

# Ongoing Organizational Self-Assessment and Staff Engagement: Quality Improvements in San Mateo County

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## EXECUTIVE SUMMARY

San Mateo County Human Services Agency (HSA) first began its journey towards accreditation through the Council on Accreditation in 2003, and was successful in gaining accreditation in 2008. By cultivating an organizational culture that values and prioritizes quality, HSA has developed a Quality Improvement (QI) program that works in partnership with managers and staff in an ongoing process to improve agency services and inform decision-making. HSA's decade-long process of arriving at its current QI program offers many lessons to the Alameda County Social Services Agency (SSA) about the accreditation process and implementing a formal, agency-wide quality improvement program, most notably that: 1) implementing a quality improvement

program and seeking accreditation are both long-term efforts requiring commitment to the process and appropriate resources to develop and support a successful program; and 2) engaging staff is critical to successful QI efforts.

As SSA explores accreditation and ways to build upon its current quality improvement efforts, a preliminary assessment of SSA's organizational readiness for accreditation is warranted. Expanding current efforts to assess client satisfaction via a survey integrated into the telephone system and implementing an employee engagement survey would be targeted next steps toward building a more comprehensive quality improvement program.

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## Introduction

In the current economic climate, public agencies need quality information to make decisions about how to allocate resources and implement quality programs and services that will have the greatest impact. In recent years, the Alameda County Social Services Agency (SSA) has invested resources to expand its data capacity to evaluate agency efforts in achieving client outcomes and inform decision-making. SSA has further identified increasing agency capacity to be more “data driven and best practice informed” as a priority for the next three to five years,<sup>1</sup> with plans to utilize components of the Results Based Accountability (RBA) framework. In addition to tracking client outcomes, measuring service quality is a key component of RBA. While SSA does collect data related to dimensions of quality<sup>2</sup> such as timeliness and efficiency, dimensions such as appropriateness and effectiveness are more difficult to measure. As SSA explores strategies to enhance its capacity to measure and improve quality, the San Mateo County Human Services Agency QI program offers SSA a model to learn from.

San Mateo County Human Services Agency (HSA) became the only public human services agency in California accredited by the Council on Accreditation (COA) in all eligible service areas in 2008, and was re-accredited in 2012. Efforts leading up to the initial accreditation began in 2003, and the evolution of their QI program, known as *Quality Matters!*,

over the past decade provides a long-term perspective to other counties interested in accreditation, and the investment and rewards of focusing agency attention on setting and attaining quality as the agency standard.

