

# **Culture of Quality: A Look at San Mateo County's *Quality Matters!* and Its Strategy on Program Quality**

**JOANNE SANCHEZ-ROSA**

## **EXECUTIVE SUMMARY**

As a result of the combination of the 2013 federal sequester and the Head Start Designation Renewal System (DRS), funding of the Contra Costa County, Employment and Human Services Department's Community Services Bureau (CSB) will be reduced by over 4 million dollars. It is a devastating loss which means changes and reductions to staffing patterns and program services.

With this change comes an opportunity for CSB to review business practices and service delivery practices to ensure quality and integrity of services are not jeopardized as the bureau moves through the changes and transitions. Transitions require thoughtful planning with a goal of minimal impacts to the children, families and staff.

This study takes a look at San Mateo County Human Services Agency's Policy, Planning and Quality Management (PPQM) Unit as a model to redesign the Community Services Bureau's Ongoing Monitoring Management System. San Mateo County's HSA developed an Agency wide strategy, *Quality Matters!* which has turned into an Agency-wide culture of quality adopted at all levels of each Agency division. CSB currently has a management system and approach for monitoring which will be affected by the funding reductions. Concepts from the *Quality Matters!* approach will benefit CSB in its redesign of business practices.

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**Joanne Sanchez-Rosa, Administrative Services Assistant III, Contra Costa County Employment & Human Services**



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## **Introduction**

There has been a growing demand and need to demonstrate to funding sources that programs are functioning properly, efficiently and, even more so, demonstrating positive outcomes and high performance. Contra Costa County Employment and Human Services Department's Community Services Bureau is experiencing a funding reduction as a result of the Head Start Designation Renewal System (DRS) coupled with the recent federal sequester. CSB will be reducing program services and staffing and will need to restructure service delivery.

As a public agency, CSB is responsible and accountable to the community to demonstrate an effective use of local, state and federal funds, and has a responsibility to the community to provide critical services to the residents. Limited and diminishing resources require agencies to direct funds to the most cost effective, efficient and well-designed programs and service delivery to best meet community needs.

San Mateo County Human Services Agency created a Policy, Planning and Quality Management (PPQM) Unit that supports all of HSA's program areas by providing leadership, guidance, information, instruction, and technical assistance for the Agency to achieve program goals. PPQM staff work with the Agency programs to ensure alignment between strategic initiatives, ensure stakeholders participation to improve outcomes and efficiencies and develop and implement the Agency's strategic plan. Through the embedding of a culture of quality improvement within each of the Agency's divisions, the concept of continuous and ongoing improvement has become a positive value among all levels of staff.

This paper will provide an over-view of the Agency's PPQM Management System, its design, and applications. Recommendations will be made in regards to implementation within Contra Costa County Employment and Human Services Department's Community Services Bureau.

## **Quality Matters!: A New "Lift" on Quality**

Quality Matters! is the theme of San Mateo County Human Services Agency's (HSA) approach to and strategy for quality. This phrase was adopted as a way to give quality a new meaning within the Agency as a result of a tragic incident involving a child in HSA care. In 2003, San Mateo County HSA underwent an independent examination of HSA's Child Welfare processes by the Blue Ribbon Commission following a death of a child under the County's supervision. The process of Accreditation through the Council on Accreditation would provide for this oversight system and organization review, which then sparked the development of the Policy, Planning, and Quality Management Unit (then called Accreditation and Quality Improvement Team). (Quality Improvement Fact Sheet)

The approach of Quality Matters! meant it would need to be embraced by the entire Agency for it to be more than just a catchy phrase or a passing initiative that slowly fades over time. The Policy, Planning and Quality Management (PPQM) Unit spearheads all of the Agency's activities around quality maintenance, management, and development of new initiatives.

## Organizational Culture

Organizational culture can be defined as the environment that surrounds you at work all of the time. It is a powerful element that shapes a work environment, relationships, and work processes that cannot be seen but manifests itself in the workplace. Culture is also the behavior that results when a group arrives at a set of generally unspoken and unwritten rules for working together. Culture is influenced by an organization's executives and managerial staff because of their role in decision making and setting strategic directions. (Heathfield, 2013) Adopting a culture of quality improvement in an organization also means to change behaviors in a consistent way that supports the success of the Agency. Individual accountability and responsibility for acting on this behavioral shift is vital to its success. Learning and shifting into a new culture is done through active participation, learning to perform new behaviors and observing rewards and consequences. Because people shape culture, it has to be felt and experienced at all levels so that it becomes embedded as an intuitive behavior.

