



CONTINUOUS QUALITY IMPROVEMENT Conference Handbook 2019



Table of Contents

Welcome	1
CQI Conference Agenda	2
What is CQI?	3
CQI Framework	4
CQI in Action: Research Briefs & Case Studies	9
Accessibility	10
- Care Management for High-Risk Pregnant Women	12
- WIC	13
Referrals & Partnerships	14
- Adopt-A-Mom	16
- Care Management for At Risk Children	17
Trauma-Informed Approach	18
- Bringing Out The Best	20
- NC Infant Toddler Program	21
Use of Evidence	22
- Wise Guys	24
Performance Measurement	26
- Head Start / Early Head Start	28
- YWCA Teen Parent Mentor Program	29
Service Provider Reflections	30
Shifting from a Culture of Compliance to Inquiry & Learning	31
Technical Assistance Activity	32
CQI Resource Library	34

Welcome!

Welcome to the Guilford County Continuous Quality Improvement (CQI) conference! We're delighted that you have committed this time to explore CQI concepts, to hear about how local programs are implementing CQI, and to share your ideas for how we can work together to build a culture that drives continuous improvement.

Our community has ambitious goals when it comes to our youngest children and their families. Hundreds of families, local program staff, funders, and volunteers worked together to imagine what it would take for each child to enter kindergarten ready for school and ready for life. They identified ten priorities for building a connected, innovative system of care that would improve child and family outcomes starting prenatally and continuing through school entry. And they recognized that it is critical for families to be connected to high-quality supports and services every step of the way.

Continuous quality improvement is a key priority of the Get Ready Guilford Initiative – a partnership between Ready for School, Ready for Life and The Duke Endowment that is focused on improving outcomes for children and their families while reducing disparities. Since October 2018, thirteen programs that serve more than 23,000 children and their families have participated in the first CQI cohort. They've set programmatic goals, implemented Plan-Do-Study-Act (PDSA) cycles, and participated in a Community of Practice to work on collective goals. Today, you'll hear more about their process and progress.

Today also marks the launch of technical assistance and a CQI Toolkit that are available to all Guilford County programs, agencies, and organizations to support quality improvement practices. As the work continues to evolve, additional tools and resources will be made available to you.

Thank you again for the time you are spending with us today to share and learn from each other. We all have a role to play when it comes to improving outcomes for Guilford's youngest children and their families, and we appreciate your participation in this important work!

- The Ready Ready Team

CQI Conference Agenda

8:00 Meet & Greet with Breakfast

8:30 Welcome/Opening

8:45 What is CQI and Why Does it Matter?

10:00 Case Studies of CQI in Guilford County

Learn in small groups from a service provider about how their programs' ongoing learning and improvement of day-to-day activities has resulted in better services for children and families they serve. Participating service providers are being coached in how to implement CQI as part of a broader cohort of service providers.

11:00 Break

11:15 Shifting from a Culture of Compliance to Inquiry & Learning

Participate in an open dialogue on the question: How can local organizations that provide direct services for the community and those that support them shift the focus of data collection for reporting and compliance purposes to a culture of inquiry and learning for ongoing program quality improvement?

12:15 Lunch & Keynote

Stephanie Doyle

Senior Associate

Center for the Study of Social Policy

1:30 Break

1:45 Introducing CQI Technical Assistance

Learn about a series of resources and activities that will be available to organizations to support their CQI practices. Engage in an introductory TA exercise. Share input to inform TA design and implementation.

2:45 Sustaining a CQI Culture in Guilford County

Learn about the CQI assets that currently exist and those under development in Guilford County and provide feedback on how CQI can be more broadly practiced and sustained in the community.

3:45 Closing & Next Steps

What Is CQI?

Continuous quality improvement (CQI) is a process of collecting, analyzing, and using data to improve the quality of services or products on an ongoing basis. Put simply, CQI helps teams “get better at getting better.”

Over the past fifty years, the practice of CQI has been instrumental in improving products and services in various industries, including manufacturing and healthcare. CQI can also be applied to the thousands of social service programs working to improve outcomes for people, from a healthy birth, to a quality education, a well-paying job, and healthy and secure aging.