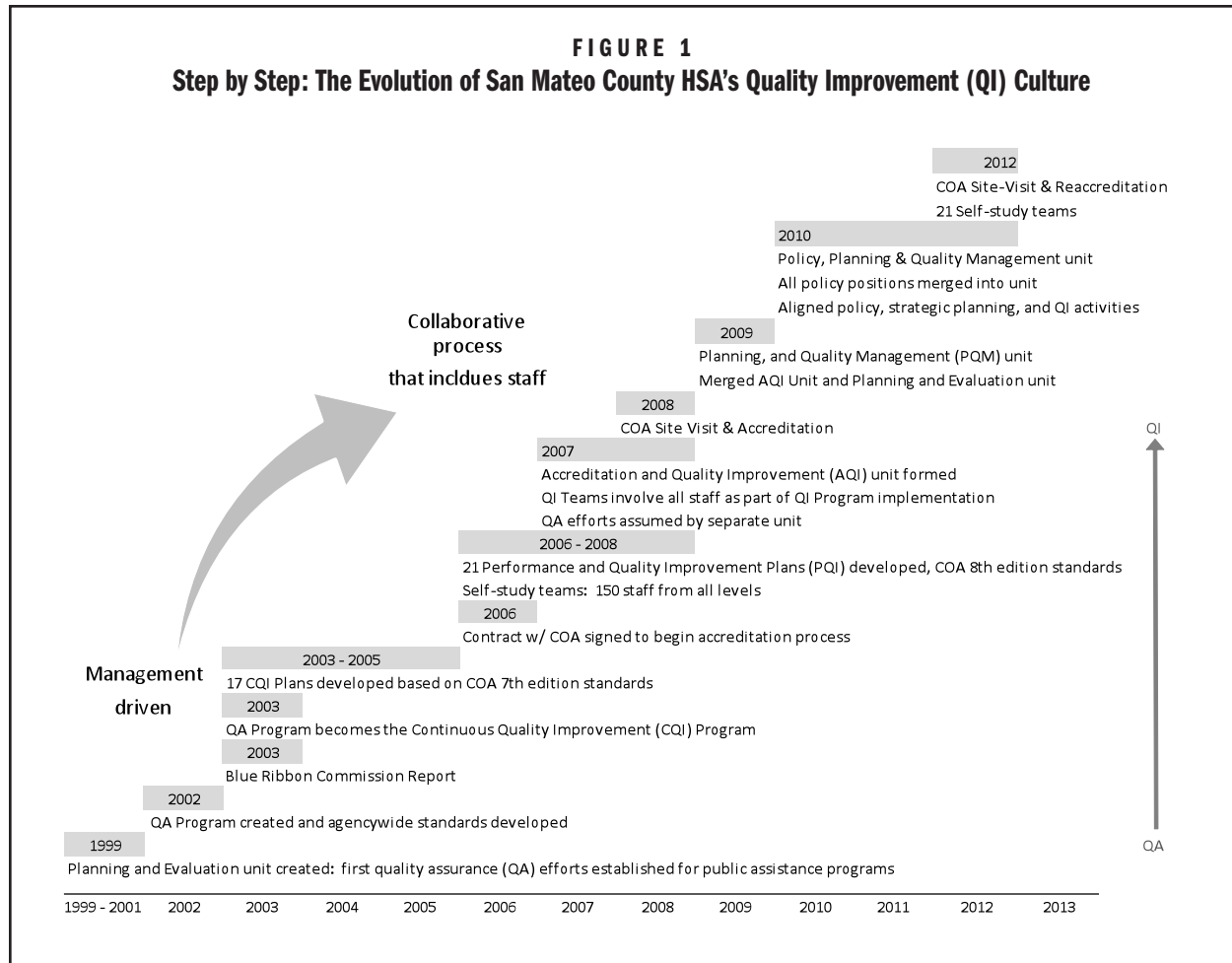
Accreditation by an external entity such as the Council on Accreditation (COA) provides formal recognition of an agency’s achievement in meeting or exceeding objective standards of quality in both service provision and agency administration. As COA standards are evidence-informed, adherence to these standards can also assist agencies to become more outcomes oriented. The accreditation process generally takes less than one year and requires that agencies demonstrate compliance by submitting written evidence gathered through a self-study process that is then confirmed through an onsite review. This case study will explore the history of San Mateo County HSA’s QI program and its journey to accreditation, highlight key aspects of their program success, and assess how lessons learned in San Mateo County might inform an internal self-assessment to help SSA gauge its organizational readiness for accreditation.

## HSA’s Quality Improvement Program and Road to Accreditation

HSA began exploring accreditation as a result of a Blue Ribbon Commission report following the death of a child under the county’s supervision. The report recommended that the agency undertake an “agency-wide self-assessment,” and supported the pursuit of accreditation as a “means of independently determining what professional standards have been

1. Alameda County Social Services Agency. *Refocusing Our Efforts for Long-term Community Investment*. January 2013

2. <http://www.coanet.org/standard/pa-pqi/4/>



met.”<sup>3</sup> At that time, HSA had a Quality Assurance (QA) program that had only recently been expanded agency-wide. While QA addresses elements of quality that are guided by regulatory or compliance measures, QI is guided by more holistic service standards with the intention of informing an ongoing cycle or process. HSA’s current QI program is the result of incremental efforts and changes in staffing configurations and roles (*Figure 1*).

Continuous Quality Improvement (CQI) efforts toward accreditation began in 2003, resulting in 17 plans created by program management to address COA’s 7th edition standards and implementation of quarterly reviews of QI efforts. QI needs identified in plans included: case record review, tracking of

management actions, and dissemination and feedback of QI information throughout the agency.<sup>4</sup>

Though a great deal of work was completed in those first few years, the vision and commitment of HSA’s current director, Beverly Beasley Johnson, was pivotal to promoting a quality improvement culture within the agency and achieving accreditation. The formal accreditation process began with the self-study in late 2006, after Mrs. Johnson assumed leadership. In order to develop a sustainable QI process, HSA recognized that COA accreditation could not be seen as just another initiative, and focused on agency and staff dedication to providing quality services because “there is no finish line” as QI, and accreditation, requires ongoing commitment.