In order for HSA to deliver a management system that would weave through the entire Agency, several steps would need to be taken to prepare for this shift. Embedding an Agency-wide philosophy of continuous quality improvement so that the Agency is on a pursuit of excellence in its services would be a great challenge, HSA staff worked towards embracing shared responsibility and individual accountability as key values. Thus, the launch of an ongoing quality improvement strategy, known as Quality Matters! infused a burst of energy into the Agency and its Quality Initiative Program. Quality Matters! is the Agency's commitment to continuously improving services, collecting feedback and using results to guide decisions in all administrative and program areas.

## Quality Improvement Program (QIP)

The cornerstone of quality improvement in San Mateo County Human Services Agency is set upon participation and input from staff. Staff at all levels

are engaged using data to identify areas of needed improvement and implementing improvement plans in support of achieving performance targets, program goals, client satisfaction, employee satisfaction, and positive client outcomes. Performance and Quality Improvement Plans were designed to recognize achievements in continuous quality improvement, measure gains and improvements over time across each program area in HSA. Supervisors and staff are actively involved in Quality Improvement Teams (QITs) and Quality Improvement Initiatives (QIIs). Program and Operation Managers have an added and critical role and responsibility to resolve issues that cannot be resolved at the program level and for ensuring program, contractual, and outcome goal compliance. Program and Operation Managers must assist supervisors in removing obstacles in their programs while also communicating necessary information to the program directors and PPQM team. The Agency Director and Division Directors ensure that Agency-wide issues are addressed and results communicated back to programs and staff. Through the involvement of all Agency staff at different levels, the Quality Improvement Program is able to achieve the following program goals:

### ENSURE QUALITY SERVICES

- Evaluate outcomes and measure the quality of effectiveness of program services
- Reward and recognize the efforts of staff and programs
- Foster a positive culture by training and educating staff

### MONITOR BEST PRACTICE IMPLEMENTATION

- Monitor programs to ensure Agency meets standards, state and federal guidelines and COA best practices
- Track service outcomes in an objective and systematic manner, using data that is available through reporting systems
- Identify deficiencies or gaps in service delivery, create corrective plans and provide opportunities and tools to improve client care

### ENHANCE COMMUNICATION

- Ensure consistent method for reviewing information, communicating actions, obtaining feedback
- Provide reports on progress towards established performance outcomes and make recommendations for implementing change to resolve identified problems
- Provide opportunities for reflection, analysis, and brainstorming of quality improvement activities

### The Policy, Planning and Quality Management Unit

The PPQM unit is under the direction of the Director of Administrative and Information Services Division in the Office of the Agency Director. The unit provides leadership and guidance, and coordination for Agency-wide quality improvement. The unit ensures timely information to staff performing program and front-line work in order to maintain compliance with regulations or best practice standards. The unit facilitates evidence-based improvement activities, and is the source for all accreditation and quality improvement activities and functions. The unit performs the following functions:

- Coordinates program policy development
- Oversees development, implementation, and maintenance of quality improvement activities
- Communicates results and recommendations to managers, directors
- Facilitates the strategic planning process
- Identifies and tracks performance indicators

Functions are fitting for an outcome-based decision making model as results are shared and strategic planning is conducted based on quality assurance activities and reports.

The PPQM unit operates under the following principles:

- Fostering honest and open communication with mutual respect

- Operating under a strength-based approach, foster problem solving and action needed to move forward
- Supporting the integration of COA accreditation standards
- Participating in weekly PPQM Unit meetings

### Performance and Quality Improvement (PQI) Plans

One major publication of the PPQM Unit is the Performance and Quality Improvement (PQI) Plan. PQI Plans recognize the achievements in continuous quality improvement across each program area in HSA. Each program PQI Plan contains the same basic components with little variance due to the nature of their administrative functions (see *Table 1*).

