

QUALITY ASSURANCE AND QUALITY IMPROVEMENT IN CHILD WELFARE SERVICES: A REVIEW OF THE APPROACHES OF TWO BAY AREA COUNTIES AND IMPLICATIONS FOR PROGRAM DEVELOPMENT IN MARIN COUNTY

Martin Graff*

EXECUTIVE SUMMARY

INTRODUCTION

Marin County Department of Health and Human Services is currently developing a Quality Assurance/Improvement system for Child Welfare Services. To inform the design of this system, this study reviewed systems in place in Solano County Health and Social Services and Napa County Health and Human Services. Specifically, the following questions were addressed to each county:

- *What is the structure of the Quality Assurance/Improvement system, and how was it developed?*
- *Who within the organization is responsible for implementation of the Quality Assurance/Improvement system?*
- *How is client/customer feedback included in the Quality Assurance/Improvement system?*
- *Does the Quality Assurance/Improvement system reflect changes in the federal and state assessment/evaluation practices?*
- *What "lessons learned" should be considered by Marin County?*

FINDINGS

Solano County Health and Social Services operates a Quality Assurance system built upon pre-existing audit procedures designed to review compliance

with Division 31 regulations. The Quality Assurance system incorporates monthly on-line review of electronic casefiles as well as macro review of agency performance utilizing the Safe Measures application, with attention given to the agency's performance on state and federal outcome measures. In addition, Solano County demonstrates a broad approach to Quality Assurance that includes careful attention to staff selection; review of all reports filed with the Juvenile Court by the Quality Assurance manager; and examination of all complaints received by Social Service Managers.

Napa County Health and Human Services has developed a Continuous Quality Improvement system in conjunction with its successful effort to obtain accreditation from the Council on Accreditation. Napa utilizes a peer quality case review process that is conducted on a quarterly basis by its CQI team. This team is comprised primarily of social workers engaged in the delivery of ongoing Child Welfare Services. The CQI team utilizes the Peer Quality Case Review tool developed in response to the Child Welfare Outcomes and Accountability System required by AB 636.

Both agencies incorporate client/customer feedback into their Quality Assurance/Improvement systems to varying degrees.

*Martin Graff is a Social Services Program Manager I for Marin County's Department of Health and Human Services.

RECOMMENDATIONS

Based on this study, these recommendations are made to the administration of Marin County Health and Human Services:

- That Marin County adopt a system of electronic review of cases and referrals in order to maximize the county's preparation for pending state and federal reviews.
- That Marin County incorporate the state and federal outcome measures into its Quality Assurance/Improvement system, and that these measures be given a central role in program evaluation.
- That Marin County ensure that client/customer feedback is given primary consideration in its development of a Quality Assurance/Improvement system.
- That Marin County explore the purchase of the Safe Measures application as county or other fiscal resources may allow.
- That Marin County endeavor to involve staff at all levels of the organization as it formulates its Quality Assurance/Improvement system.
- That Marin County consider a peer review process similar to that implemented in Napa County, and that Marin explore ways to support staff in taking on these additional responsibilities, including possible COA accreditation.

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INTRODUCTION

The Marin County Department of Health and Human Services is currently developing a Quality Assurance/Quality Improvement system for its Children and Family Services unit within the Division of Social Services. Prior efforts to ensure the quality of Child Welfare Services have been conducted on an ad hoc basis, largely in response to pending or completed audits by the California Department of Social Services (CDSS).

Marin County is endeavoring to develop a comprehensive and ongoing Quality Assurance/Quality Improvement system that is proactive rather than reactive. In doing so, Marin County intends to incorporate the outcome-based performance indicators that have become part of Child and Family Services Reviews at both the federal and state levels.

The purpose of this study is to review the Quality Assurance/Improvement systems currently in operation in two San Francisco Bay Area counties in order to inform the development of Marin County's system. Given Marin County's size relative to other Bay Area counties, a decision was made to review a relatively small county (Napa) and a mid-sized county (Solano). This study investigates five specific questions in each county:

- *What is the structure of the Quality Assurance/Improvement system, and how was it developed?*

- *Who within the organization is responsible for implementation of the Quality Assurance/Improvement system?*
- *How is client/customer feedback included in the Quality Assurance/Improvement system?*
- *Does the Quality Assurance/Improvement system reflect changes in the federal and state assessment/evaluation practices?*
- *What "lessons learned" should be considered by Marin County?*

THE SOLANO COUNTY MODEL: QUALITY ASSURANCE

Historical Background

Child Welfare Services in the County of Solano are delivered by Solano County Health and Social Services. The current incarnation of Solano County's Quality Assurance program was developed during the years 1999-2000. Solano County began to explore the development of a Quality Assurance system following a site visit by the Child Welfare League of America (CWLA). One of CWLA's recommendations following their visit to Solano County was the development of a Quality Assurance component. In response to this recommendation, the Deputy Director for Children's Services and a Program Manager developed the current Quality Assurance program. (These initial architects of the Quality Assurance program are no longer employed by Solano County Health and Social Services.) Implementation of the program was expedited following an incident of child kidnapping that

occurred in Solano County which involved one of the children under the county's supervision. The Board of Supervisors as well as the agency director was involved in the implementation of the Quality Assurance system.

