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Using Evidence-Based Accreditation Standards to Promote Continuous Quality Improvement: The Experiences of the San Mateo County Human Services Agency

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Following a difficult period of service provision, an agency determined that drastic changes were needed to improve agency-wide capacity and functioning. The agency engaged in an organizational level self-assessment aimed at identifying areas for improvement and beginning work towards determining professional standards for service. Results of this organizational self-assessment paved the way for pursuing accreditation of its services, and the agency became the first public agency in its state to be accredited by the Council on Accreditation in all eligible services. This case study describes this agency's efforts in engaging in an organizational self-assessment, the analysis and codification of their practices, and their eventual development of a systematized process for capturing, evaluating and improving practice.

KEYWORDS *Accreditation informed practice, quality improvement, self-evaluating organization*

In September 2008, the San Mateo County Human Services Agency (HSA) became the first public agency in the state of California to be accredited by the Council on Accreditation (COA) in all eligible services under their wide-ranging eighth edition standards. Other California counties (Stanislaus

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and Napa) have worked with COA to accredit their Child Welfare programs previously and Stanislaus is currently in the reaccreditation process. In this case study the authors describe the two-year effort to examine and codify HSA practices in relationship to meet these standards. The motivation for pursuing accreditation dates back from the 2003 Blue Ribbon Commission report following the death of an infant under the supervision of the HSA Child Welfare System. The report noted “a lack of leadership and a sense of intolerance in HSA” that led to an independent analysis of HSA that called for a thorough, agency-wide self-assessment (San Mateo Journal, July 2, 2004). A 2002–2003 San Mateo County Civil Grand Jury Report emphasized agency professional improvement, and cited the HSA’s interest in pursuing accreditation as a means of independently determining what professional standards have been met.

The HSA began to explore the accreditation process under the COA in 2003. In preparation, a continuous quality improvement program was developed and implemented as a means to create a structure for assessing and evaluating performance. Due to a change in agency leadership between 2004 and 2006, it was not until December 2006 (one month after the current agency director’s start date) that a contract with COA was signed and the self-study process began. This case study describes a very intense, challenging, and yet rewarding process of organizational self-assessment which eventually led to a systematized process of capturing, evaluating, and improving practice with a vision toward improving organizational and client outcomes.

The philosophy underlying the standards of the COA is that increased organizational capacity can lead to improved service delivery and outcomes for clients. Under COA’s contextual accreditation strategy to strengthen, measure, and validate organizational effectiveness, the accreditation process focuses on the individual organization’s unique mission, resources, and culture, as well as the unique needs and aspirations of the people served. The contextual accreditation process is tailored for COA to partner with organizations in every step of the way. The benefits of accreditation are found in the improvements to such areas as service delivery, risk management, continuous quality improvement, performance review, improved employee morale, and recognition from funders.

The HSA’s process to self-assess current agency practice against COA’s accreditation standards (see Appendix A) took approximately two years and included the following steps:

1. Self-study and gap analysis: An in-depth gap analysis where the agency analyzes and evaluates current practices in relationship to COA’s best practice standards;
2. Documentation: As a result of the self-study analysis, policies and procedures are compiled and evidence of practice implementation (such as activities or location of documentation) is captured;

3. Revision of practices: Based on the gap analysis results, the agency implements an action plan to address areas where best practice standards are not met, which modifies or tests new practices by creating or revising manuals, policies, and procedures;
4. Staff training and implementation of new policies and procedures: Provide training on new or revised procedures or on new topics which address administrative and service delivery standards; and
5. Self-study submission: Compilation of self-study materials that includes agency narrative and evidence of implementation, which is submitted to COA prior to an onsite visit from a peer review team.

The assigned COA Peer Review team includes experienced professionals from similar service organizations who serve as volunteer peer reviewers of the services offered by the agency in the context of the needs of the clients served. During the formal site visit, the peer reviewers visit service sites for two to three days to interview board and staff members as well as community stakeholders and persons served. After the formal site visit, the peer reviewers report their findings to COA and COA, in turn, issues a Preliminary Commission Report with their initial findings and recommendations. The agency seeking accreditation is then given 45 days to respond to the report's findings before an accreditation decision is announced.

The COA standards are divided into three categories: (a) administration and management; (b) service delivery administration standards; and (c) service standards. These standards are further divided into the following levels, which gradually become more detailed in best practices:

- Purpose standards, which describe the overall intent of the practices in a section;
- Core concept standards, which are written to help agencies measure program output; and
- Practice standards, which contain detailed practices that contribute to the core concept and to meeting the purpose. When implementing these standards, an agency will see at a glance a recognizable outcome orientation (COA, 2008).