### Quality Improvement Teams (QITs) and Quality Improvement Initiatives

The Program Quality Improvement Plans are a critical source of information that guides Quality Improvement Teams (QITs) and Quality Improvement Initiatives (QIIs). QITs and QIIs ensure that HSA operates efficiently, effectively, and achieves its program goals. Data is used to identify areas of needed improvement and to help develop improvement plans towards achieving performance targets, program goals and positive client outcomes. QITs evaluate information and look for trends or patterns that occur at the program or Agency level and when concerns arise, work to identify and remove obstacles to quality service. QITs are also responsible for communicating results back to staff.

Quality Improvement Initiatives (QIIs) are designed to improve quality of services as well as improve the workplace. Most often, staff members at all Agency levels are involved. QIIs exist throughout the Agency and protected time is given to ensure that groups meet at least four times per year. QIIs are outlined within each program's Performance and Quality Improvement Plan. (Quality Improvement Operations Manual, 2012 (updated))

**TABLE 1**  
**Components of Performance and Quality Improvement (PQI) Plans**

Section	Component	Overview
I.	Introduction	Agency staff responsible for implementing the PQI Plan which includes: Program Director, Program Managers, the Quality Improvement Manager and Quality Improvement Coordination to assign responsibility for the monitoring and tracking of QI activities in the PQI plan.
	Description of Services	Description of the individual programs or units that are included in the PQI Plan and where program services are provided.
II.	Program Alignment	Shared Vision 2025 reflects the goals and priorities for the San Mateo County community expressed during a series of public meetings and surveys. Focusing on the Shared Vision 2025 goals and priorities places an emphasis on what is best for all of San Mateo County today and in the years to come. HSA values and strives to achieve program alignments with the County of San Mateo's Shared Vision 2025 goals, the Human Services Agency's Strategic Plan, County Collaborative Performance Management System, applicable Council on Accreditation standards, and other related regulatory and oversight bodies.
III.	Quality Case Reviews	Quality Reviews are best practice activities focused on quality results. Quarterly reviews evaluate the presence clarity, quality and continuity of required documents and include a valid sample of both open and closed cases. Peer Review feedback may contribute towards staff development practice and policy changes.
IV.	Customer Satisfaction Measurements	HSA developed a customer satisfaction survey which is available at all service locations. The satisfaction of all HSA services recipients is measured through Cares survey and results are tracked by the PPQM Unit as an Agency-wide indicator. HSA is committed to providing quality customer service to the community.
	Employee Engagement Survey	Committed to making the Agency an even better place to work, checking in with staff on how well Agency leadership is supporting their needs and meeting their expectations in order to determine what are the Agency's priorities and continue its commitment to employees. HSA values staff input and strives to transparency and inclusiveness.
V.	Quality Improvement Activities	Quality Improvement Initiatives-designed to improve the workplace and quality of services provided.  Quality Improvement Teams-use data and evaluate information to look for trends or patterns that occur.  Peer/Case Record Reviews (if applicable)-quarterly case reviews evaluate the presence, clarity, quality and continuity of required documents and include a valid sample of open and closed cases.
VI.	Outcomes/ Performance Outcomes	Established measured performance goals, client outcomes, indicators, and other sources of data to achieve strategic and program goals.
VII.	Staff Recognition Programs	To promote creativity and recognize the contribution of all staff through different vets, motivate and increase performance, develop skill, acknowledge contributions and meet organizational objectives.
VIII.	Incident Reporting	To identify trends in incident reporting and to assist the Agency in ensuring the health, welfare, and safety of clients and employees. The incident reports are used to measure, analyze and prevent incidents across all program areas. Incident reports are categorized in four review types: Accident, Injury, Medical, and Safety.
IX.	Reporting Guidelines	Each program is responsible for monitoring of progress towards quality improvement areas. Guidelines indicate frequency of reports on progress through the submission of completed action plans sheets to the PPQM Unit.