Root Cause has developed a holistic approach to strengthening the capacity of social service providers by applying CQI principles in their programs. Our approach enables organizations to:

1. Clearly define intended results and the path to achieve them
2. Use the best available evidence of what works
3. Understand the barriers that hinder progress
4. Use data in real time to decide what actions to take

Unlike third-party evaluations, CQI offers opportunities for ongoing learning and improvement of day-to-day program activities so that services are better delivered and more effective. It leads to professional development for program staff and improved satisfaction among program participants.

Continuous Quality Improvement Framework

The CQI framework below provides the foundation for social service programs to determine how well they are doing and where to focus and improve their capacity.



Life Outcomes & Indicators

The practice of continuous quality improvement is grounded in a deep understanding of how a social service provider aims to improve people's lives and how it measures progress and success toward that aim.



Domains of Program Quality

Research on the efficacy of social service programs points to several quality domains that are critical for improving people's lives. These domains, along with performance measurement capacities, are the foundation of our Continuous Quality Improvement tools and practices, including Assessment, Planning, and Coaching activities. As we continue to learn and improve on our CQI practice, we continue to update and amend this framework.*



Performance Measurement Capacity

Program measurement capacity refers to a program's ability to use data to understand and improve its performance. This means having the skills sets, organizational culture, systems, and process in place to collect, analyze, and report on data about participants and quality of services and outcomes, and to make decisions based on the data.

* For example, the next iteration of a CQI Assessment will include a sixth Domain of Program Quality focused on staff development.

ACCESSIBILITY

How do programs address barriers to participation caused by race, class, gender, and geography?

FAMILY ENGAGEMENT

How are families involved in the planning, development, leadership, and evaluations of programs designed to serve them?

REFERRAL PROCESS

How do programs give and receive referrals that lead to seamless service coordination between programs?

TRAUMA-INFORMED PRACTICE

How are programs designed to identify and address the consequences of trauma?

USE OF EVIDENCE

How do programs use the best available research to best meet the needs of participants?

CULTURE

Successful measurement, learning, and improvement begins with leaders prioritizing and embedding it within the program's culture.

FRAMEWORK

A program's hypothesis should rest on sound logic and clear assumptions explaining how and why its activities address a need and produce the outcomes it aims to achieve.

SYSTEM

Measurement systems include staff time, processes, and tools to collect, store, analyze, report, and learn from performance data on an ongoing basis.

CQI Process for Social Service Providers

1

Lay the Groundwork

The path to practicing continuous quality improvement starts with a clear vision of what quality looks like and an understanding of how a program works.

2

Assess Strengths & Challenges

Program leaders complete an online assessment that focuses on three areas:

- 1) Life Outcomes & Indicators
- 2) Program Quality
- 3) Performance Measurement

The results of the assessment are the foundation for ongoing collaboration between program staff and CQI coaches.

3

Set Improvement Cycle Priorities

CQI Coaches review CQI Assessment results with program staff, and together they identify opportunities for strengthening their practice.



Plan / Do / Study / Act (Repeat)

CQI coaches support program staff to implement Plan / Do / Study / Act (PDSA) improvement cycles that strengthen program capacity in priority areas. The PDSA cycle can be repeated as often as the program chooses to focus on different priority areas and goals.

5

Strengthen Capacity & Culture

Programs retake the CQI Assessment to gauge how their capacity has improved. Successfully building and sustaining a CQI practice depends on creating a culture that fosters learning and a spirit of inquiry. Programs that excel collect and use data in ways that go beyond compliance with funder requirements or other external performance standards. They also create time and space for staff to develop skills that support CQI practices.

CQI CYCLE

Plan / Do / Study / Act

The Continuous Quality Improvement Cycle is a series of steps – Plan, Do, Study, Act – for structuring a CQI practice. Programs repeat the cycle, each time setting a goal to improve program quality or performance measurement capacity.