Staff involvement in the accreditation process has been a key element in the development of

3. Winship, K., Lee, S. T., & Austin, M. J. (2008). *Using Evidence-Based Accreditation Standards to Promote Continuous Quality Improvement: The Experience of the San Mateo County Human Services Agency*. Bay Area Social Services Consortium.

4. San Mateo County HSA Quality Improvement Fact Sheet

a quality improvement culture within HSA. Since there were concerns about the lack of staff involvement in the development of initial CQI plans, the formal self-study process was utilized as an opportunity to engage staff and gain their investment in the assessment and implementation of service standards. With more than 150 (17%) of HSA staff participating, a high level of transparency and collaboration was created in the process.

In addition to enabling staff from all levels of the organization to participate in self-study teams, the initial effort toward accreditation required a dedicated Accreditation and Quality Improvement (AQI) unit with 5 full-time staff and 1 full-time office support staff. The AQI unit coordinated and managed the accreditation process, supported self-study teams, and helped prepare the agency for the COA site visit. The unit also developed a QI Operations Manual and implemented an agency-wide QI program that engaged all staff in QI teams, focusing on a shared value and belief that *quality matters*. Branding the effort, and bringing the conversation back to quality rather than accreditation, has provided an important reminder about the purpose of ongoing case reviews and satisfaction surveys that have been added or systematized.

Since HSA's initial accreditation, two reorganizations of QI functions have occurred to streamline QI with related Planning and Policy staff, to enhance consistency and coordination agency-wide, and to work with programs to "ensure alignment between strategic initiatives, identify and track performance indicators, and use data to contain risk."<sup>5</sup> HSA's current QI efforts, carried out by the Policy, Planning, and Quality Management (PPQM) unit, have evolved in tandem with the agency's cultivation of a quality improvement culture and adapted to changes in agency needs. The initial accreditation process required six full-time staff; maintaining the QI system is managed by one full-time staff person and five additional staff who dedicate a portion of their time to QI and accreditation activities, for an estimated

two FTES. PPQM staff act as Performance and Quality Improvement (PQI) liaisons to program staff on PQI Plans and COA standards, and report on QI activities, including case reviews, trends in incident reports, and satisfaction surveys.

In addition to HSA's internal QI efforts, county-wide efforts have also supported the development of an organizational culture that engages staff to achieve the best outcomes and strives to make evidence-informed decisions, including: 1) Outcomes Based Management, a performance based budgeting framework; 2) the Collaborative Performance Management System, an ongoing cycle of goal setting and feedback on measurable performance goals that better aligns individual performance goals with agency and county goals,<sup>6</sup> and 3) the Employee Engagement Survey, developed and conducted by the Human Resources Department for the past two years. An employee engagement survey attempts to identify the extent to which employees are engaged in furthering the mission of the organization. Research suggests that organizations with higher employee engagement achieve more positive outcomes.<sup>7</sup>

#### **CASE REVIEWS: COA STANDARD FOR PQI.<sup>8</sup>**

In addition to the use of operational and client outcome data, the PQI standard provides a best practice framework for the regular data collection of customer satisfaction data, as well as indicators of quality service delivery. The PQI standard also requires a quarterly case review of a valid sample size of open and closed cases in each program area, with data aggregated and trended over time. For example, within HSA Children and Families Services (CFS) programs, a peer record review (PRR) process has been implemented that enables staff to participate. Although the PRR process is time intensive, it has encouraged greater transparency in case work practice by providing a rich opportunity for

5. San Mateo County HSA Quality Improvement Fact Sheet

6. San Mateo County Collaborative Performance Management System Process Guide, August, 2010

7. <http://www.smcgov.org/hr/EmployeeEngagement/intro.html>; <http://www.cwla.org/voice/mj11improving.html>

8. <http://www.coanet.org/standard/pa-pqi/4/>

staff to learn from one another, and enabling staff to provide substantive input about the quantitative and qualitative measures included in the PRR.<sup>9</sup>

HSA's Quality Improvement program is heavily dependent on case reviews and staff participation, and illustrates the importance of resourcing QI efforts sufficiently to create sustainable systems and processes. During the recent economic recession, San Mateo County experienced a structural deficit, and programs and services funded with county general fund dollars across the county were impacted. Despite experiencing significant cuts, HSA maintained its QI and accreditation efforts, demonstrating the importance of continuing to focus on quality service delivery, evidence-informed and best practices, and outcomes during difficult economic times, reinforcing the agency message that *Quality Matters!* is an ongoing process, not a short-term initiative.