Prior to the development and implementation of the current Quality Assurance system, Solano County had like many other counties developed some internal audit structures to monitor the county's compliance with Division 31 regulations-the regulations developed by the California Department of Social Services to direct Child Welfare practices throughout California. The current Quality Assurance program drew on these pre-existing practices and improved upon them.

Current Structure

The current Quality Assurance structure for Child Welfare Services in Solano County is managed by Linda Liles, a Social Services Manager. Ms. Liles is one of four managers for Child Welfare Services who report directly to Laura Fowler, the Deputy Director for Child Welfare. In addition to her Quality Assurance responsibilities, Ms. Liles is also responsible for managing the areas of Staff Development, Foster Care Licensing, and her agency's utilization of the statewide Child Welfare Services/Case Management System (CWS/CMS).

Ms. Liles performs a number of tasks related to assuring the quality of Child Welfare Services delivered in Solano County. She chairs all panels that interview and screen prospective Child Welfare Workers for Solano County, endeavoring to guarantee quality services by ensuring that only the best candidates are hired. She reviews all court reports filed with the Juvenile Court. She reviews all complaints that are brought to the attention of any of

the managers in Child Welfare Services. Lastly, she reviews cases on both the macro and micro level for quality and compliance.

Macro Level Case Review

On the macro level, Ms. Liles utilizes the Safe Measures computer application, developed and marketed by the Children's Research Center, to identify overall quality and compliance along a number of process and outcome measures. The Safe Measures application queries extracts of CWS/CMS data, and produces standard reports, including federal outcome measures such as Time to Reunification, Time to Adoption, and Children Re-entering Foster Care Within 12 Months.

Micro Level Case Review

On the micro level, Ms. Liles personally reviews cases on a regularly scheduled basis. Specifically, Ms. Liles reviews 20 referrals or cases each month, focusing on a particular unit (workgroup). Utilizing the Review Instruments (revised 5/16/01) formerly used by the Child Welfare Services Operations Bureau of CDSS, Ms. Liles reviews 20 cases or referrals randomly selected from cases or referrals served by the particular unit under review. The CDSS Review Instruments guide the reviewer in evaluating compliance with Division 31 regulations. Reviews are conducted "on-line" utilizing the CWS/CMS statewide database.

Following her initial review of the 20 cases, Ms. Liles prepares a summary report for the unit supervisor. The social workers are then given approximately two weeks to enter any data that they may have not yet had the opportunity to document in CWS/CMS. (Given the demands of Child Welfare Services social work, and the labor intensive nature

of data entry into CWS/CMS, it is not uncommon for social workers to experience some delay in documenting their social worker via the CWS/CMS system. It should be noted that this circumstance is not unique to Solano County.)

Following this two week period, Ms. Liles conducts a second review of the cases or referrals and then prepares a final report for the Social Services Manager responsible for the unit under review. This report is also shared with the unit supervisor and the Deputy Director. In addition to reviewing the cases for Division 31 compliance, Ms. Liles reviews case narratives and summarizes her findings regarding the quality of the narratives and the quality of social work that the narratives document. As needed, a corrective action plan is developed by management to address any concerns that arise in the course of this review.

With regard to incorporating client/customer feedback within the Quality Assurance program, there are no specific procedures in place to regularly gather this feedback. As noted above, Ms. Liles routinely reviews complaints that are brought to the attention of managers. In addition, Solano County does have an ombudsperson for Child Welfare Services—a service provided under contract by a community based organization.

THE NAPA COUNTY MODEL: CONTINUOUS QUALITY IMPROVEMENT

Historical Background

Napa County Health and Human Services began exploring the development of a Quality Assurance/Improvement structure in 1999. The development of a Quality Assurance/Improvement system was initially in response to Health and

Human Services' attempts to have their agency accredited by the Council on Accreditation. In preparation for accreditation (which was achieved in 2003), Napa underwent a self-assessment process and identified a need to develop their Quality Assurance/Improvement system. One of the requirements that had to be met prior to accreditation was that the agency needed to collect Quality Assurance/Improvement data for at least six months prior to accreditation.

The original architect for the Napa County system was Karl Porter, who at the time was working as a Staff Analyst with the Children's Division of Health and Human Services. (Mr. Porter has subsequently transferred to Napa County's Probation Department.) Mr. Porter involved staff at all levels of the organization in the development of what became Napa's Continuous Quality Improvement (CQI) system. This system was designed to continuously evaluate the agency's success in meeting the Council on Accreditation's standards as well as Division 31 regulations. The end result was a peer review process which involved a casefile review guided by a review tool that examined progress against the COA's standards and compliance with Division 31 regulations regarding service delivery.

