



THE ANNIE E. CASEY FOUNDATION



Better Decisions for Better Results

How Two Counties Are Improving the Quality
and Consistency of Child Protection Investigations

ABOUT THE ANNIE E. CASEY FOUNDATION

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OVERVIEW

In any organization, policy is effective only when it drives practice. In child welfare, when the safety and relationships of vulnerable children are at stake, a gap between policy and practice can have particularly severe consequences. Today, some child welfare agencies are making headway on achieving better outcomes for children and families by using a combination of data analysis and case review tools to improve practice and administrative policy.

The process involves tracking and analyzing data on how cases are assigned and handled. Regular meetings are also held with agency staff to review and discuss current investigations and provide feedback on patterns, anomalies and lessons learned. The next step involves using that knowledge to improve agency policy and practice. The process goes by a variety of names, including Continuous Quality Improvement (CQI) reviews.¹

Working with the Annie E. Casey Foundation's On the Frontline Initiative², two counties began building CQI processes in 2014 to strengthen the quality and consistency of everyday decisions affecting children and their families:

- Ohio's Cuyahoga County Division of Children and Family Services (DCFS), which adapted the ChildStat process developed in New York City to its needs; and
- Colorado's Jefferson County Department of Human Services, which added CQI elements to its case decision-making team process.

This report is for child welfare leaders and staff

"A critical step in this work is ensuring that the front line of our child welfare systems — the investigative workforce — is adept at knowing when children need protection and when systems should not intervene in the lives of kids and families."

— Tracey Feild, director of the Annie E. Casey Foundation's Child Welfare Strategy Group

interested in improving their processes. Along with an overview of how Cuyahoga and Jefferson counties improved their systems, it provides guidance on how your agency can use CQI tools.

Using the examples of these two agencies, among others, agencies can sharply reduce gaps between policy and practice that can unintentionally impede their commitment to protecting kids and strengthening families.

Benefits experienced by Cuyahoga and Jefferson counties as they built their CQI processes included:

- increases in timely completion of safety assessments;
- increases in contacting families in a timely manner during child protection investigations; and
- more data-driven insights for improving policy and practice.

"These two counties illustrate that it's possible for systems to change how they work and ensure frontline workers are prepared for their daily work," says Jan Flory, a Casey Foundation consultant who advises Cuyahoga County.

Flory formerly served as deputy commissioner of the Administration for Children's Services in New York City, where she helped develop the ChildStat process, a management accountability and quality improvement process created to examine New York City's child welfare outcomes.

Cuyahoga and Jefferson counties use very different strategies, but both are working to improve child welfare practice by bringing more voices, perspectives, data and rigor to the decision-making process. The common element is a willingness to use that process to shift approaches and practices in the interest of serving children and families better.

“When you add CQI, it’s because you want to make sure that when workers make crucial decisions about kids every day, their conclusions are in line with agency policies and values, and that the staff, policies and procedures are all working in concert,” says Tracey Feild, director of Casey’s Child Welfare Strategy Group. Her team of staff and consultants advises public child welfare agencies across the country.

The most important advice on launching an effective quality review process comes from Alysse Nemecek, a Jefferson County intake program manager.

“Don’t nitpick or overthink it in the beginning — just start doing it,” she says. “We’ve tweaked it and we’ve changed it, but we haven’t stopped. Just jump in and keep going.”

Determining the right approach for each agency

Although different, both models:

- are comprehensive, using quantitative and qualitative data to strengthen investigations policy and practice;
- involve tracking and analyzing data on system performance;
- include regular forums with leadership and staff to identify barriers, challenges and solutions; and
- use continuous feedback from these data and discussions to modify policy and practice.

As they worked, each county team had to solve

“Adding a customized CQI process is something any agency can do. Without one, you aren’t going to see critical gaps in policy and practice until a problem comes up — and that’s no way to protect kids and families.”

— Stacey Gerber, advised the two counties

three key challenges. Should they build a new CQI approach or adjust an existing process to sharpen their CQI skills? How could they keep CQI work positive and focused on constructive improvements? And, perhaps the most challenging: How could they spread lessons learned from CQI throughout the organization?

Building Anew or Adjusting?

Each decided whether to create a new CQI process or modify an existing one. Cuyahoga decided to do the former, adapting New York City’s robust ChildStat process for Cleveland. Jefferson County, on the other hand, determined that adding a quality assurance component to its existing Review, Evaluate and Direct (RED) teams was the best option. (See detailed descriptions on pages 8 and 13.)

