

**HUMAN SERVICES AGENCY ACCREDITATION:  
RENEWED PURPOSE AND PRIDE IN NAPA COUNTY**

**Ursula M. Bischoff \***

**Executive Summary**

High turnover and vacancy rates among child welfare social workers have led public human services agencies to explore innovative recruitment and retention strategies. A recent study suggests agencies accredited by the Council on Accreditation for Children and Family Services (COA) might market their work environments as highly attractive to potential job candidates because accredited agencies meet best practice standards. This paper provides a general overview of COA accreditation, outlines Napa County's experience of the application process, and reports the preliminary effects of accreditation on staff and the work environment.

Napa County Health and Human Services Agency (HHS) sought accreditation of its Child Welfare and Mental Health services. The process took almost two years staffed by a full time Project Coordinator with part-time assistance from four supervisors. All levels of staff played a role, and line staff participated in four months of intensive training to prepare for the site visit.

HHS reported benefits resulting from the process included additional staff who support critical core operations; consistent, high quality case documentation and improved communications; a renewed focus on service and commitment to the Agency's mission; improved relationships with community members and contract providers; and improved staff morale.

**RECOMMENDATIONS FOR SAN MATEO COUNTY**

Steps San Mateo County may wish to take in further considering whether to pursue accreditation include:

- Assess current practice against COA standards
- Based on the results, weigh potential benefits of accreditation as compared to costs associated with staffing the effort, other change processes underway, agency priorities, and other factors that could pose challenges
- Solidify commitment of Agency leaders, including the Board of Supervisors and County Manager, and in particular supervisors and line staff within the Agency.

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**INTRODUCTION**

In October 2001, Mary Garrison presented a set of strategies developed to address the critical shortage of social workers to the Executive Team of the County of San Mateo Human Services Agency. Mary is Project Coordinator for the Recruitment and Retention Project conducted by the Bay Area Academy. Twelve Bay Area Counties commissioned the study to investigate and

\* Ursula M. Bischoff is Research and Planning Manager for the County of San Mateo Human Services Agency

design an effective response to rapid turnover and extended vacancy rates among child welfare social workers, particularly those with Spanish and Southeastern Asian language skills.

Mary reported hiring practices, marketing and recruitment strategies, caseload size, and the work environment are factors that affect staff turnover and vacancy rates. She suggested agencies accredited by the Council on Accreditation for Children and Family Services would be favorably positioned to market their work environments as highly attractive to potential job candidates because accredited agencies meet nationally recognized best practice standards. Best practice standards recommend smaller caseload sizes and lower supervisor/staff ratios than many human service agencies in the Bay Area maintain. The Executive Team was interested in learning more about accreditation and requested I investigate this topic.

This paper provides a general overview of accreditation, outlines Napa County's experience of the application process, and reports the preliminary effects of the process on staff and the work environment. I interviewed Mary Garrison, the Director of Trustee and Client Relations and the National Coordinator of Public Agency Accreditation at the Council on Accreditation, and spent several days speaking with staff in the Napa County Health and Human Services Agency which has satisfied nearly all requirements in the accreditation process. The paper concludes with recommendations for consideration by San Mateo County's Executive Team.

## **AGENCY ACCREDITATION**

### **Background and Purpose**

The Council on Accreditation for Children and Family Services (COA) is an international not-for-profit child and family service and behavioral healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America to promote best practice standards, champion quality services for children, youth, and families, and advocate for the value of accreditation. In 2001, COA accredited or was in the process of accrediting more than 1,400 private and public organizations in the United States and Canada.

COA accreditation is a process of evaluating an organization against best-practice standards. COA accredits the entire organization rather than individual programs and reviews every program offered by the organization for which COA has a service standard. COA standards are developed based on input from nationally recognized service providers, funders, policy-makers and consumers. The standards are revised every two to three years to reflect current research findings, regulations, and practice experience that define the highest quality of practice in organization management and direct service.

Organization management standards apply to all organizations regardless of the types of services they provide. Elements include governance, fiscal management, human resources management, and quality improvement. COA has developed service standards for approximately 60 specific direct service program areas, including children and family services, adult protective services, employment and job training, behavioral healthcare, financial management/debt counseling, employee assistance, and many service areas for which no other accreditor has standards, such as homelessness and housing.