The seven client service standards that San Mateo County HSA sought accreditation under were: (a) Child Protective Services; (b) Shelter Services; (c) Foster Care/Kinship Care; (d) Youth Independent Living; (e) Adoptions; (f) Workforce Development; and (g) Counseling, Support, and Education (through the HSA's community-based Family Resource Centers). All organizations seeking accreditation must also meet the ten administrative systems standards, which included: (a) administration and management; (b) administration and service environment; (c) behavior support and management;

(d) client rights; (e) ethical practice; (f) financial management; (g) human resources; (h) performance and quality improvement; (i) risk prevention and management; and (j) training and supervision.

In July 2005, the responsibility for initiating and coordinating the agency effort to attain accreditation was assigned to the Planning and Evaluation Unit. The official start of the process was solidified in December 2006, when the contract with the COA was signed and the accreditation timeline was initiated; the COA site visit would need to occur within 18 months of the signed agreement.

Staff from the Planning and Evaluation Unit conducted the initial gap analysis and oversaw the self-study assessment through liaison roles with self-study teams. The commitment was that Planning and Evaluation staff would facilitate this process, compile all required documents, and prepare the submission for each COA standard. Since accreditation was an agency-wide project, 21 self-study committees were formed (one for each standard) that were comprised both of members from within a particular program area as well as staff from other programs, units, and county departments (e.g., the Child Welfare self study might include staff from that department as well as Human Resources). The initial few team meetings of the self-study committee were devoted to educating staff about the accreditation process, understanding the COA philosophy and goals, and reviewing the core and practice standards. The self-study teams were scheduled to meet over the next 12 months to assess practices, implement needed changes, and to complete the required narrative for submission to COA.

However, it soon became clear that the centralized evaluation approach with staff from one unit doing all the writing and administrative work was insufficient and that staff at all levels of the agency were needed to not only participate in the gap analysis and the modification and/or development of new policies or manuals, but to also serve as champions of the accreditation process.

In July of 2007, HSA leadership decided to restructure the coordination of the accreditation process by creating a new Accreditation and Quality Improvement (AQI) Unit, reporting directly to the agency director. The AQI manager met frequently with the agency's COA Steering Group, comprised of the agency director and program director. The purpose of creating a dedicated unit was to signify the agency's commitment to overall quality improvement and promote a culture of excellence throughout the agency and fosters sustainable positive change. In addition to managing the overall accreditation process the AQI unit also implemented the new, agency-wide, inclusive Quality Improvement Program to ensure the integrity of the collection and use of data to promote the results of the performance oriented agency. Staff of the AQI unit served as liaisons to the rest of the agency for all aspects of the self-study process, but emphasized the responsibilities of self-study teams in successfully completing the self-studies. The team developed

a plan to mobilize the existing self-study teams with timelines, assigned tasks, and deadlines for deliverables. In addition, the AQI liaisons developed their own internal plan to support each self-study team as ambassadors to department staff by using a variety of communication techniques to disseminate the messages and ensure follow-up on task completion by staff at all levels (from line worker to program directors).

In addition to getting the word out to staff and motivating them to complete the self-study tasks, the AQI team quickly discovered the challenge of being responsible for an agency-wide initiative without having the authority to ensure that staff met deadlines or responded in a timely manner. In late July 2007, two new program directors were hired and needed to be oriented to the COA process as well as the progress being made by their programs. This proved to be quite challenging for the program directors who were already overwhelmed by the responsibilities of their new jobs, especially in the need for encouraging compliance from staff in the midst of forming new working relationships. The AQI team needed considerable “people skills” and the ability to leverage agency leadership to meet the many challenges related to encouraging staff involvement with the self-study process on top of existing job demands. In order to share information with staff at all levels, as well as community partners, an internal communication plan was implemented, which included the creation and distribution of “Tip Sheets” on relevant topics.

In the second six months of the assessment process, each self-study team developed the final list of changes needed in their area (including new policies and procedures) and then created draft statements to address these changes. In some instances, even when HSA practice did reflect what COA defined as the best-practice, staff discovered that the agency had not been consistent in documenting their practice, and therefore new procedures needed to be written. In addition, some programs were located in multiple locations throughout the county (e.g., Early Intervention and Prevention) and the self-study teams had to ensure that procedures, forms, and policies were consistent across all locations. Many of the COA standards required the agency to enable more inter-departmental dialogue in order to ensure consistency across the agency. For example, two separate programs might have two different confidentiality policies or different sites might have instituted differing procedures. Efforts were made to reconcile the discrepancies. While this occurred, the self-study teams were also responsible for assembling documents and evidence in support of their area of the self-study and for scheduling any trainings that might be needed within the department. These teams also needed to create a draft of service descriptions for each COA standard area being assessed.