Reducing Stress and Keeping Discussions Positive

Both counties worked to keep their CQI processes positive and productive. For example, to reduce stress and defensiveness among staff presenting cases during CQI meetings, Cuyahoga decided presenters and their audience of managers and others would sit together as a group, to lessen the feeling of being grilled or interrogated, which “makes a small but discernable difference,” Flory says. On the other hand, Jefferson County leaders worried their CQI teams were getting too comfortable with one another. “We ran into the problem of group think,” says Jennifer Davis, an intake supervisor and co-chair of the agency’s Strengthening Agency Decision Making subcommittee.

To address this, they asked Graig Crawford, the county's data management supervisor, to develop an automated scheduling process that produced random team assignments. This ensured that meetings focus on decision making, rather than on establishing relationships in the group, and made for better results, Crawford says. "In seven out of eight cases, the teams are agreeing" on next steps, he says.

Spreading Lessons Learned

The CQI processes involve gathering groups of people to listen, examine various data and options and articulate lessons learned. But that isn't enough. For CQI to have an impact, each county had to develop effective channels to communicate what they were learning and describe why and how policies and practices needed to change.

"Although their approaches differ, Cuyahoga and Jefferson County share a common desire to improve the quality of agency decision making," Feild says.

"The goal is to ensure that frontline casework — particularly at the point of entry into the child welfare system — is consistent with written agency policy, and that decisions about children and families match agency values. It is also critical to use these processes to take action when policies are not supporting best practices."

CUYAHOGA COUNTY, OHIO

The Process

After several months of development, DCFS launched its version of ChildStat in 2016. The New York City version of ChildStat initially included weekly sessions involving 18 geographic areas across the city's five boroughs. Meetings lasted an average of three hours and included review of two representative cases and related data. Cuyahoga's ChildStat process is similar, although it uses monthly sessions.

"There was a lot of skepticism in the field about the level of resources required by processes like ChildStat," Flory says. "With careful planning and attention to detail, Cuyahoga has demonstrated it is possible to adapt and scale the model to suit an individual agency's particular needs and capacity."

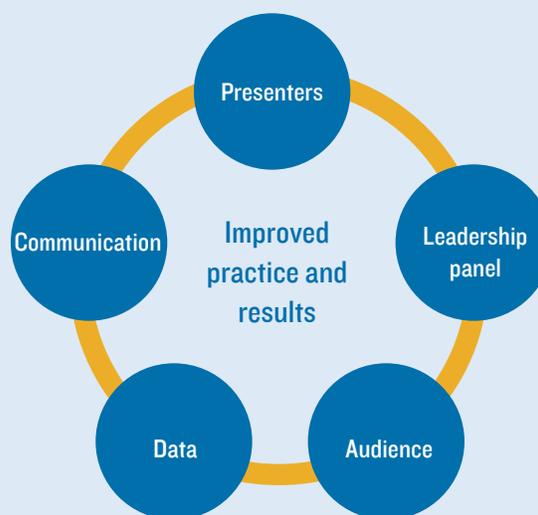
In Cuyahoga, ChildStat participants include:

- presenters from two DCFS departments. This includes the deputy director and senior supervisor from the department overseeing the case being presented, a group of supervisors who report to the senior supervisor and, in some cases, a Team Decision Making facilitator;
- the leadership panel, which included DCFS Director Cynthia Weiskittel, a deputy director whose staff members are not presenting and another senior administrator; and
- an audience of up to 40 people, including senior managers, administrators, representatives of human resources and the legal department and other key departments.

The audience cannot talk, but may submit questions on index cards. As they observe, each presenter:

- provides an overview of the department, describing the total number of cases, the percentage of cases assigned, case characteristics and the status of all cases. Department data are then compared with system performance as a whole.

Cuyahoga ChildStat: Monthly, management-focused reviews of practice and data



Presenters: Multiple people from two units present:

- comparative data about their units; and
- the history of a recent (usually ongoing) case.

Leadership panel: The agency director and two top staffers ask questions and provide advice and direction on challenges and opportunities.

Audience: Up to 40 people — senior managers, human resources, legal staff and, increasingly, frontline workers — listen, with some taking notes for later action.