COA recently made public social service agency accreditation a priority. Over the past several years, increasing reliance on funding and management strategies such as managed care, block grants, and other forms of third-party service administration have posed quality control issues that have, in turn, prompted state and local governments to revise regulatory and contracting processes. COA is encouraging funding entities to recognize COA accreditation as a means of satisfying federal, state and private regulatory requirements and promoting accountability. It is also encouraging funders that provide services, like county agencies, to become accredited as a means of achieving consistent best practices and/or demonstrating the same level of commitment to best practices as the accredited organizations they fund. COA believes status as an accredited agency can strengthen consumer confidence, and that accreditation provides organizations with tools that can ensure accountability, facilitate strategic planning, integrate and manage staff functions, and empower human services professionals to define best practice through continually examining their own performance.

### **Process and Costs**

Organizations are eligible for COA accreditation if they have provided at least one of the services for which COA has developed standards for six months at the time of application, hold all applicable licenses/certifications required to operate, and are willing and able to meet accreditation requirements. There are four basic phases in the accreditation process:

- *Application:* prepared and submitted by the organization
- *Self-Study:* completed by the organization following a format outlined in the Standards and Self-Study Manual
- *Site Visit:* peer reviewer accreditation team conducts three day review and prepares Preliminary Accreditation Report
- *Accreditation Decision:* evaluation of report by the COA Accreditation Commission

The process typically takes about one year from the date the application is submitted and must be repeated every four years. Agencies are assigned a COA Accreditation Coordinator who provides guidance on how to review the Self-Study Manual, organize and create an infrastructure to support the Self-Study process, and assemble the appropriate materials. Agency personnel are responsible for managing the process and preparing all deliverables.

The Accreditation Coordinator is available to provide assistance at any time during the Self-study. COA also offers training on preparing the Self-Study document; designing and implementing a Continuous Quality Improvement plan; interpreting COA practice standards; and developing leadership/governance structures to meet requirements for accreditation. In addition, COA hosts an annual Public Agency Roundtable at which public organizations considering or in the process of completing accreditation can network and learn about the experience.

Costs associated with COA accreditation include application, accreditation, site visit, training, and annual maintenance fees plus consulting, staffing and other resource costs. The four-year accreditation fee is set on a sliding scale based on the agency's annual budget. The Child Welfare League of America (CWLA) covers the cost of accreditation as a benefit to member organizations. COA recommends the Self-Study be staffed by one or more Project Coordinator(s), a Steering Committee, and workgroups focusing on different standards. COA also recommends all levels of staff participate in the process. For relatively large public agencies, fees are likely to represent a nominal investment; more significant costs can be associated with the consulting and staff time required to manage the project and prepare deliverables, and with staff participation in new/and or revised practices and procedures implemented on an ongoing basis.

## **NAPA COUNTY'S EXPERIENCE**

### **Background and Purpose**

Napa County Health and Human Services Agency will be the second California County agency to become accredited. Stanislaus County Community Services Agency has been accredited for several years. COA recently reported Fresno, Riverside, San Francisco, and Ventura Counties are considering applying.

Terry Longoria, the former Director of the Napa County Health and Human Services Agency (HHS), decided to pursue COA accreditation in 1999. Napa's Health and Human Services Agency provides Child Welfare, Behavioral Health, Adult and Aging, Substance Abuse, Maternal, Child and Adolescent Health, Public Health, Vocational, and Public Assistance services. According to the Mental Health Program Chief who oversees both Child Welfare and Behavioral Health Services, HHS management selected these two program areas for accreditation for the following reasons:

*Under-funded Child Welfare and Mental Health Services.* Management wanted to reduce caseloads to a more manageable size, and thought caseload staffing recommendations developed by a nationally recognized source like COA would bolster a request to the Board of Supervisors to support additional social work positions by increasing General Fund overmatch.

*Pressure from Judges and parents' attorneys.* Judicial personnel frequently did not approve of County workers' recommendations, requested alternative services, and/or ordered services considered inappropriate by County staff. Agency management believed the ability to produce documented compliance with best practice standards would reduce differing opinions and reduce tensions. Workers at Stanislaus County confirmed their attorneys experienced fewer contested permanence and termination hearings after the agency was accredited.

*Lack of trust in the community.* Community members often criticize Child Protective Service Agencies for removing too many or not enough children, and do not consider State audits credible indicators of quality service. Management wanted to enhance the Agency's credibility and reputation, and build common ground with the community. They thought the ability to

demonstrate that HHSA's CPS and MH units met best practice standards set by a national accrediting organization would help improve community relations.