While many staff understood the importance of the self-study process, the AQI team continued to deal with staff resistance. For example, it was difficult for staff to admit that they had no procedures related to some of

the required standards. Many teams discovered that a considerable amount of best practice information and procedures were not being recorded and that many practices had not been evaluated on a regular basis. As a result, the AQI unit had to continually remind staff that the program improvements, policy changes, and the creation of their section of the self-study was their responsibility.

Throughout this process, the AQI team was in regular contact with their out-of-state COA coordinator to check in on progress and address questions. The self-study committee chairs were given the opportunity to participate in these conference calls to discuss specific standards and to request a “not applicable” status for standards that did not apply to the HSA. COA requires a narrative and specific documentation for each standard as part of the self-study submission. Since the COA coordinator emphasized the importance of the service narrative, many self-study committee chairs focused most of their efforts on this particular document.

While tracking and supporting the self-study teams, the AQI unit worked with a Quality Improvement (QI) consultant to develop their own self-study manual that was used to sustain the self-reflective culture stimulated by the self-study process. This same consultant also had prior experience with the COA accreditation process and was hired to conduct a mock site visit in January 2008 in preparation for the formal site visit in May 2008, along with two external, COA-trained peer reviewers. An additional goal of this mock visit was to encourage the self-study teams to complete their drafts of all of their material as well as provide each team with feedback and time to incorporate the mock reviewers’ suggestions into the final submission to COA. It had been assumed that the findings of the mock site visit would inform the review of the drafts and provide an indication of progress toward the agency’s accreditation goals.

The mock site visit was a turning point that resulted in an invaluable learning experience and paved the road for the hard work ahead. When the mock reviewers arrived and were presented with the self-study narrative for each standard; they found that, in many cases, the evidence used to document how the agency was addressing each component of the standard was missing. Many of the self-study committee chairs were not surprised by this assessment and felt that it was caused by an unfortunate misunderstanding. It was felt that, given the COA coordinator’s earlier encouragement to focus on the development of the service narrative, the site team reviewers would be able to request and review evidence during the site visit. However, the three peer reviewers instead expected to see the evidence prior to the site visit. While the mock peer reviewers were clear that they were trying to ensure that HSA receive accreditation, many staff described their approach as a kind of “tough love” as they tried to convince the staff that it was important to document all information related to each component of a standard with easily accessible supporting evidence. The mock reviewers also reinforced

the need for heavier leadership involvement by the program directors to ensure accreditation success.

The impact of the mock site visit on the self-study team created considerable anxiety for some staff that had spent the prior six months developing the service narrative. The staff now had six weeks to describe programs in painstaking detail with all relevant supporting evidence already identified. An intense work plan was developed, stating weekly deliverables and close oversight by the agency's COA steering group. Given their ongoing job responsibilities, many employees needed to work overtime in order to complete the weekly deliverables. The AQI team, in turn, had to put in extra hours to support staff. The date for the internal review was delayed until the end of February, leaving just over a week to meet the COA submission deadline of March 10th. During these six weeks, all of the self-study committee chairs' focus shifted to completing the accreditation self studies, stretching toward best practice in knowledge and document management.

Many staff later commented that they perceived this difficult period as a major turning point in the self-study process as it encouraged staff to really focus and reflect on the level of service being provided to clients. In addition, they felt that the experience helped create a greater sense of camaraderie within the agency, as many of the self-study teams were comprised of members from different departments. Line staff were also able to see that their supervisors and the program directors were putting in just as much effort as they were to meet the agency's deadlines and goals. Of course, staff also acknowledged one repercussion of being so focused on the self-study throughout the spring was that other job activities and community obligations were postponed until after the May site visit.

After considerable effort, each self-study team submitted their final report by the end of February. Having devoted so much attention to the components of each standard, the AQI team now felt "over-prepared" as they compiled 14,000 pages of final document two months in advance of when the formal site visit was scheduled. However, for HSA, the turning point in the self-study process did not mean that they were prepared for the formal site visit. From March until May 18, 2008 (the first day of the three day site visit), each department had to expend further efforts to ensure that all the documents and procedures mentioned in the self-study were actually in place (e.g., evacuation maps within each HSA building, and clean, developmentally appropriate toys in the waiting rooms). In addition, given that the COA reviewers could potentially question any staff member, the AQI liaisons continued to prepare the self-study chairs and line staff by performing mock interviews, reviewing manuals, conducting training, and ensuring that all programs matched their self-study description to the greatest degree possible. Again, this required many staff hours right up to the May 18th site visit.