### Financial Implications for Alameda County

The COA accreditation fee is calculated based upon the agency budget for administrative and service areas eligible for accreditation, less any pass through funds for direct client benefits and contracted services, and is separate from fees for the site review and annual accreditation maintenance fee. Members of COA sponsoring organizations, such as the Child

Welfare League of America (CWLA), are eligible for a 25% discount on accreditation fees.

Fees estimated in *Table 1* are based on SSA's FY 13-14 budget assume pursuit of agency-wide accreditation, projects the need for one reviewer more than HSA, and exclude budgets for programs with no associated service standards, including eligibility determination. This estimate still likely represents the upper limit of possible fees, as additional direct client benefit items and any program areas exempt from the review can be removed from the calculation. Unknown costs include staff time to participate on self-study teams, and staffing to support developing an agency-wide QI program.

### Recommendations

Alameda County SSA devotes substantial staff resources to quality assurance, program planning, policy, and data and evaluation efforts throughout the agency. However, these efforts are not currently guided by an agency-wide, uniform QI process. Alameda County SSA employs 2,200 individuals, nearly three times as many employees as San Mateo County HSA. The difference in agency size is relevant, as several key components of HSA's QI program require intensive coordination and support. These activities represent a large potential investment of staff resources and may be more difficult to implement within SSA due to issues of scale. San Mateo County HSA's accreditation experience highlights

9. Carnochan, S., Jacobs, L., and Austin, M.J. (2012). *Child Welfare Data Mining: Peer Record Reviews in the Context of Agency Accreditation*. Bay Area Social Services Consortium.

**TABLE 1**  
**Accreditation Fees**

	Fee- Member, Sponsor Organization	Regular Fee
Application Fee	\$750	\$750
Accreditation Fee (every 4 years)	\$115,160	\$153,547
Site Review (\$2000/reviewer for two-days, plus \$425/reviewer each additional day; 1 reviewer more than SMCHSA)	\$17,100	\$17,100
Annual Maintenance Fee, \$400 (at end of years one, two and three)	\$1,200	\$1,200
<b>Total cost of four-year accreditation</b>	<b>\$134,210</b>	<b>\$172,597</b>

the importance of approaching QI with a long-term perspective, and the value of substantial pre-accreditation self-assessment and QI planning work. In order to gauge SSA's readiness for accreditation and current QI efforts, it is recommended that SSA:

- 1) complete an initial self-assessment of where SSA stands in relationship to the COA 8th edition standards in the estimated more than 20 administrative and service areas possible for accreditation;
- 2) review existing policies and procedures to determine how quality is measured and monitored;
- 3) identify strengths that SSA can build upon or expand; and
- 4) determine staffing level needed to support accreditation and ongoing QI activities.

In addition, several smaller steps can be taken to enhance QI efforts and promote best practice:

- 1) pursue membership with organizations that support best practice in individual fields of practice, such as CWLA, an organization that promotes best practices in child welfare, for an annual cost of \$6,000;
- 2) expand current client satisfaction survey efforts and explore the feasibility of adding a telephone survey to the current phone system; and
- 3) implement an annual employee engagement survey, such as the Survey of Employee of Employee Engagement (SEE).<sup>10</sup> This is the same survey utilized by CWLA as a part of their National Benchmarking Project, and is conducted by the University of Texas at Austin, School of Social Work. The total cost, including survey administration, analysis, and reporting, is estimated at \$4,400.

## Acknowledgements

San Mateo County Human Services Agency hosted an opportunity for a meaningful and thorough investigation of their QI program and efforts behind their COA accreditation. Thank you to Selina Toy-Lee and Emma Gonzalez for coordinating interviews and materials, and for their time, candor, and willingness to share and answer questions. In addition, I appreciated the expertise and insights of everyone who took time from their busy schedules to share so generously about their work: HSA Director Beverly Beasley Johnson, Desi Tafoya, Selina Toy-Lee, Al David, Clarisa Simon, Bill Harven, Emma Gonzalez, Natasha Bourbonnais, Donovan Fones, Sherri Rosenberg, Bill Dean, Joanne Gonzalez, Alex De Los Santos; and, from SMC Human Resources, Director Donna Vallencourt and Rocio Kiryczun.

10. <http://www.utexas.edu/research/cswr/survey/new/wordpress/products/employee-engagement>

