Facilitator Role**

The facilitator needs the ability to separate himself/herself from the meeting and focus on the process of the meeting rather than the content.

Qualities of a facilitator:

- Observant
- Inclusive of all members

- Able to draw out input from quiet members
- Focused on time parameters
- Willing to redirect
- Mindful of diversions and distractions
- Knowledgeable about the tools for running a meeting
- Will give the signal of silence to run-on members

Tasks of a facilitator:

- Will set up the agenda with the scribe
- Will introduce the agenda to the group with the time parameters
- Will pay attention to the time limits on the meeting
- Draw out opinions of quiet members
- Curb run-on members or stifle distractions
- Keep members focused on the task
- Summarize with the scribe the action plan agreed upon by the team
- Train the next facilitator at the end of the year

***Leader Role**

The leader's role is to reinforce the work of the team and to represent the team in the next level of CQI.

Qualities of a leader:

- Positive
- Willing to praise good effort
- Able to read the scribe's writing
- Assertive
- Supportive of the CQI process

Tasks of a leader:

- Provide opening remarks and introductions to the meeting
- Support and reinforce the team for productivity and idea generation
- Ensure that the issues are well understood so they can be presented to the next level meeting
- Read through the CQI Activity Log with the scribe, ensuring clarity
- Assist team members with their portions of the action plan

The CQI Meeting and Agenda Format

At every level, CQI teams use the CQI Activity Log for their agenda and for recording of the minutes. This facilitates consistency of minutes across the state.

Each team meeting has an agenda set in advance. This assures the meetings are productive and task focused. The agenda items listed below are always considered yet may not be pertinent at every meeting. The First Level Team include as many of the following as are relevant. At all levels the agenda is set and prioritized by the Facilitator and Scribe who seek input from team members as needed. It is important that the Scribe and Facilitator be mindful not to overload the agenda with too many issues for one meeting.

Agendas will include some or all of the following:

- Quarterly CQI newsletter
- Summary and analysis of all Peer Record Reviews and Practice Development Reviews
- Review of data regarding participant, stakeholder, and staff satisfaction
- Program evaluation—demographics, process, outcomes, and other issues
- Review and development of strategic plans including training needs
- Updates on CQI projects underway and proposals of new projects
- Past issues unresolved.
- Review of incidents, accidents and participant grievances.
 - The purpose of including these reviews is to determine specific immediate actions that may be necessary at the level of the incident, accident, or participant grievance to prevent further occurrences. It may also be necessary to refer incidents, accidents or participant grievance to the next level or an administrative team for the development of circuit, regional, or statewide action planning. Review the Incidents and Accidents Recording Form. This will assist in determining if there are any trends the teams should discuss.

Incidents and Accidents

Incident: Unusual or critical incidents are events that occur placing either consumers or staff at risk of harm. This harm may be physical or emotional.

Examples:

- Child throws a brick through a TV at the foster home
- A client swears at the receptionist
- Windows are broken in the foster home
- Two clients begin fighting at an in-home session
- A client threatened a worker if the worker did not leave
- Foster child runs from worker on a busy street during transportation to visit

Accident: Accidents are events that have happened and already led to physical harm.

Examples:

- Employee tripped over loose rug and was injured
- Employee was involved in a car accident
- Client fell down icy steps in front of the office
- Child fatality or serious injury to a child
- Infant was accidentally burned during bathing by foster parent

For the Second, Third, and State Level CQI teams, issues for the agenda primarily come from unresolved issues passed up from a lower level team. Additionally, issues identified by consumers and community partners may be a significant part of the agenda. Additional individuals are invited to attend meetings to provide details on specific agenda items.

Special Project Work Groups

Special project work groups may be formed to work on tasks identified at a CQI meeting that need further information gathering, research, or solution building. If teams identify issues requiring further action, the team should first determine whether they are the correct group to initiate the action or whether the issue should be taken to the next level team.

While each level CQI team may identify one or more special project(s) for further discussion, it is NOT mandatory that any team undertake a special project. A useful tool to accomplish the goals of each CQI team may be the formation of work groups.

The CQI team that has identified a project will choose the members to participate on that particular work group. Each CQI team has the flexibility to request task force members outside the originating team to participate in a work group for a specific project.

The scope of the project will determine the number of volunteers that participate on the CQI work group. It is best if the initial projects are such that they can be completed within one quarter. As each CQI team enjoys success in achieving the goals of each project, it may then move to longer and more complex projects.