When the COA reviewers arrived, they conducted over 20 interviews with staff, community partners, and clients and examined employee records and client case records. Among staff who participated in the site visit interviews, none felt that the experience was strenuous or that they were asked particularly difficult questions. The agency generally received overwhelmingly positive feedback from the reviewers, who commented on how well the self-studies were able to brief them on the agency's services and the effective organization of their time, especially to outlying HSA sites. After the site visit many HSA staff described a collective exhalation across the agency. One word that a few staff used to describe the actual three-day site visit was, "anticlimactic." This was due to staff anticipation of the site visit, staff anxiety about not knowing what to expect, and fear of not being able to answer questions from the reviewers. Staff were prepared through various methods (mock interviews, newsletter articles, the agency Intranet, e-mail communication blasts, and unit meetings) and while it was effective, many felt that they were let down because they weren't presented with many opportunities to share. Due to the amount of documentation that was submitted to the COA peer reviewers prior to the site visit, they did not have many unanswered questions for the reviewers while on site.

One week later, the agency received the Pre-Commission Review Report that identified only six areas in need of improvements. HSA responded within 45 days, at the end of July 2008.

Following the site visit, the AQI unit initiated a debriefing process with the executive team and various self-study committees. A survey was sent to the self-study committee chairs and all managers. While certain themes emerged across all groups, there were also differences in staff experiences based on their different roles (e.g., line staff or executive team and administration or direct service departments).

CHALLENGES

Accreditation Self-Studies and COA Standards

Among the challenges faced, there were a few that seemed to permeate throughout the agency that can be grouped into general themes. First, many people, at all levels, described the work required as part of the self-study process as overwhelming. This was especially true when the demand for additional time on top of primary job responsibilities. In particular, they felt that this situation might have been avoided with better planning and resented that the big push to prepare the self-study took away from their day-to-day work. Another aspect that created difficulties was what many considered the lack of clarity in what accreditation "was about," or "why are we doing this?" Third, many staff commented that the initial 6–12 months

of the 18-month process seemed disorganized in terms of clearly defining the accreditation process and the reasons for pursuing it. Others noted the lack of consistency in how accreditation was explained and promoted within the agency. Finally, despite the agency's statewide reputation for innovative practices, the accreditation process clearly demonstrated the agency's lack of consistency in how these practices were being documented and possibly practiced. Given the agency's goal of promoting evidence-informed practice and documenting client outcomes, the self-study process clearly challenged the staff to identify ways to make sure that they were doing more than their minimum job requirements.

Many of the department managers, who also served as self-study committee chairs, had to find ways to ensure staff participation by helping staff see the value of accreditation and how it would help improve client services while also helping them manage competing agency priorities. Finding a way to guarantee that the department's work would get done proved to be a major struggle.

Line staff had difficulty seeing how accreditation would benefit clients. Throughout the process and specifically during the period between mock and actual site visit, the sudden shift in focus toward documentation to show evidence of standard implementation was perceived as detracting from providing quality service.

Furthermore, there was a small group of long-term employees who perceived the accreditation process as devaluing their years of practice experience. Buried in their concerns were a series of implicit questions: (a) How does thorough documentation relate to improved client outcomes?; (b) How do standards take into account the experience and tacit knowledge of practitioners?; and (c) How are compliance activities related to accreditation balanced with agency support of service innovations, which are required in order to respond to changing client population needs?

Agency-wide Coordination

The AQI team, itself, faced many challenges as well. Chief amongst these difficulties was interacting with staff members who were unresponsive, passive, and resistant throughout the entire process. The AQI team struggled with the dual roles of "compliance officer" (expending significant effort to motivate and ensure people respond to them and complete deliverables in a timely manner) and "cheerleaders" (rallying the staff to understand and attain staff buy-in). In addition, staff of the AQI team lacked the authority to assign tasks to managers who did not report to them. The AQI team provided coordination and monitored progress, yet did not have the ability to assign consequence if a task was not completed. In the beginning, the AQI unit, along with the COA Steering Group, did not understand the magnitude of the self-study process. However, when the complexities became apparent and

additional guidance after the January 2008 mock site visit was presented, HSA's leadership gradually became more active by promoting the process with staff and seeking compliance.

In April 2008, efforts to shift the accreditation movement down to line staff focused on a training event for all HSA supervisors. The purpose of the event was to share knowledge and information regarding new policies and procedures with the supervisors, who in turn, transferred knowledge to their respective units. The presence of the county manager at this event not only signified support from county leadership, but also acknowledged the critical role that supervisors play in ensuring agency outcomes are achieved.

Time of Transition

During 2007–2008, the HSA was engaged in several agency initiatives simultaneously while also dealing with executive staff turnover. Within a few months, beginning in July 2007, HSA welcomed two new program directors (Children and Family Services and Prevention and Early Intervention), kicked off a new five year strategic planning process, embarked on an agency-wide reorganization study, developed a new comprehensive quality improvement program, and participated in a study of Financial Services. Competing agency priorities proved to stretch already limited resources, resulting in an intense period of time for the executive team.