START HERE:

- 
- Propose “experiment” & hypothesis
 - Identify roles & resources
 - Define time frame & measures of success
 - Prepare to implement plan
 - Implement the plan
 - Collect documentation & data
 - Track, analyze, share results
 - Identify adjustments
 - Identify & celebrate learnings & successes
 - Adopt successful practices
 - Make adjustments
 - Determine what more needs to be done & learned

CQI Principles for Social Service Providers

Quality is grounded in the service experience.

Quality is reflected through the perspective of multiple stakeholders, including families, front-line program staff, program leadership, organizational leadership, funders, and other community partners. In this process, we are focused on families, front-line staff, and program leadership.

People practicing CQI must share a common purpose and trust each other.

The building blocks for programs successfully engaging in CQI are shared values, common goals, and trust. Doing CQI together - working on improvement cycles - can help teams strengthen these building blocks.

Communication is open, consistent, and clear.

Inclusive communication across program leadership and staff is required for effective improvement.

People and teams are flexible and open to change.

Working to minimize internal barriers (e.g., streamlining approval processes or minimizing paperwork) can help to support improvement.

People are encouraged and supported in thinking and working in new ways.

Putting in place CQI requires new ways of thinking, behaving, or working. Program leaders and teams have the opportunity to practice:

- Curiosity
- Reflection
- Tolerance of failure and vulnerability
- Use of feedback
- Systems thinking
- Involving team members with different perspectives

CQI In Action

How are service providers in Guilford County learning and improving across program quality domains and performance measurement capacity?

ACCESSIBILITY

- Care Management for High-Risk Pregnant Women
- WIC

REFERRALS & PARTNERSHIPS

- Adopt-A-Mom
- Care Management for At-Risk Children

TRAUMA-INFORMED APPROACH

- Bringing Out The Best
- NC Infant Toddler Program

USE OF EVIDENCE

- Wise Guys

PERFORMANCE MEASUREMENT

- Head Start / Early Head Start
- YWCA Teen Parent Mentor Program



DOMAINS OF PROGRAM QUALITY

Accessibility

Barriers prevent some children and families from accessing needed programs and services. Common barriers include service locations that are difficult to reach with public transportation, service hours that require parents to take time off work, and the lack or limited number of services in the languages of community members.

Historically, these barriers tend to be more prevalent for certain populations, such as low-income neighborhoods; marginalized racial, ethnic, and immigrant groups; rural and remote areas; and non-traditional family structures. Many of these barriers may be difficult to see – much less address – given how deeply entrenched they are in how people, organizations, and society operate and how they affect the local population.

Accessibility describes how programs account for these barriers. It requires the deliberate and active identification of barriers and biases as well as organization and service designs that reflect the actual past-to-present experiences of these groups.

BEST PRACTICES: ACCESSIBILITY

Strengthen the cultural competency of the organization.

Organizations effectively account for diversity in their communities by focusing on improving cultural competency and by supporting this focus through explicit policies, procedures, and ongoing trainings. In practice, this requires building both staff understanding of the community (e.g., history, local culture and priorities, policy impacts or effects of policies) and staff self-understanding of the biases that necessarily inform their work. Staff composition should also represent the composition of the community it serves in order to bolster cross-cultural understanding, communication, and trust.

Strengthen the cultural competency of the service.

A service becomes more accessible to all community members who need it when it is language-accessible (e.g., provides materials and programming in the languages community members speak; has translation services available and/or translators and interpreters on staff) and adjusts to meet the specificities of those it serves. Effective cultural competency is built on deliberate and meaningful community engagement, which requires bringing users' perspectives into the design, delivery, and prioritization of services and validation of assessment tools.

Account for the logistical needs and abilities of families.

Services may be inaccessible to families if they do not have a car, reliable child care, or affordable time off work. Practices that help mitigate these challenges include offering services at safe locations accessible through public transit and/or where services are needed; offering services during hours that reflect the scheduling requirements of users; accommodating users' needs while they engage with services (e.g., providing childcare, meals); and minimizing the time families are required to wait for services, both on-site and on waitlists.