*Desire to validate current practice and boost staff morale.* Management believed it was important to recognize the good work staff were already doing, and wanted to reinforce the Agency's commitment to core practice. They also wanted to develop a set of clear guidelines that could assist new staff to learn best practices.

## **Process**

Following the trend demonstrated by an increasing number of public and private agencies, Napa HHSA began to conduct its Self-Study prior to submitting the accreditation application. The Agency joined CWLA, which sent a consultant to explain the accreditation process and supplied a copy of the COA standards. HHSA management reviewed the standards and held a retreat at which they assessed Agency operations, identified areas in which Agency practice did not correspond with COA standards, and developed a plan to begin preparing the Self-Study.

Management decided to contract with a team of CWLA consultants to obtain an objective assessment of HHSA operations. This exercise did not result in a favorable review; however, the team's findings were not based solely on COA standards. Management considered the experience helpful in that it sensitized them to the types of issues they would need to resolve during the COA SelfStudy. HHSA also invited the Stanislaus County Community Services Agency's internal accreditation project coordinator to meet with staff and share practical tips and pointers based on first-hand experience. The Program Chief reported management found this discussion extremely helpful.

Ms. Longoria also approached the Board of Supervisors to request support for HHSA's decision to pursue COA accreditation. She outlined the benefits of accreditation and requested funding for additional CPS social work positions based on COA recommended staffing levels. The Board responded positively to her request, and the unit of 9 CPS social workers was immediately increased by two line positions to support the accreditation process. The CPS unit was restructured, as two other state-funded positions were also approved at about the same time, and an intensive recruitment was conducted to fill new and vacant social work positions as quickly as possible.

Division directors and supervisors were initially assigned responsibility and authorized to work overtime to write and/or revise management and practice policies to meet COA standards. A second off-site was arranged for managers, supervisors and line staff in the Children's Division. Prior to the retreat, supervisors reviewed standards in the service area for which they were responsible. At the retreat, staff suggested changes to policy and practice that could be implemented to comply with COA standards, and identified instances where one standard was related to multiple service areas to avoid redundancy and streamline preparation of required documentation. However, competing Agency demands drew resources away from this assignment, and the project stalled.

In January 2000, management reconsidered its strategy in light of the extremely broad scope of operations covered by applicable COA standards, and decided to assign a dedicated Project Coordinator lead project management responsibility. HHSA's Project Coordinator is a management analyst with a Master's in Public Administration and direct practice experience in three different program areas, including mental health and child welfare services. He was selected for his wide range of experience, enthusiastic attitude, openness to change and reputation as a liked and trusted colleague in the organization. He was charged not only with preparing accreditation deliverables but keeping COA accreditation fresh and a priority for all staff for the duration of the lengthy process.

The Project Coordinator assembled a core Planning Group to assume responsibility for preparing deliverables. Supervisors familiar with program regulations and in a position to make decisions about how to retool current practices were asked to serve as Subject Matter Experts. Each supervisor was asked to review standards in specific service areas related to the services their units provided and prepare revised policy and procedures or supply evidence of compliance with the standards. Where standards were duplicated across service areas, the Project Coordinator wrote one policy for all service areas. The Project Coordinator was also responsible for preparing deliverables for all organization and management standards.

The Project Coordinator, Program Chief, managers and supervisors in the CFS division spent a considerable amount of time becoming familiar with the COA materials. They reported it took more time than they anticipated because the version of COA standards in effect at the time were not clearly written and were difficult to interpret. The Self-Study was delayed about six more months due to an internal review of Mental Health Services programs and ongoing staffing shortages in the Child Welfare Services Division.

By January 2001, the Child Welfare Services Division was almost fully staffed, program manuals had been updated, and many changes in the practice and management infrastructure subject to COA review had been planned and/or implemented. The core Planning Group decided they would submit the Accreditation Application although they knew it would be unlikely the Agency would receive a satisfactory rating on every COA standard. HHSA negotiated one year to complete the Self-Study process, and the site review was conducted in December 2001.

To prepare the Self-Study, the Project Coordinator spent many hours discussing processes with all levels of staff and investigating Agency structures, roles and responsibilities. The majority of the work involved writing policy and procedure for previously undocumented or new aspects of Agency operations, particularly in regard to administration and management protocol. The Project Coordinator also developed and implemented training and communications strategies to assure that all staff were familiar with COA standards and prepared for the site visit. During the four months preceding the site visit, the Children and Family Services Supervisor held weekly unit meetings at which she provided intensive training on policies and procedures staff had recently begun to implement to assure they were thoroughly versed in new or modified operating procedures.