Each CQI team should, therefore, take the following steps in identifying and selecting CQI special projects, and in the formation of work groups to carry out its goals:

1. List all potential Quality Improvement activities proposed by team members.
2. Instruct each CQI team member to rank each suggested project in order of importance. The most important project should receive the highest score. Collect and tally the scores from all CQI team members, then list the top choices.
3. The CQI team should agree on how many projects can reasonably be undertaken at one time. Consideration should be given, at a minimum, to the number of team members involved, their available time, and to the scope and nature of each project. It is suggested that initially only one project is identified by a team, so as not to overwhelm team members.
4. Each CQI team shall specify who will be in charge of each project and what individuals, including non-agency personnel, will work on the project. Each CQI work group will work independently of the CQI team, and will identify a leader and a scribe.
5. Each CQI Team shall determine the due date for completion of each special project. Adjustments can be made as requested by the work group.
6. Each CQI team should specify the evidence of project completion. Such evidence may consist of a written report from the CQI work group members and/or an oral presentation by the work group members to CQI team members at the next quarterly team meeting.
7. As the CQI special project is completed, each CQI team is suggested to recognize and acknowledge the work group for their commitment in some positive manner.

CQI Minutes: Format, Process of Recording and Distribution

Minutes shall be recorded using the CQI Activity Log. During CQI meetings the minutes are read to the team by the scribe. All members listen carefully to determine if the recorded words accurately reflect the key points of each issue and plan for action. The team may wait until the end of the meeting and review all the minutes. It may be more practical to approve items continuously, especially if there was lengthy discussion on a particular agenda item. For example, the team may stop after completing several simple issues and approve the minutes regarding those issues. The team may stop after a difficult or lengthy agenda item and read the minutes, amend as necessary, and approve them prior to moving on to the next item for consideration.

Consensus

The goal is to agree on the disposition of each agenda item. This agreement should be reached by consensus through clear and thoughtful discussion and consideration. One feature of the consensus process is that when an individual finds s/he is unable to agree with a decision that seems clear and appropriate to the group in general s/he may “stand aside” so that an action may be taken and the process may continue. The group members share a responsibility to listen to each agenda item. Generally this process is more unifying than taking an actual vote. It is recognized that there may be some issues when consensus cannot be reached. Depending on the issue, resolution may be tabled to allow more study of the issue or the issue may be referred to another level to request feedback.

Distribution and Feedback

The scribe will print out and copy the minutes and distribute them to all team members within one week. A copy is to be sent to the scribe of the next level team so s/he can formulate their agenda. A copy of the minutes should be placed in the CQI Notebook along with any supporting papers. The leader will also be responsible for bringing minutes back to the original group from the next level meeting and placing them in the CQI notebook.

The CQI Notebook

Each team should have a notebook maintained by the scribe. It needs to be kept in a location accessible by all staff.

Implementation of Solutions

As First Level Teams develop solutions, they feel can be implemented without going to the next level team, they share them with other First Level Teams within the office, if any exist. This helps to maintain a consistency and spirit of cooperation within the office. In addition, the team should present their solutions and implementation strategies to office managers (Supervisor and Circuit Manager) for approval if they are not involved on the decision making team. If no solution or implementation strategy can be reached, the issue is discussed at the next level team meeting.

Confidentiality

Confidentiality can become an issue during the CQI process as sensitive information may be shared. In order to assure confidentiality of staff and families served, the scribe refrains from recording specific names if they are discussed in a meeting. Staff also refrain from use of family names when community partners and consumers are present in a meeting. Information related to incidents, accidents, and grievances is discussed in a manner that protects the confidentiality of all involved.

Community partners and consumers must sign a Confidentiality Statement prior to the start of a CQI meeting. These are kept on file in the CQI notebook.