CQI CASE STUDIES



Accessibility

The Care Management for High-Risk Pregnant Women (CMHRP; formerly known as Pregnancy Care Management)* provides free care management services in which nurses and social workers work with mothers and prenatal care providers to ensure women receive the best possible care while pregnant and up to sixty days after birth.

- GOAL** Gather new data from families and partners, including referring OB/GYN providers, to better understand the barriers women face in participating in services and how to drive engagement of OB/GYN providers as referral partners. Use the data to improve service accessibility so that more women participate.
- PLAN** Develop survey questions to learn what drives family engagement with the program, barriers that prevent families from participating, what drives OB/GYN providers to refer their patients, and what value their practices derive from the CMHRP program.
- DO** Distribute and collect an OB/GYN practice survey to be completed by practice staff to better understand the above as well as identify opportunities for improvement.
- STUDY** Results from more than 40 surveys showed that OB/GYN partners and their patients receive significant value from the CMHRP program. The data suggested several improvements that could increase referrals and family participation: increase awareness of CMHRP among physicians and directors as well as front-line staff, expand the time and role that Care Managers spend at practice locations, and advertise CMHRP's value to OB/GYN practices.
- ACT** CMHRP staff are digging further into the survey results and are defining improved ways to engage with OB/GYN practices.

* The CMHRP & WIC programs are both operated locally by the Guilford County Department of Public Health; both program models are operated in other North Carolina counties under the umbrella of the North Carolina Department of Health and Human Services.



The WIC program** provides quality nutrition services for women, infants, and children through nutrition counseling, healthy foods, breastfeeding support, and referrals to healthcare.

Collect data to better understand the barriers its current and potential new clients face in participating in WIC services. Use that data to make service improvements that reduce those barriers, and continue to track the results of those improvements to ensure more people who need WIC services can benefit from them.

Design and implement a process and tools to gather actionable information from families about key barriers that inhibit their participation in WIC services. Look across steps in the process such as enrolling, visiting the WIC office for direct nutrition and other support, redeeming benefits, etc.

Create and implement a survey for collecting data from families while they are in the waiting room at the program's two clinic locations in Greensboro and High Point.

Results from more than 400 surveys from WIC participants provided several insights into how its service can become more accessible, with the primary emphasis on reducing clients' time spent in the office and adding a children's area to the waiting room. Other suggested improvements included clarifying service information on the website and more detailed appointment reminders. WIC also identified a need to develop a survey targeting non-WIC participants.

WIC installed children's areas in both clinics, is working on clarifying its website information, undertook a new process to track clients' time in the office, and is now identifying process improvements to reduce that time.

** WIC is a federal assistance program of the Food and Nutrition Service, United States Department of Agriculture (USDA).

DOMAINS OF PROGRAM QUALITY

Referrals & Partnerships

Communities often host a range of health and human services serving children and families, each addressing a different set of needs at different stages of life. A growing body of research finds communities benefit from an interdisciplinary set of providers working in concert; in different words, a coordination of care. Strong care coordination networks ensure families access the resources they need when they need them. This level of interconnectivity requires effective, sustainable systems of care coordination and for service providers to actively participate in their upkeep. In practice, care coordination often takes the form of **referrals** and/or **partnerships**.

Referrals are the processes through which one provider, having insufficient resources to address all of a client's existing and projected needs, seeks the assistance of another provider(s) that can either assist with or assume the client's care.

Partnerships are the close, formal relationships among providers that rely on one another to deliver services to their clients.

BEST PRACTICES: REFERRALS

Systematic Use of Referral Systems & Data Tracking

Strong referral practices rely on providers using agreed-upon referral protocols outlining when to refer clients, the steps to do so, and data both initiators and receivers need to assess client treatment options. In general, web-based referrals more reliably ensure that referrals happen on time and with the information providers need.

Maintain Up-To-Date Resource Directories

Providers are equipped to make relevant and timely referrals when they develop and continually update lists of providers that meet certain requirements (e.g., eligibility requirements, location) and ensure that these lists are easily accessible by relevant providers.