One of the biggest challenges for executive management was the arrival of new program directors who did not have experience with agency accreditation and had initial difficulty understanding its priority amidst the other agency initiatives. In contrast, however, one senior executive had significant experience with another accrediting body related to rehabilitation facilities. The agency director and other members of agency leadership who were relatively new to their positions needed to focus on accreditation, which resulted in the need to reprioritize obligations, including shifting the agency's representation at community partnership meetings to management staff.

Partnership with COA

The overall staff perception of working with COA was positive. They felt that the assigned COA coordinator from New York was helpful and appreciated the supportive partnering approach to helping the agency seek accreditation. However, given COA's primary experience was only with private and public child welfare agencies, the HSA effort to seek accreditation under all eligible services (which include child welfare, workforce development, and family resource centers) was a new experience for COA as well. This was especially true since many of HSA's services and contexts did not always correspond with COA expectations. During the two year period, HSA had been assigned three different coordinators at COA due to staff turnover. It was also noted

that one of the primary COA contacts, while helpful, had never actually been through an agency-wide accreditation process herself. Some felt that the particular COA coordinator's lack of experience led them to misunderstand what was expected of them, and thus were stressed while trying to produce all of the documentation during an abbreviated time period. In addition, these staff members felt that having the assistance of the mock reviewers (with prior COA site visit experience) was very valuable.

The accreditation process also created some uncertainty and anxiety among staff. The following fears surfaced during the self-study process: (a) the results of accreditation would make more work for an already overloaded staff; (b) some staff feared they would lose their job if not acting in accordance with standards; (c) others wondered if they might have to change their jobs because they were already doing the best they could; (d) some wondered if they were to provide the wrong answer to a reviewer, would the agency not get accredited and they would be blamed; and (e) the prospect of any change (positive or negative) was scary for staff.

LESSONS LEARNED

Despite the challenges noted above, HSA staff were very willing to reflect upon lessons learned during the process and make recommendations for other counties who might want to pursue accreditation (see Appendix B). Primary among these was the importance of having executive management lead the effort with the support of the county manager and board of supervisors. Without this level of support there would not have been the financial and staff resources needed to complete the effort. For many staff, achieving accreditation marked a huge shift in the agency's culture, and such an undertaking would not have been possible without the support of the new agency director. The new director viewed the COA process (as she was coming on board) as a "gift" in that it involved a thorough review of services and provided an opportunity to see where the agency really stood in terms of best practices. Another lesson related to the importance of knowledge management and succession planning. The self-study process emphasized how the collection of evidence and documentation of policies and procedures was critical to ensure the agency was meeting standards. In many areas, documentation was not consistent and policies had not been updated regularly to reflect changes due to legislation or practice. There were several programs where procedures did not exist, but information and processes were maintained with several key staff. This proved to be a challenge when several of the staff retired, and handbooks were not updated.

The importance of conducting a trial run with mock reviewers was evident. Not surprisingly, nearly every staff member interviewed spoke of the significance of the mock site visit and wished it had been scheduled earlier

in the process. Gaining the perspective of objective COA trained reviewers assisted in creating the urgency for immediate improvement and the clarity in the next steps ahead.

Another major outcome that also represented a shift in the culture of the organization was the increased staff “ownership” of their work based on a critical assessment of their own day-to-day practice and the opportunities to formulate policy and procedures that would lead to improved client services. In addition, San Mateo County’s HSA was finally able to display the evidence and documentation underlying their innovative practices. For many, reviewing the COA standards and discovering that HSA consistently met those standards was very gratifying. The self-study process also led to ensuring the equitable distribution of work among staff by: (a) writing down the job expectations for every employee within each program area; (b) establishing guidelines on how to recognize employees; (c) giving existing policies more transparency; and (d) creating new policies and procedures that staff can use to guide their decision-making. The process also brought about increased communication and collaboration across the agency and provided many employees with the opportunity to gain a more complete picture of the services and impact of the agency as a whole.

CONCLUSION

In achieving the agency’s first COA accreditation for 2008–2012, one of the major tasks ahead for the agency leadership, as well as AQI staff, is to remind staff that the process is not over despite the agency’s success in achieving accreditation (see Appendix C). As stated by the agency director, “Accreditation in an ongoing improvement process, not an end product.” Accreditation with COA is ongoing, and will require the HSA to continually evaluate their practices and ensure that they are meeting the standards provided by COA, even as COA continually updates these standards. The AQI unit is currently developing a plan to ensure staff participation in the maintenance of accreditation. Activities will carry forward through the agency’s Quality Improvement program and the five program Performance and Quality Improvement plans. By integrating maintenance of accreditation activities into the existing infrastructure, this will help make sure that the agency internalizes practices emphasized through the accreditation process and is continually monitoring agency performance in pursuit of improving the outcomes of client services.