Data: While unit staff present their own data, they — and the entire ChildStat process — receive substantial assistance from agency data analysts.

Communication: Lessons learned in ChildStat meetings are shared agencywide via director's messages that are discussed in unit and supervisory meetings.

- explains the history of a recent case, including actions taken to date for cases that are under active investigations. Presentations briefly note key issues and conclusions reached, look at a variety of issues — such as children removed from the home and domestic violence — and explain the status and outcomes.

What happens next:

- **Questions from the panel.** Agency leaders ask questions about the case, and presenters respond. The goal is to discuss systemic issues suggested by the case and its data, often connecting current issues with previous discussions to determine whether there are indicators of progress or barriers to system improvements.
- **Note-taking.** During the session, specific managers are assigned to list systemic issues arising from each case, such as barriers to good practice, including policies that weren't followed or need updating.
- **Closing comments.** At the end of the session, Weiskittel summarizes key themes, including issues raised and action steps identified.
- **Leadership debrief.** After the audience leaves, presenters and the leadership panel discuss any follow-up actions.
- **Appreciation.** To end what can be a stressful meeting, leaders from each unit honor a staff member for his or her performance, showcase exemplary work and illustrate how staff members are addressing ongoing issues.
- **Communicating about lessons learned.** Managers are expected to share what they have learned and issues raised during each ChildStat meeting with staff in departmental meetings. The information is shared through a memo that summarizes issues raised and action items. The memo might note policies and procedures that

need updating or insights, such as, “We can't let bureaucracy be more important than finding permanency for children.”

Key Accomplishments

Increasing timely safety assessments

Safety assessments, which are intended to provide a foundation for a child protection investigation, must be timely and focus on identifying issues that will

Safety assessments completed within required seven-day period (represents a six-month average)



drive consideration of the case. In Cuyahoga, they are expected to be completed within seven days. When ChildStat launched in January 2016, assessments were completed on time in fewer than one-third of all cases. A year later, the rate of timely completions had more than doubled, and the rate continues to rise, spurred by new attention to this data point.

“Safety assessments help drive a case, allow us to track a family’s progress and challenges over time and ensure investigations are complete within the required 45-day window,” says Elizabeth Grizer, DCFS social service supervisor for short-term services.

Clarifying ‘timely contact’

ChildStat brought to light delays and inconsistencies in responding to allegations of child maltreatment. For example, staff were confused about how to interpret state policy on the need for parental permission in interviewing children under the federal Child Abuse Prevention and Treatment Act (CAPTA),

with varying interpretations of what “multiple contacts” required.

As a result of ChildStat, Director Weiskittel clarified agency policy, determining that investigators should immediately interview children without parental permission in certain instances. Those instances include cases when the child is in immediate danger of serious harm, faces danger upon returning home, is intimidated about discussing the alleged abuse or neglect at home or requests to be interviewed outside the home.

ChildStat case reviews uncovered problems in workers’ attempts to interview family members and other parties. To lessen the number of missed interviews, workers were encouraged to vary the time of their visits rather than visiting subjects at the same time every day. When referrals were classified as emergencies, workers were required to visit twice a day until a child’s safety was ensured. ChildStat reports also were structured to identify which workers had the most difficulty completing safety assessments and making contact, so supervisors were able to work with them to build those skills. Adds Grizer, “Now I can see the people who are struggling and hone in on why.”

Using ChildStat to explore other persistent challenges

Cuyahoga County began using ChildStat to review cases at the system’s front end, when children were referred for investigations of child abuse and neglect. But the agency found ChildStat so helpful that it began using the system to review cases involving “long stayers” — children who have been in DCFS custody for five years or longer. Monthly ChildStat sessions feature one case (and related data) involving a new investigation and one involving a long stayer.

“We are using ChildStat to examine the cases of kids in that situation and gain insight into why they are still in care,” says Weiskittel, adding that the team has

seen awareness of the issue.

ChildStat also prompted the agency to provide additional training. For example, many cases with ChildStat reviews involve domestic violence. Questions raised during these sessions led the agency to provide more training for supervisors and managers on how to work with families involved in domestic violence. Sessions are planned for caseworkers as well.

Overcoming Implementation Hurdles

Surviving the hot seat

A key challenge has been ensuring that ChildStat elicits the facts and perspectives needed to improve policy and practice without creating an overly defensive or stressful culture. Initially, ChildStat presenters felt scrutinized and worried about being subject to disciplinary action when agency leaders questioned them. Over time, as they took part in constructive discussions and saw action on suggested improvements, presenters have become more comfortable with the process and welcomed the opportunity to delve into their unit’s data.