Create & Standardize Referral Feedback Loops

With service recipient consent, creating and adhering to referral feedback loops helps ensure that service recipients receive the treatment they need after a referral is made and that initiators and receivers are informed of service results.

BEST PRACTICES: PARTNERSHIPS

Align Partnership's Purpose & Success Criteria

This begins with understanding the partner's individual goals and values and how they buy into the goals and values of the partnership. The partnership purpose and sub-goals should be made explicit, as well as how and when partners confirm they are on track toward meeting them.

Share Accountability To Partnership Responsibilities

This begins with explicit and co-developed documentation of what work is required to achieve the partnership goals as well as who is responsible. In practice, this is often done through a Memorandum of Understanding.

Open & Consistent Communication

Healthy communication includes scheduled regular face-to-face meetings to review shared clients, scheduled periodic meetings to discuss broader operational and strategic items, and regular emails and phone calls as needed. Establishing codes of conduct and communication protocol ensures all partners are aware of what needs to be communicated, how, and how often.

Adapt & Learn With Partners

Over its lifetime, a partnership may see its needs, constraints, and opportunities evolve. It is important that the partnership identify when change is needed and how partners can use the change to grow – for example, holding staff trainings to build new skill sets or updating information systems to increase their effectiveness.

CQI CASE STUDIES



Guilford County
Coalition On
Infant Mortality

Adopt-A-Mom Program

Referrals & Partnerships

Adopt-A-Mom (AAM)* coordinates prenatal care for pregnant women who are not eligible for Medicaid, do not have private insurance to cover the cost of care, and cannot afford to pay out of pocket for care; and refers clients to community resources for additional support services.

- GOAL** Begin to understand the effectiveness of referrals to community resources by learning whether moms take action on the referrals given, what actions the receiving agencies take to engage moms, whether moms enrolled in services, and their satisfaction with services or their reasons for choosing not to participate.
- PLAN** Developed a referral follow-up protocol and data tracking sheet in order to learn about referrals from both moms and service providers.
- DO** Collected data on all referrals made over a three-month period via phone calls with each mom and the corresponding agencies that received the referrals.
- STUDY** Analyzed data and matched responses from moms and the receiving agency to understand “both sides of the story.” Identified which agencies tend to receive the majority of AAM’s referrals. Learned most referrals were not resulting in enrollments for three primary reasons: a decision made by the mom (e.g., not interested, decided to rely on family support, etc.), program wait lists, and the need for better communication and protocols between AAM and its referral partners.
- ACT** Decided to 1) engage leading referral partners to identify how to work together more effectively and 2) develop and test use of an “after-visit summary” in the next cycle, a practice that has been shown to enhance patients’ ability to remember and convey to others the content of their visit and improve patient engagement in making good choices about healthy behaviors and self-management of their condition(s).

REFLECTION

“The CQI process put a spotlight on the need to better attend to referrals, as a program (making internal changes), and as a community – through a systems approach that improves the efficiency and effectiveness of communication across providers and addresses barriers for families (e.g., eligibility requirements, wait lists), while at the same time recognizing families’ agency and preferences.”



Care Management for At-Risk Children (CMARC)** is a program offered at no cost to families of children birth to 5 years of age who have long-term medical conditions, special healthcare needs, developmental delays, and/or have been exposed to toxic stress.

Develop a process and tools to begin tracking, analyzing, reporting, and discussing data around results and challenges when CMARC Care Managers refer clients to external programs and resources.

Map currently tracked referral data, tools, and process; define new measures; and determine process and tools to track those measures.

Develop tracking process and tools to track the results of outgoing referrals and implement to collect data.

CMARC successfully gathered referral results data using the newly developed process and tools, identified some insights into where referrals work well or less well, and identified opportunities to work more closely with referral partners that are also participating in the Ready for School, Ready for Life CQI Cohort.

CMARC is now applying its learning to its role in supporting the design of the Get Ready Guilford Initiative county-wide navigation system and continues to identify new opportunities to better serve families through more effective referrals.

* AAM is sponsored by the Coalition on Infant Mortality at the Guilford County Department of Public Health.