The COA announced the accreditation of the San Mateo HSA in September 2008, attesting that HSA meets the highest national standards of best practice and is delivering the best quality services to the community it serves (see Appendix D). Ongoing accreditation is a process by which the organization can consistently strive for and achieve new levels of excellence.

In addition to celebrating the agency's success, members of the HSA also recognized that their path to accreditation also provided new milestones for COA, as the accreditation of an entire public agency the size of HSA was a new experience for them. Moving forward, both agencies anticipate acquiring further benefits in the area of evidence-informed practice as well as how practice operates in the specific context of county/public social services.

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APPENDIX A: EXAMPLE OF ADDRESSING A COA STANDARD—PERFORMANCE AND QUALITY IMPROVEMENT

Core concept standard (PQI)	Associated practice standards	SMC-HSA evidence (summarized)
1. Leadership endorsement of quality and performance values	1.01 Senior management sets forth quality expectations and broad goals that merit ongoing monitoring 1.02 Agency head endorses a. a culture that promotes excellence and continual improvement b. implementation of an agency-wide PQI framework c. a dedicated PQI function d. collection and constructive use of data to promote a high learning, high performance, results oriented agency; e. involvement of a wide range of managers and staff in the PQI process f. inclusion of external stakeholders and community members; g. an annual "score-card" or summary report of gains made against goals 1.03 Senior managers: a. promote a culture of quality using short-term/annual plans that support long-term strategic quality goals; b. set expectations for use of quality improvement results to change policy and practice; c. press for service delivery processes that have been shown to contribute to good outcomes; d. maintain a customer satisfaction and outcome focus; e. recognize staff contributions to performance and quality improvement 1.04 Senior managers regularly review and discuss PQI reports to identify areas of needed improvement, set improvement activity priorities, and manager their operations and programs	Overall, HSA provides a narrative response to the core concept standard describing their strategies to support an "ongoing culture of excellence," and include copies of their: • Agency Outcome-Based Management (OBM) Plan (for PQI 1 & 2) • Quality Improvement Operations Manual (PQI 1 & 2) • 2006 CQI Committee (PQI 1 & 2) • PQI Plans from 06-07 (PQI 1) • Program PQI plans 2008 (PQI 1, 2, 4,5) • Self-study committee members (PQI 1, 3,4) • CARES customer satisfaction quarter 2, FY 07-08 Report (PQI 1,4) • HSA accreditation tip sheet (PQI 1.02) • OBM Performance Data Report (PQI 1) • Community Input Group-January 28 (PQI 1.02, 4.04, 5.05) • County STARS award program brochure (PQI 1.03) • County employee of the month nomination form (PQI 1.03) • CARES customer satisfaction survey in English, Spanish, and Chinese (PQ 1.03) Additionally each associated practice standard receives a narrative section where HSA describes what the agency is currently doing and lists the evidence provided (often duplicating parts of the above list)

HSA then addressed the following core concept standards related to performance and quality improvement:

1. The foundation for broad use of PQI,
 2. Support for performance and outcomes measurement,
 3. Analyzing and reporting information, and
 4. Use and communication of quality information to make improvements.
- Under each of these core concept standards, a number of associated practice standards are addressed as above. To find more information about these standards or to look at standards for other practice areas, go to the COA eight edition standards website: <http://www.coastandards.org/standards.php?navView=public>

APPENDIX B: DEBRIEF AND LESSONS LEARNED FROM ACCREDITATION PROCESS

Debrief and Lessons Learned from the Accreditation Experience HSA Executive Team ~ June 3, 2008

Take a few minutes to write down your thoughts and feedback and we will share via group brainstorming.

	What Worked Well?	What Didn't Work?	What Should We Do in the Future?
Self Study Phase <ul style="list-style-type: none">• Selection of self study chairs• Orientation for chairs and staff• Clarity in expectations• Timeline and Workplans• Role of Liaisons• Deliverables and Due Dates• Etc			
Planning and Preparing for the Site Visit <ul style="list-style-type: none">• Usefulness of mock site visit• Schedule and clarity in roles/duties• Preparing documents/case records• Interview preparation with staff• Interview preparation with other county staff• Facility checks• Trainings• Communication with staff• Etc			
COA Site Visit Days <ul style="list-style-type: none">• Sunday intro and review• Reviewer Room• Entrance Meeting• Interviews (Staff, Persons Served)• Interview Rooms• Community Partner Breakfast• Facility Tours• Host or Driver duties/Buddies• Exit Meeting• Etc			
Other			

APPENDIX C: TIP SHEET—ACCREDITATION

quality improvement

Tip Sheet: Accreditation**HSA's** ★ ★ ★ ★
Ongoing Culture of
EXCELLENCE**A Message from the Director**

The Human Services Agency of San Mateo County supports an ongoing culture of excellence through a multitude of strategies, including the Child Welfare System Improvements, the CARF-accredited Vocational Rehabilitation Services Program and Outcome-Based Management (OBM) budgeting, to name a few. Evidence-based program management within HSA has created measurable improvements for our community's children, families and individuals. These examples demonstrate that our journey toward the full integration of quality improvement strategies is well underway.