“The overall tone of ChildStat has really evolved over a couple of years,” says Gary O’Rourke, an information systems analyst who developed and operates DCFS’s ChildStat data system. “Gradually, supervisors and managers have been able to explain their data better and have gotten to the point where they want to look at it in more depth and learn from it.”

In addition to identifying problems, ChildStat can “highlight the positive,” says James Lallo Jr., a retired DCFS administrator who was part of the original group that introduced ChildStat to Cuyahoga County. “If data are pointing in the right direction, we can learn what people did differently to get those results.” As the number of timely assessments grew, for example, it became clear that supervisors’ determination to improve response times was bearing fruit.

Focusing on the case versus the system

ChildStat is designed to identify broader, systemic issues, rather than simply dissecting the specific case presented. But stepping back from the specific details was a significant change for staff.

“The original intent was to use individual cases to drive discussions that identify systemic issues,” says Chris Malcolm, a senior manager at DCFS. “The idea was to have a collection of managers hear about a case and understand what systemic issues helped or hurt that case so that we could unlock the barriers and identify improvements.”

But sometimes, he says, there is a danger of “not getting at the real issues because people tend to be defensive.”

“I think we’ve improved a lot in this area,” Weiskittel says. “Since many of us are social workers by training, it’s hard not to get into the details of the case.”

As a result, greater efforts have been made to broaden the focus to systemic issues and identify action steps.

“If the goal is truly to identify systems issues, at least once in a while it would be good to review a ‘surprise’ case — one that staff hadn’t had a chance to review in depth prior to the meeting,” says Christopher Cabot, a social program administrator who oversees DCFS’ extended services teams.

Communication and implementation challenges

ChildStat has fostered productive dialogue and improved understanding between senior managers and supervisors. People involved in the process are working to ensure that key messages are communicated to frontline staff. To encourage more sharing across positions and, in particular, learn more from frontline workers, DCFS has begun including a small number of frontline staff to observe ChildStat sessions. More direct inclusion of frontline workers is being considered.

Promoting permanence and overcoming barriers to adoption

In Cuyahoga, a number of ChildStat cases have focused on helping children who have been in the system for a long time to live in a family. This includes the 525 kids (out of 2,300 currently in DCFS custody) whose parental rights have been terminated.

Moving these kids toward adoption can be challenging; some have high needs and difficult behaviors. But “if you compare the ChildStat long stayers vs. non-ChildStat long stayers, we have definitely seen better outcomes for those in ChildStat,” says Cabot. The next step is to figure out how to generalize those more effective permanency practices to all such cases.

ChildStat discussions have also explored how better to partner with foster families and overcome obstacles to adoption; the agency looks forward to seeing how this change affects its outcomes data. “We are talking to families more about adoption and the importance of permanency, and we are also probing to see if in our cases we did all we could at the front end to find all family members and relatives and provide services they need,” Lallo says.

Lessons Learned

Lallo notes that despite growing pains and challenges, ChildStat has been instrumental in sparking “in-depth quality conversations where people can be straight with one another with an eye to identifying how we can improve outcomes.”

“Taking a whole morning once a month, arranging all the scheduling for this to happen, is a huge commitment, but it’s definitely worth the effort,” he

says. “Having a focused conversation where senior leadership can hear what the difficulties are on the ground, and make policy and practice expectations clear, is well worth the investment.”

Ingredients for success:

- **Identifying the right data.** During ChildStat meetings, “it is important to take the time to determine which data points you are going to look at,” O’Rourke says. “You have to identify key measures, and sometimes that means looking at 15 different things before you determine which data to highlight consistently in the monthly meetings.”

- **Using data to examine practitioners’ ideas.** ChildStat sessions need to offer both a chance to hear points of view about factors that contribute to certain patterns and explore whether there might be data to back up or refute those ideas.

- **Building broad buy-in.** Having a large committee that included frontline staff, supervisors and agency leaders in developing and customizing the process was critical, Director Weiskittel says. “You really need to take the time and build the support with your staff. We had to make the model our own.”

Weiskittel says ChildStat led to “a huge improvement in managers’ understanding and ability to present their data,” which goes a long way toward sparking needed systemic improvements. “The public dialogue between leadership and supervisory level staff about practice has really helped,” she says.