** CMARC (formerly known as Care Coordination for Children) is operated locally by the Guilford County Department of Public Health.

DOMAINS OF PROGRAM QUALITY

Trauma-Informed Approach

Research across the fields of behavioral health, medicine, education, child welfare, and social services demonstrates that past traumatic experiences can impact the ways in which individuals receive and respond to services and that trauma-informed approaches show better outcomes for service recipients.

Trauma, broadly defined, describes “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.” Examples of experiences that can lead to trauma include exposure to violence, severe illness, natural disasters, and chronic poverty.

Adverse childhood experiences (ACEs) are a subset of adversarial experiences which, when experienced in childhood, increase the likelihood of negative physical and mental health outcomes later in life. Prolonged or severe exposure to traumatic life events can lead to toxic stress, which can be particularly damaging for young children who are in the peak years of brain development.

Trauma-informed practices, therefore, ensure that service providers are educated about trauma and understand how it can impact service recipients’ present-day behavior, needs, and service participation.

BEST PRACTICES: TRAUMA-INFORMED APPROACH

Secure Strong Organizational Commitment

Active organizational leadership and commitment to trauma-informed care enables successful and sustainable implementation of this approach. It requires an identified point of responsibility within the organization to lead the charge in becoming trauma-informed, as well as leadership and staff commitment to applying the principles of a trauma-informed approach to all areas of functioning, including staff hiring, training, and support.

Build Trauma Awareness

When staff at all levels of the organization have a basic understanding of the ways trauma can affect individual, family, and community well-being, they are better able to avoid behaviors or practices that may retraumatize clients and can instead create a safe, trauma-informed service environment. Ensuring trauma awareness requires comprehensive trauma training for all staff who may come in contact with clients directly or indirectly and also includes supportive practices for staff who have experienced trauma and/or who experience secondary traumatic stress as a result of their work.

Conduct Trauma Screenings

Trauma screening and assessment are essential to identifying individuals with histories of trauma and ensuring that they receive appropriate, trauma-informed services and referrals. Trauma screening enables practitioners to understand the individual and family's needs and context and build effective service plans that account for trauma and adversities.

Ensure Physical & Psychological Safety

A successful trauma-informed approach includes attention to physical and emotional safety within the treatment setting as well as an environment that promotes trust and respect between clients and staff. Practitioners can make environmental conditions trauma-informed by attending to factors that include facilities design (such as well-lit spaces) and administrative processes (like emphasizing patience and flexibility).

Monitor Quality

Ongoing tracking, monitoring, and assessment of trauma-informed principles help ensure effective use of evidence-based trauma screening and treatment. Organizations can assess their trauma-informed practices and identify improvements by implementing data collection practices which allow them to identify where implementation has been successful and where changes can be made to enhance quality.

CQI CASE STUDIES

Trauma-Informed Approach



Bringing Out The Best of UNC-Greensboro is an early intervention program that provides family-centered, community-based services targeting children ages birth to five with social and emotional challenges. Its goal is to increase the number of children in Guilford County that are healthy and ready to succeed as they enter school.

GOAL Build the capacity to collect and use data on how participating children have experienced adverse childhood experiences (ACEs) in order to identify ways to improve program quality, such as through staff training, and deliver services customized to the needs of the child.

PLAN Design and implement a process to identify the number of program participants who have reported ACEs, which adversities they have experienced, and how many ACEs they have been exposed to.

DO Develop and test a survey for collecting data on participants' exposure to trauma and train staff to administer the survey.

STUDY Initial data suggested that one in four participants had experienced at least one ACE, with the most common types of trauma being divorce and child care instability.

ACT Data collection is now an ongoing activity as staff are using the ACEs checklist at intake and during case management.

REFLECTION

"Compliance was easily and fully adopted, which speaks to the strength of the development process."



The NC Infant Toddler Program of the Children's Developmental Services Agency (CDSA) provides supports and services for families and their children, birth to three, who have special needs. The goal of services is to enable families and children to be successful at home and in the community.