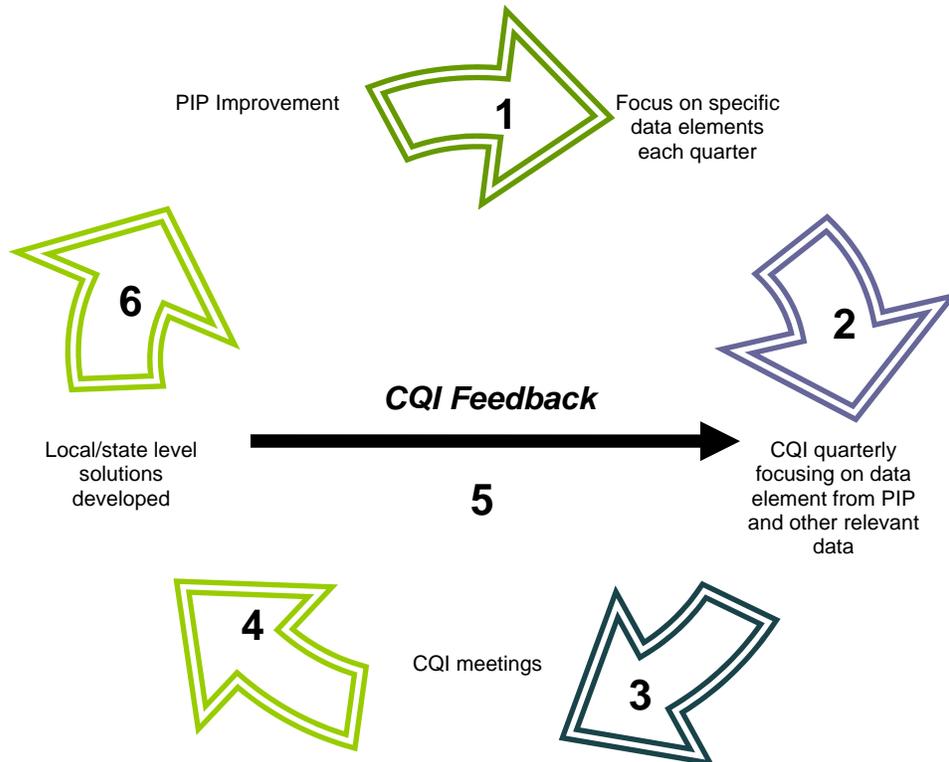
Information Sharing

First Level Teams, including Management and Central Office First Level Teams, are encouraged to develop a method of sharing CQI meeting information with other First Level Teams in their building and Circuit. Methods used should be very visible to staff. Suggestions may include an internal newsletter via print or email which shares highlights, each meeting, or a bulletin board to post highlights. The possibilities of learning from each other are great. Each Regional Office should develop methods to share key ideas/solutions from First and Second Level Teams across the Region.

Focusing the CQI Process

A quarterly CQI newsletter is issued by the Quality Assurance Unit during the first two weeks of each quarter. This newsletter focuses on one to two pertinent data elements as determined by the Division's Program Improvement Plan (PIP).

The following flow chart illustrates how the PIP is used to focus the CQI process:



1. Using the PIP as a compass, it drives statewide focus on certain data elements to be examined in CQI by the whole state.
2. Using the CQI newsletter as a mechanism to focus the CQI meetings on the identified specific elements above, thus focusing all staff at one time on salient issues in the PIP. The CQI newsletter goes out one week before the first level CQI meetings begin.
3. Ongoing elements of the newsletter include:
 - Message from the director
 - Statewide trend chart on data element with discussion of COA best practice associated with this element and how it affects consumers
 - Links to trend charts for data element for each circuit.
 - CQI calendar for the quarter
 - CQI success section
 - Statewide CQI meeting minutes link and summary of decisions made at state level from last quarter
 - Power of Prevention-quarterly article about success due to accessing early childhood services

- Accreditation update
 - PDR calendar
 - Mission statement
 - PIP update for the next quarter
4. As a state, staff use CQI Quarterly as an agenda/guide in CQI meetings thus focusing all staff at one time on salient issues in the PIP.
 5. Local and state level solutions are developed and fed back into the next quarter's CQI newsletter.
 6. Solution development leads to improvement in the PIP.

The CQI quarterly newsletter is meant to provide guidance for the CQI Teams. While teams are encouraged to use the CQI Newsletter in their meetings, teams are not limited to discussing newsletter items only. **Any service delivery issue is appropriate for discussion during CQI meetings.**

Summary

The Children's Division is committed to becoming a learning and growing organization. Further enhancing and fully actualizing our Continuous Quality Improvement process, plays a critical role in the carrying out and fulfilling the division's mission. This plan will be reviewed and evaluated on an annual basis as part of the statewide CQI process and a report will be generated at the end of each fiscal year.