The implementation of ChildStat was worth the struggle, Weiskittel says. “This process has brought real, positive change to our agency.”

JEFFERSON COUNTY, COLORADO

The Process

In 2010, Jefferson County, Colorado, implemented Review, Evaluate and Direct (RED) teams. This group review and decision-making process determines whether system referrals should be directed to one of two child welfare system tracks — High-Risk Assessments (HRAs) or Family Assessment Responses (FARs). Jefferson County is one of five Colorado counties to pilot a differential response approach that includes RED teams. (Differential response defines two tracks for investigating abuse and neglect reports — generally, an urgent and a less acute review.)

Jefferson County RED teams: Daily decision making by frontline staff, enriched by data

RED teams

5 staff

- 2 supervisors
- 3 case workers

1. Review all referrals and make decisions.
2. Focus on statutes, policy, data and quality assurance information.
3. Use CQI to drive improvements in policy and practice and solve emerging outcomes problems.

“Prior to the RED teams, referrals would come in through the hotline and one intake supervisor would triage them, read them and decide what to do,” says Jennifer Davis, an intake supervisor and co-chair of Jefferson County’s Strengthening Agency Decision Making subcommittee. “What we learned is that after you’ve read 50 referrals in a day, you are tired. This approach gives us the time and opportunity to look at

all of the factors as a group, so the decision does not fall to just one person.”

Each RED team meeting includes:

- **Referral reviews.** The group completes a thorough and balanced assessment of each referral, reviewing the strengths, worries, risks, dangers, safety and gray areas and examining information on each child’s history in the state automated child welfare information system (SACWIS), called Trails. The team also reviews the criminal and legal history of all the parties identified in a referral and develops a genogram identifying up to three generations of relatives. All this information is used to review reported concerns.³
- **Decision making.** Based on this information, the RED team decides whether the case meets the criteria for further involvement by the division, and if so, the appropriate track and response time. If a consensus cannot be reached, the case is brought to a manager who has the power to override the RED team’s decision if warranted.

In January 2016, Jefferson County added quality assurance components to its RED team approach to evaluate and improve the consistency of decision making and provide an opportunity to consider system improvements to respond to problems uncovered through RED team reviews. The combined process looks like this:

- **Daily meetings.** RED teams meet for up to two hours (depending on how many referrals need attention) Monday through Friday to screen reports of child abuse and neglect received in the last 24 hours, excluding emergency reports that get assigned immediately. Six teams meet on Mondays, the busiest day of the week, while five meet Tuesdays through Fridays.
- **Mixed, randomized membership.** Each team includes a random mix of five staff members (two

supervisors and three caseworkers from across the division).

- **A focus on statute and policy.** In each RED team room, relevant statutes are posted on the walls, defining criteria for system assignment and rationales for choosing tracks.

- **Attention to the most challenging cases.** As part of the quality assurance process, every Wednesday and Thursday — typically the agency’s slowest days — assigning intake supervisors pick a more complex referral that will not yield an obvious answer and send it to all five RED teams to review. Here’s how this works:

- Only one team is assigned as the official decision maker, without any of the teams knowing which one.
- If the official decision-making team screens the case into the system, its decision stands. But if it screens out the referral and at least one other team screens it in, a manager reviews all teams’ notes, makes a final decision and flags the case for follow-up discussion and analysis.

Maintaining a learning and improvement environment is critical to RED team success. “From tracking data, we know which referrals draw 100 percent agreement and which receive 4-1 or 3-2 votes,” says Crawford, who is the other co-chair of the Strengthening Agency Decision Making subcommittee and was instrumental in setting up the quality assurance process and interpreting the data. “We bring referrals involving the most disagreement to our biweekly leadership meetings, have discussions in small groups and then bring the topic back to the larger group as a learning opportunity.” The discussions in the leadership group can then be modeled in the RED teams to pass on what has been learned.

Everyone who participates in RED teams gets an

email with all group responses and the outcome.

“Where agreement is hard to achieve, we work to develop training and improve consistency,” Crawford says. Jefferson County Associate Director Natalie Mall says, “It’s a great opportunity for discussion and coaching.”