Source: Quality Improvement Operations Manual, 2012 (updated)

## Case Record Reviews

The PPQM Unit coordinates the completion of Case Record/Peer Record Reviews with each Division. The Peer Review process is an in depth examination to evaluate timeliness of required activities (Compliance Review) and for quality of services (Quality Review) of client case records. Data from Case Record Reviews identify training needs, identify quality and appropriateness of services, and ensure that regulations and program requirements are being met. Obstacles are identified and eliminated that prevent quality and compliance of services. (Quality Improvement Operations Manual, 2012 (updated))

## Outcomes based Management Framework

Strategic Plan Goals and program priorities are developed using data provided from quality improvement. Having the linkage between quality improvement practices, outcome based management, Agency Strategic Plan and the County shared vision allows for a thorough, intentional direction for the Agency to be able to work towards achieving positive outcomes for the community. (OBM Historical Context)

## Recommendations

The Community Services Bureau (CSB) of Employment and Human Services Department in Contra Costa County is experiencing a significant reduction in program funding. In Fall 2012, CSB was identified as one of the 132 Head Start grantees nationwide that would be required to re-compete for their grant due to a deficiency in infant-toddler care giving during CSB's 2009 Head Start/Early Head Start federal review. In April 2013 the bureau was notified of its award as a grantee with a portion of the original grant awarded to another Agency. This reduction coupled with a 5.27% reduction from the federal sequester resulted in over 4 million dollars of funding that will be eliminated effective July 1, 2013. This calls for changes in program service delivery and a restructuring of staff in order to maintain compliance with program and regulatory requirements while minimizing the impacts to children, families and CSB staff.

One significant change that is planned is the restructuring of how monitoring of service delivery will be accomplished. Ongoing monitoring is a key management system required by Head Start Performance Standards to ensure that grantees effectively implement federal regulations. CSB has expanded the monitoring system to include ensuring program quality and compliance that includes: California Child Development Title v Regulations, California Desired Results and Environment Rating Scales, National Association for the Education of Young Children Standards, and Title XXII Child Care Licensing requirements. Currently, monitoring is performed by staff at all operational levels supervisors, assistant managers, managers, and assistant directors throughout the bureau and by various teams and units. Due to staff reductions and restructuring of program service delivery, a new monitoring unit will be formed to complete monitoring requirements bureau-wide. A study of San Mateo County HSA's Planning, Policy, and Quality Management Unit was very timely for CSB to learn of the Agency's history and development of the unit, best practices, and lessons learned as CSB undergoes re-design.

CSB will benefit from the following recurring themes of the study:

- Adopt a culture of quality by all levels of staff
- Communicate the message of quality throughout the bureau, communicate program goals acknowledge achievements. Communicate throughout the transition and change process.
- Distinguish and develop separate procedures for quality assurance and quality initiatives.

CSB is in the process of implementing significant changes to its program and service delivery. Emotions and reactions to change will vary among staff therefore management must be sensitive to the varying perspectives, allow for communication to learn and breakdown concerns and address needs to the extent possible. A Transitional Management Team comprised of a cross-section of staff to manage information and communication throughout the transition process has been developed and the team

leader sends out weekly updates and messages to all CSB staff. This strategy was developed to provide up-to-date information to all staff and minimize misinformation and gossip.

The managers and clerk staff for the new monitoring unit will be transitioning out of work with families, teaching staff, and children. Their new role will be largely different than their previous assignments. This change is very likely going to create a struggle with letting go of their previous roles and learning a new way—even if the change is well-received. It will be important to understand the losses that each are experiencing and the attitudes and behaviors of staff affected, to listen and validate their concerns, to help them to understand what changes will be happening, and to support the transition process towards the new beginning. (William Bridges, 2009)

Structuring of the new CSB Quality Management Unit should have two distinct functions: monitoring for compliance and quality initiatives. The results of monitoring for compliance will report how the program is maintaining compliance with regulations. Reports can be compared to program goals and measures. Outcomes can be used for program and policy planning.

Quality initiatives will support and promote quality of services such as Quality Rating Improvement System guidelines. As teams are created to support quality initiatives, data management should be retained within the Quality Management Unit so that report structure and recordkeeping remains consistent.

## Reporting Results

The PPQM Unit of HSA developed many outcomes reports to share and communicate results to the public, Division Directors, program supervisors and program staff. CSB will benefit from adopting the format of the Program Quality Improvement Plan for reporting monitoring results that report goals and results in one summarized report.

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