The site review took about 3 days and was conducted by two Peer Reviewers. COA Peer Reviewers are volunteers who work in COA accredited agencies; they must hold a Masters

degree and have significant experience in the program areas they review. The Peer Reviewers held a staff orientation, explained the process, and spoke with everyone who had a connection to the Agency. They met with clients, sat with staff as they did their work, went through case files, interviewed staff in large and small groups, and visited CBOs, foster homes, and school-based sites. If the reviewers experienced difficulty in finding evidence of compliance with a standard, they alerted staff and provided them the opportunity to find documents that demonstrated compliance. The site visit concluded with an exit interview at which the Peer Reviewers gave positive and constructive feedback.

## **Costs**

Since HHSA joined CWLA, all direct fees associated with the process were covered as a member benefit. COA and CWLA also covered salary costs for two days of consulting time as is their standard practice. HHSA paid all travel costs and salary expenses for additional consulting time, and reported consulting fees were costly.

The Program Chief and Project Coordinator reported it was difficult to track staff time and related costs associated with the process, as all staff in the organization played some role or were affected in some way by the process. The largest quantifiable cost was the County General Fund overmatch to set staffing levels at recommended COA standards. The Self-Study was staffed for approximately 1½ years by:

A Project Coordinator: Management Analyst full-time  
A CFS supervisor part time/full time during the last two months  
Two MH supervisors part time  
A Family Preservation supervisor part time

The Project Coordinator indicated cost and time savings might be realized by accessing another County's Self-Study materials for possible use as a template rather than creating a new format independently.

## **Challenges**

Napa HHSA's Project Coordinator and Program Chief identified the following areas as presenting planning and implementation challenges during the Self-Study process:

*Program Selection - management's* decision to seek accreditation of two programs -Child Welfare and Mental Health services -effectively doubled the work involved in completing the Self-Study rather than streamlining or creating efficiencies in the process.

*Other Change Processes Underway - a simultaneous review of Behavioral Healthcare programs* put the accreditation Self-Study project on hold for six months. The length of time required to complete the Self-Study can make it difficult for staff to view and treat it as an agency priority.

*Developing New Policy and Procedures - The Self-Study required HHSA to develop procedures* in areas where none had previously existed. This was particularly true in the Administrative or

Program Support areas, especially with regard to fiscal requirements and RFP/contracting procedures. Developing and implementing a Continuous Quality Improvement plan focusing on outcomes across all programs was another labor-intensive undertaking.

*Encouraging Staff Participation and Keeping the Process Manageable* - the high rate of turnover among child welfare staff and difficulties in keeping the CPS unit staffed during the process delayed full staff participation until unit composition had stabilized. Staff were initially concerned that, notwithstanding reduced caseloads, workloads would increase as a result of new expectations for higher quality documentation. They also initially resisted participation in planning and implementation activities because the task of redesigning and relearning policy and procedure seemed overwhelming when added to their usual workload, and because change is inherently difficult for some workers to embrace. There was also a perception that management was not fully involved and left supervisors carrying primary responsibility for the project.

## **Benefits**

## **Resources**

The former Agency Director chose to seek political and financial support from the Board of Supervisors at a time when the County was in a relatively strong economic position. By solidifying the Board's commitment to accreditation, the Agency has preserved access to resources that sustain critical core operations. Enhanced staffing and reduced caseload sizes allow staff time to accomplish tasks and meet job expectations, and has allowed management to begin to address recruitment and turnover issues.

## **Practice**

*Supervisors and line staff* reported there has not been much change in actual practice. They described a change in emphasis on certain activities and participation in new activities, such as Continuous Quality Improvement (CQI) meetings. They stated that since they are now familiar with COA standards, operating in a manner consistent with the standards has become the natural way of performing their jobs.

Staff commented that clearer expectations and guidelines for practice and increased consistency in documentation of information included in case files, such as labeling contact notes and aftercare plans, has improved communication among workers and made information easier to find. They thought greater clarity concerning roles and job requirements resulting from up-dated and newly created policy and procedural manuals was a positive outcome of the accreditation process. They also welcomed the new unit structure put in place to facilitate processes and communications. All eleven staff now sit in one large room, work in formal back-up/buddy arrangements, and an "on duty" social worker is in the office at all times during business hours to respond to emergency situations that may need to be handled quickly.