Key Accomplishments

Fewer children entering the system unnecessarily

The improved RED team process and Quality Assurance component have safely reduced the percentage of referrals that the agency screens into the child welfare system. Agency leaders view this as a positive outcome, because:

- it means that the RED teams are more judicious in accepting only referrals that meet agency criteria for further investigation; and
- the county’s rate of assignment is now on a par with the statewide average.

Admitting fewer children into the system does not mean screened-out children and families are not getting help. Based on the information gathered and discussed at screening meetings, RED teams refer children and families for other kinds of services, both within the agency and in the community.

“Before the RED team improvements, we were screening in more cases for involvement with our agency,” Davis says. “We don’t want to be intervening where we don’t have authority to do so,

and if too many cases are screened in, caseworkers are overworked and can't respond as well to those that really require their attention.”

Using data to drive policy and practice change

Data represent a critical tool for identifying patterns and suggesting solutions, Jefferson County found. As part of its efforts to monitor the quality of decision making on a regular basis, the agency identifies particular outcomes to study and try to improve.

One outcome chosen was repeat assessments within a year. This required looking at how often a child who has been referred and assessed once is referred and assessed a second time within a year.

Crawford analyzed Trails data comparing children and families who did and did not return for a second assessment, looking at the influence of a variety of factors, such as substance abuse, homelessness, mental health, physical abuse, lack of supervision and prior involvement in the system. He looked at data — not only by the type of presenting issue, but also by assessment track — to identify some specific characteristics of families who returned at much higher rates.

Having identified a smaller subset of factors that significantly increased the likelihood of subsequent assessments, practitioners in the work group then performed qualitative reviews of cases in these specific assessment subsets.

Says Crawford: “Performing the case reviews on our target population was beneficial for two key reasons. First, it allowed us to identify some specific practice elements that increased the likelihood of subsequent child welfare involvement — information that we couldn't have gleaned using the administrative data available in Trails. Second, involving practitioners in this way engaged them in the process and resulted in more buy-in and confidence in the results. It made the data actionable and meaningful and, ultimately, led to

practice changes focused on improving outcomes for children and families.”

With this analysis, the agency's work group found:

- that families assigned to the Family Assessment Response track primarily because of substance abuse returned at significantly higher rates than other families — and that if there was cocaine, methamphetamine or heroin use, 70 percent of families returned.
- when drug use was combined with domestic violence, families returned at twice the normal rates.
- whether or not the family received services for substance abuse or domestic violence, when caseworkers had only one face-to-face meeting with a family, the likelihood of the family returning doubled.

In response, the agency sought to improve outcomes by changing practices and policies, such as adjusting the intake process. For families in these higher-risk groups, workers are now required to conduct at least two face-to-face contacts with all children reported as victims and one of the visits must occur at the family home. Caseworkers also must take special steps, such as staffing cases in a group supervision setting if a family is involved with cocaine, methamphetamine or heroin, or if there is a combination of domestic violence and substance abuse.

These practice changes were introduced in July 2017; preliminary data on their effectiveness were expected to become available in July 2018. The county uses a similar process to investigate why a disproportionate share of families with children under age 2 come back for repeat assessments.

Some ingredients of success

Improvements to the RED team process have made for more judicious and confident decisions at the entry point to the child welfare system in Jefferson County. By adding quality assurance and CQI components and analyzing differences in teams' responses to the same set of factors, the county has prompted practice changes that are benefiting children and families.

“We are absolutely seeing significant positive changes as a result of this process,” Nemecek says. “It has enlightened staff across the division in terms of which referrals meet the criteria for entering the system and which don't. It also alleviates the pressure of having just one or two people responsible for screening and prevents us from making these decisions in silos.”

One of the biggest challenges in developing and fine-tuning the RED team process and quality-assurance component has been implementing the strategy with an already overextended staff.

“In the beginning, it was difficult getting staff and supervisors to buy into the amount of planning, scheduling and documentation required,” Davis says. “But over time, our staff has bought into this process and has seen that the benefits far outweigh the level of effort.”

“The biggest challenge now is capacity,” Nemecek says. “Our referrals keep growing and we spend a lot of time in RED teams already, so we have to figure out how we are going to do more and still honor the process.”