The Council on Accreditation (COA)

HSA is collaborating with the Council on Accreditation to ensure that we implement best practices agency-wide. COA uses standards that are field-tested and internationally recognized as the best practices for service delivery and administrative support systems. By using these standards, we know that we are using reliable, highly ethical, and client-aware practices. As these standards change, we will have the opportunity to continue to learn from the best in our field and to contribute to a growing community of service providers who are challenging and invigorating their agencies through accreditation. We should bear in mind that accreditation is an ongoing improvement process, not an end product. It is also an opportunity to be acknowledged for what we do well, to validate our work and to share best practices internally.

Our Ongoing Culture of Excellence

Accreditation affects all of us and I ask you to join me in this important all-agency effort. Virtually every HSA practice, policy and procedure will be reviewed and analyzed. In areas where we need to adjust, we will, because those changes will help our agency become more flexible, responsive, responsible and capable. A better HSA will directly improve the well-being of the communities we serve. Accreditation also benefits people within the agency and can improve staff morale by creating consistent policies and procedures, integrating staff feedback, ensuring fair practices; and by validating the good work that people do. Our wonderful staff does tremendous work and I encourage you to become actively engaged in our continuous quality improvement strategies.

BEVERLY BEASLEY JOHNSON, J.D.
Human Services Agency Director

★ ★ ★ ★ ★
"Accreditation is an ongoing improvement process, not an end product." ★

Steps to Accreditation:

- ★ Self-study and gap analysis
- ★ Documentation
- ★ Revision of practices
- ★ Submission of self-study
- ★ Peer review visit
- ★ Preliminary report
- ★ Accreditation decision

Maintaining Accreditation:

- ★ Every year, quality improvement plans and progress reports are submitted to COA.
- ★ Every 4th year, the entire process is repeated for re-accreditation.



www.smchsa.org/accreditation

APPENDIX C (Continued)

Staff Perspectives on Accreditation



Annie Chu
Lead Office Assistant
HSA Staff since 2003

"I think accreditation is going to benefit us (staff) as much as it helps the community. Serving clients is our end goal, but staff need support, resources, recognition and protections to fully meet that goal. I was interested in learning that accreditation will

improve HR and supervision systems, broaden training, and that it will help create policies and procedures that will lead to a safer, healthier work environment. Knowing that accreditation will impact the level of support and knowledge I receive is very encouraging."

Rose Rolle
Employment Services Specialist
HSA Staff since 1988



"Simply put, accreditation is going to be great for HSA. It will give us more credibility and visibility because the community will be more aware of all of HSA's services. Our services will improve because we'll have new standards as well as quality control and we'll share the same goals across the agency. We already do really good work but standards and procedures are helpful because there is always room for improvement. On an individual level, accreditation will help me be more organized and knowledgeable and hopefully, better resourced to fulfill my work."



Shanti Manzano (l) and Aprille Flint (r)
Social Workers
HSA Staff since 2007, Interns 2006-07

"Accreditation is a big undertaking. It involves all aspects of HSA, from policies on paper to policies in practice; from service planning to street-level delivery of services and everything in between. As new staff, the information gained from this process gives us a fuller and more realistic picture of our work, including potential service gaps and gray areas which is a critical piece of institutional knowledge.

The accreditation process will also enable us to develop professionally, because it increases our accountability, our knowledge of other program areas, and our ability to analyze service provision and community need. We're very proud to be a part of an agency that is undergoing this kind of self-assessment and is adopting a higher standard of accountability across the board. It's awesome that HSA is seeking accreditation and wants to ensure that its practices are ethical on every level."

"On an individual level, accreditation will help me be more organized and knowledgeable and hopefully, better resourced to fulfill my work."

How will accreditation affect ME?

- ★ Staff will be randomly sampled and asked to submit a survey directly to COA
- ★ Internally, HSA will conduct employee satisfaction surveys annually
- ★ During the peer review visit, any staff member might be approached and asked questions
- ★ Staff will be involved in performance and quality improvement plans
- ★ Staff recognition programs will take place regularly

Learn about accreditation:

- ★ Visit www.coanet.org
- ★ Learn about the standards that apply to HSA at www.coastandards.org (public agency)
- ★ Find out about our progress with the accreditation process on the HSA intranet. Look for the "Accreditation and Quality Improvement" link.
- ★ Talk to an HSA Ambassador
- ★ Email questions to: hsa-accreditation@smchsa.org



Human Services Agency
County of San Mateo

Source. The County of San Mateo Human Services Agency (2008).