*Managers* observed in staff a renewed, heightened focus on services and a more conscious connection to the Agency's mission. They thought having employees at all levels of the organization participate in the accreditation process allowed them to learn and/or relearn the



reasoning behind practice policies and procedures and resulted in a more educated staff. The accreditation process also led to more formal modes of communication between units, as new weekly meetings with supervisors and managers in different units involved in the accreditation process have become institutionalized. Managers and supervisors indicated the accreditation process promotes staff empowerment, in that line staff contributed to decisions as to what constitutes best practice and will monitor how it is realized in HHSA operations. The Program Chief also stated the accreditation process created an opportunity for planned change processes underway in other areas of the Agency to be integrated into new policies and practices designed to meet COA standards.

## **Community**

All levels of staff reported a change in their relationships with CBOs. Accreditation provided a framework to effectively negotiate with CBOs, particularly with respect to CQ1 reporting obligations reflecting the caliber and quality of services provided to clients. Staff now request and obtain written quarterly assessments and progress reports on clients from providers, who can use a template to complete the report. The template provides the Agency access to a higher level of information about services and a framework for using the material in the form of a peer review of practice. This has increased information sharing between staff and providers, allowed HHSA staff to learn about contractors' service processes, and to develop corrective action plans when necessary.

Staff reported improved relationships with foster parents, who now provide more information on the health and educational status of children in their care. A foster parent offered positive feedback during the site visit and said she believed accreditation made a difference. She now receives case plans and has observed increased social worker involvement with the children. A citizen review panel has also been established. This group holds monthly meetings to review policies, procedures, statistics, and provide recommendations on how workers can improve practice.

## **Culture**

Line staff reported that the addition of social work line staff and a supervisor position as a result of the Board's support of the accreditation process enhanced their ability to do a good job, as opposed to struggling just to answer the phone and keep up with paperwork. This early move improved staff morale tremendously and the selection of the Project Coordinator and support of their supervisors increased their interest in and commitment to the process.

They observed recently implemented practices that conform with COA standards make it easier to share information and conduct case conferencing. One worker stated she felt more confident going into court knowing the agency is accredited and is being recognized for providing service according to best practice. Staff also stated reliance on clear standards helps the unit feel more cohesive - "like we're all pulling in the same direction." Participating in the process itself brought workers in the unit closer together. They hold monthly pot-luck gatherings and go out to celebrate social occasions like birthdays. While they did note challenges in the working

environment remained, they expressed satisfaction with improvements resulting from the accreditation process.

## **RECOMMENDATIONS FOR SAN MATEO COUNTY**

Staff at Napa County HHSa were enthusiastic about the preliminary effects of COA accreditation on operations, staffing, and the working environment; however, they emphasized that the benefits described above came as the result of engaging staff in a lengthy, labor intensive process. They stressed that the Self-Study process will unfold differently in every agency, and is affected by the degree to which management policies and procedures are publicized and observed, current operations conform to existing program policies and regulations, and a data collection and communications infrastructure has been established.

Specific action steps San Mateo County may wish to undertake in further considering whether to pursue accreditation include:

*Assess Current Practice Against COA Standards.* Napa HHSa's Project Coordinator strongly suggested that Counties considering accreditation contact accredited Counties to obtain copies of the COA standards and helpful advice on strategies they used to approach the process. San Mateo County should obtain a copy of the standards and assemble a workgroup of managers to review standards applicable in their management or program area. This workgroup should prepare a preliminary assessment of how San Mateo County's current practice compares to COA standards and present its findings to Executive Team.

*Weigh Potential Benefits and Costs.* Once presented with the preliminary assessment prepared by the workgroup, Executive Team should identify the potential benefits COA accreditation would hold for HSA. ET should then weigh the benefits against the resources available to staff the Self-Study, other change efforts underway in the Agency, identified Agency priorities, and any other factors that might present challenges to successful implementation.

*Solidify Commitment of Agency Leaders.* If Executive Team decides to pursue accreditation, the Executive Director should immediately seek a commitment of support from the Board of Supervisors and County Manager. Executive Team should consider how it will demonstrate strong and concrete support for the effort, as its ultimate success will hinge on their ability to engage leaders at all levels of HSA staff, particularly supervisors and line staff, to actively participate in planning and implementing operational changes likely to result from the process.

## **ACKNOWLEDGEMENTS**

I would like to thank Karl Porter, Mary Butler, and the staff at Napa County Health and Human Services Agency, Mary Garrison, Joseph Seoane, and James Mooney for their gracious assistance.