HOW YOUR AGENCY CAN USE CQI REVIEWS

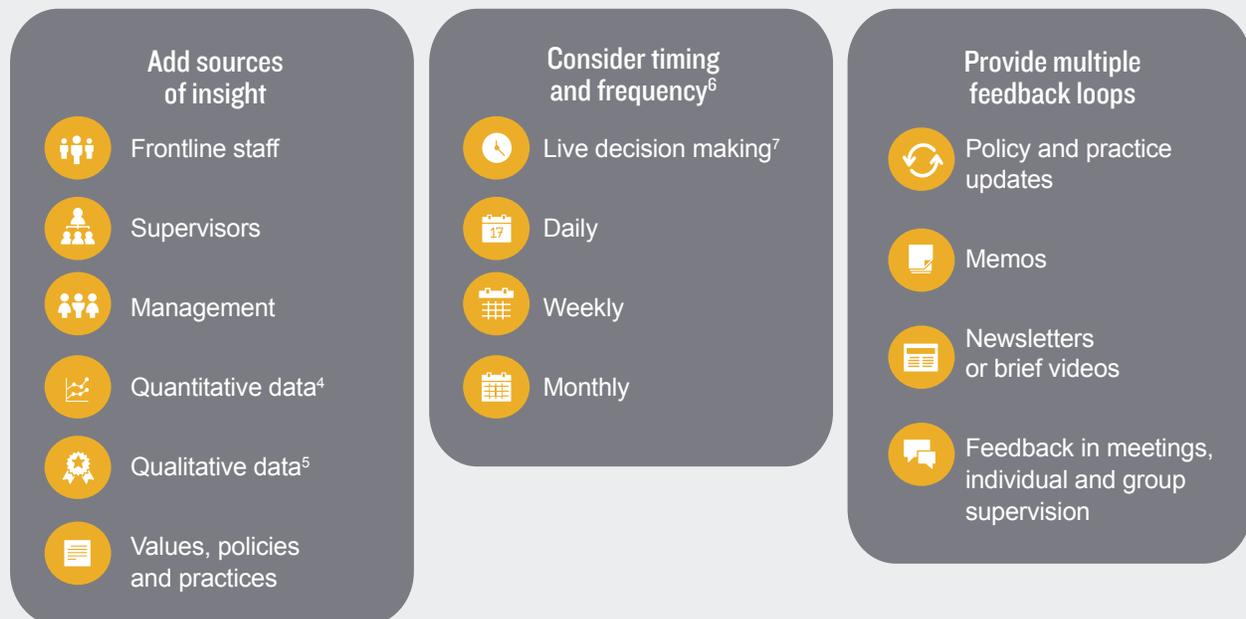
Use CQI Reviews for More Consistent, Quality Decision Making

CQI reviews bring together multiple sources of insight to:

- inform system decisions and policies;
- reflect on the quality and consistency of current or recent case and system decision making;
- identify how to improve alignment between case decisions and agency values, policy and practice;
- use data and other information to review the outcomes of decisions over time and track changes; and
- communicate broadly about lessons learned using a variety of feedback loops.

Two counties provide examples

Cuyahoga and Jefferson counties have developed significantly different CQI review approaches with many common elements. How many of these elements does your system currently use — and what could be added?



For more CQI review examples, see *Counting is Not Enough* (<https://www.aecf.org/resources/counting-is-not-enough/>) and *Implementing ChildStat* (<https://www.aecf.org/resources/implementing-childstat/>).

ENDNOTES

¹ Casey has written about CQI and QCR processes in two earlier publications, including *Counting is Not Enough* (<http://www.aecf.org/resources/counting-is-not-enough/>) and *Implementing ChildStat* (<http://www.aecf.org/resources/implementing-childstat/>).

² To learn more, see *On The Frontline: Improving Child Protective Services* (<http://www.aecf.org/blog/on-the-frontline-improving-child-protective-services-investigations/>)

³ Based on caseworker responses to a survey on the RED team process, the county instituted more training for caseworkers on how to participate in the teams, and supervisors and managers received guidance to engage caseworkers more fully in the discussions. For example, the groups seek caseworkers' opinions first so that they won't feel compelled to echo the supervisor's opinion.

⁴ Use quantitative data from selected key indicators to compare across the entire system and by program manager to look at specific indicators and system outcomes.

⁵ Qualitative data may be derived from a variety of sources, including information gleaned from reviewing several random or selected cases.

⁶ Jefferson County's RED teams meet daily. Cuyahoga's ChildStat meetings are held monthly.

⁷ Includes using a team to make decisions on a specific, active case and using the same team process to recommend how to apply lessons learned systemwide.