APPENDIX D: PRESS RELEASE

County of San Mateo**400 County Government Center, Redwood City, California 94063****For Immediate Release Contact: Amanda Kim, Public Information Officer**September 22, 2008 County of San Mateo Human Services Agency
Phone: 650-802-6433, e-mail: akim@smchsa.org**San Mateo County Human Services Agency Recognized for Excellence****First County Social Services Agency in California to Achieve Accreditation for All Eligible Services****Belmont, Calif.**—San Mateo County's Human Services Agency is the first public agency in California to be recognized by the Council on Accreditation as a provider of the highest order across all eligible services—meeting the highest standards of child welfare, employment and school-based services, according to a rigorous review by the Council on Accreditation.

The Council on Accreditation is an international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization. The Council and a five-member panel of national experts found that San Mateo County's Human Services Agency achieves the highest standards recognized in the child welfare and human services field. San Mateo County—the only public agency in California to offer a full complement of accredited services and programs—learned of the news September 16, 2008.

All California social services agencies must follow state and federal guidelines. San Mateo County chose to undergo the extensive voluntary review by the Council on Accreditation to ensure that clients receive excellent service and to fulfill the agency mission to assist individuals and families achieve economic self-sufficiency, promote community and family strength and work to ensure child safety and well-being. "High performance standards directly impact the day-to-day lives of people in our community," said County Manager John Maltbie. "They ensure positive outcomes for the health and well-being of over 40,000 children, individuals and families in our county."

"Accreditation requires the analysis of hundreds of practices systemwide," said Human Services Agency Director Beverly Beasley Johnson. "In many ways, the process reflects our agency's mission and values to pursue excellence in service delivery, to maintain an open and accountable social services system, and to provide services in an environment that is caring, esteem-building and respectful."

"We assist people in different ways, but we want them to experience the same high quality of services with each interaction, whether they're here for job counseling, prevention services, food stamps or foster care," she said.

The Council's review panel found HSA to be particularly strong in providing high quality, compassionate care, citing the Children's Receiving Home, which provides emergency shelter and care to children in need, as one of the best adolescent shelters they have seen. They praised HSA's commitment to meeting the linguistic, cultural, socio-economic and geographic needs of the community because more than 300 staff members speak a total of 24 languages. They also identified several HSA programs that could be used as national models. These include the county's Workforce Development Service, which provides immediate, on-site services to laid-off workers.

News Release

The Human Services Agency employs 850 people who are deeply committed to enhancing the lives of the people they serve. HSA's network of services include child welfare services, childcare, health insurance programs, education and outreach, veterans services, food stamps and more. Services are provided in conveniently located regional offices as well as in clinics, schools and community centers throughout the county.

To maintain accreditation, HSA must submit quality improvement plans and progress reports annually; implement newly identified best practices continually; and undergo the entire accreditation process every four years. "Accreditation is an ongoing process. It's a tool that we use to enhance our services, expand our capacity and better serve the individuals, children and families of San Mateo County," says Johnson.

If you'd like to learn more about the County of San Mateo Human Services Agency's accreditation, contact Amanda Kim, (650) 802-6433 or akim@smchsa.org. If you'd like to learn more about the Council on Accreditation and the application of best practice standards to the child welfare and human services fields, visit www.coanet.org.*Source.* County of San Mateo (2008).

APPENDIX E: SOURCES OF INFORMATION

Interviews

Elaine Azzopardi, Staff, Human Services Agency of San Mateo County, CA
Nicole Daly, Staff, Human Services Agency of San Mateo County, CA
Emma Gonzalez, Staff, Human Services Agency of San Mateo County, CA
Linda Holman, Staff, Human Services Agency of San Mateo County, CA
Beverly Beasley Johnson, Director, Human Services Agency of San Mateo County, CA
John Joy, Staff, Human Services Agency of San Mateo County, CA
Amanda Kim, Staff, Human Services Agency of San Mateo County, CA
Ed Kiryczun, Staff, Human Services Agency of San Mateo County, CA
Chessica Lim, Staff, Human Services Agency of San Mateo County, CA
Patty Lockman, Staff, Human Services Agency of San Mateo County, CA
Desi Tafoya, Staff, Human Services Agency of San Mateo County, CA
Jenell Thompson, Staff, Human Services Agency of San Mateo County, CA
Selina Toy-Lee, Staff, Human Services Agency of San Mateo County, CA
Donna Wocher, Staff, Human Services Agency of San Mateo County, CA