Current Structure

At the present time, the Continuous Quality Improvement (CQI) process is managed by Shaunna Murtha, a Social Worker III, who is also the agency's Independent Living Program (ILP) Coordinator for youth in foster care approaching the age of majority and emancipation. Ms. Murtha is employed full-time by Health and Human Services, and estimates that her CQI responsibilities require an average of approximately 15 work hours per month.

Currently, the CQI system runs on a quarterly cycle. In the first month of the quarter, cases are randomly selected for review using a query run on CWS/CMS data via the Business Objects application. Although initially designed as a paper casefile review, the process has evolved to an on-line review, i.e. cases are reviewed electronically via the CWS/CMS database. In an additional modification of the original CQI program, cases are reviewed using the Peer Quality Case Review (PQCR) tool developed as part of the California Child Welfare Outcomes and Accountability System (AB 636). Independent Living Program (ILP) cases are also reviewed using a separate ILP evaluation tool based on COA standards and Division 31 regulations.

The entire ongoing services unit (Family Maintenance/Family Reunification/Permanent Plan staff) and one representative from the Emergency Response/Intake unit constitute the CQI team. Each staff member is assigned one case to review using the PCQR tool. (Social workers do not review cases that they have worked on previously.) Ms. Murtha estimates that it takes approximately one hour to review a case on-line. Social workers are excused from a two-hour staff meeting to complete the review, and are given a total of three weeks to complete the PQCR review tool and turn it in to Ms. Murtha.

During the second month of the quarterly cycle, Ms. Murtha compiles the data received and prepares an aggregate report that is shared with the CQI team. This team reviews the results and collectively agrees on priorities for corrective action. The team then works together to draft the goals and objectives of the corrective action plan which is then shared with the Deputy Director and generally approved as recommended. The third month of the quarterly cycle is spent preparing for the next review cycle.

Aside from Ms. Murtha, the CQI team is freed of any CQI responsibilities during this third month.

With regards to the incorporation of client/customer feedback into the CQI process, Napa County does have a Citizen's Review Panel for Child Welfare which regularly reviews Health and Human Services' handling of referrals for Child Welfare Services. This panel includes Child Welfare consumers.

LESSONS LEARNED FOR MARIN COUNTY

This review of the Quality Assurance system in Solano County and the Continuous Quality Improvement system in Napa County has provided Marin County with a wealth of information to be utilized in the development of its Quality Assurance/Improvement system for Child Welfare Services.

Both systems involve a regular on-line review of Child Welfare cases or referrals via the CWS/CMS database. This review of the electronic case is particularly appropriate given the shift to electronic review on both the state and federal level. The days of paper casefile reviews appear to be numbered, and counties will likely encounter penalties if electronic documentation of casework is incomplete. **It is recommended that Marin County adopt a similar system of electronic review of cases and referrals.**

Both counties have incorporated recently developed state and federal outcome measures into their Quality Assurance/Improvement systems. It is recommended that Marin County likewise incorporate the state and federal outcome measures into its Quality Assurance/Improvement system, and that these measures be given a central role in program evaluation.

Both Napa and Solano counties had some systems in place to gather or receive client/customer feedback; however in neither county did this seem to be an integral part of the Quality Assurance/Improvement system per se. Staff from both counties expressed interest in enhancing their systems in ways that increased the role of client/customer feedback in their systems. **It is recommended that Marin County ensure that client/customer feedback is given primary consideration in its development of a Quality Assurance/Improvement system.**

Solano County's review of overall agency performance via the Safe Measures application appears to be an excellent use of available technology. This application contains standardized reports regarding compliance with Division 31 regulations and progress on federal outcome measures, and is reportedly updated by the Children's Research Center as state and federal requirements change. A demonstration of this application revealed a powerful tool that is relatively easy to use. **It is recommended that Marin County explore the purchase of the Safe Measures application as county or other fiscal resources may allow.**

Napa County's involvement of staff at all levels of the organization in the development of their Continuous Quality Improvement system demonstrates significant foresight. The involvement of all staff in system design appears to have resulted in significant buy-in on the part of staff and minimal resistance. **It is recommended that Marin County endeavor to involve staff at all levels of the organization as it formulates its Quality Assurance/Improvement system.**

Napa County's use of a peer review system appears to have a number of benefits. Through their partici-

pation in the process, staff internalizes the agency's expectations for themselves and their workgroup. Staff also gains greater familiarity with the CWS/CMS database and the proper locations for documenting various casework activities in the electronic case. This results in greater reliability of data, and consequently more accurate quarterly data reports from the California Department of Social Services. Although the peer review process appears to be ideal, it could be anticipated that staff in Marin County might exhibit resistance to taking on additional duties, especially in the current climate of a shrinking workforce and expanding caseloads. Management at Napa County indicated that the COA accreditation process served to minimize staff's resistance to taking on CQI responsibilities, partially because staff knew that the COA accreditation required a 1 to 20 staff/client ratio as well as a 1/5 staff/supervisor ratio. **It is recommended that Marin County consider a peer review process similar to that implemented in Napa County, and that Marin explores ways to support staff in taking on these additional responsibilities, including possible COA accreditation.**

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