Ensure all CDSA staff have a consistent base of knowledge and understanding about the impact of trauma on brain development in order to improve interactions with families.

Provide all staff with training on a trauma-informed approach and gain insight into additional training and resource needs.

Develop and deliver training workshops, including pre- and post-program surveys, for 66 program staff.

Post-training surveys showed an increase in knowledge related to trauma-informed practices.

Based on the success of the training in Cycle 1 and feedback from staff, training on a trauma-informed approach will be formally integrated into staff onboarding processes during CQI Cycle 2.

"Staff report they are now thinking about a trauma-informed approach more when working with families and being more mindful in our interactions with them; and that they want more information about how to integrate this information into their daily work."



DOMAINS OF PROGRAM QUALITY

Use of Evidence

Social service organizations use best practice research and evidence in program design, implementation, and evaluation to maximize their ability to achieve positive service outcomes with limited resources, thereby increasing their positive impact on the lives of people in their community. An organization's **use of evidence** includes reviewing the best available research that already exists in their field, incorporating best practices, collecting evidence of their own organization's effectiveness, and contributing their data and research to the knowledge base of "what works" in their field.

BEST PRACTICES: USE OF EVIDENCE

Identify High-Quality Research

High-quality studies analyze control and intervention groups that have no differences prior to the intervention being studied. The study will have valid measurements that are able to measure for desired information and can analyze that gathered data effectively. High-quality studies present a thorough summary of all outcomes of the intervention provided, even undesired outcomes, and track long-term outcomes. Additionally, high-quality studies demonstrate that the intervention produces desired outcomes in multiple sites and detail how to replicate their strategies.

Ensure Alignment with Target Outcomes & Populations

Research about “what works” is most useful to program design, implementation, and evaluation when it yields studies of interventions that are aligned with the organization’s target outcomes and population. Priority studies include those conducted in communities that match the organization’s target demographics and environment and/or seek to address the same target outcomes.

Implement With Fidelity

Existing evidence from the field provides a roadmap for organizations seeking to do similar work but also requires fidelity to these proven models in order to achieve comparable results. Practitioners can maintain fidelity by closely adhering to the details of implementation discussed in the research, following any fidelity guidelines that may have been created by the researchers or model designers, and making use of technical assistance or implementation support when available.

Monitor Implementation & Results

Effective evidence gathering relies on using a measurement system created by practitioners to gather data, collecting baseline information, securely storing data, and having a team tasked with continuous evaluation of data gathered from service provision. This team will sort and/or aggregate that data and analyze the data. Data gathered becomes the evidence used to draw conclusions about what aspects of the interventions work and which could improve. In this way, data becomes the tool through which a practitioner’s implementation of evidence-based practices improves because it monitors a practitioner’s progress toward the goals and performance objectives set at the beginning of their process on-site and on waitlists.

CQI CASE STUDIES

Use of Evidence



Children's Home Society
OF NORTH CAROLINA

Wise Guys* is an adolescent pregnancy and STD prevention program that teaches young males (age 11-17) self-responsibility with an emphasis on sexual development, decision-making, and relationships. The Wise Guys Male Responsibility Curriculum© focuses on two of the most important tasks teens face: (1) preparing themselves for independence and (2) dealing with their sexual and reproductive development, feelings, and behaviors.

GOAL Develop and put in place a process to consistently gather data about how the program is being implemented (via “fidelity logs”) so that the Wise Guys team is better able to:

- Understand how sessions are going and identify what is working/not working.
- Make changes to what is being taught (i.e., curriculum content) and/or how it is being taught (e.g., educator approach, class size, setting or other contextual factors that may affect participant engagement and learning).
- Understand how implementation influences outcomes and continue to build evidence about the effectiveness of the program.

*Wise Guys is a program of the Children's Home Society of North Carolina.

PLAN

Engage staff in designing and putting in place a fidelity monitoring process.

DO

Test the fidelity monitoring process over several sessions, gather feedback, adjust, and then test across all settings.

STUDY

Review and reflect on the initial data and the process to put fidelity monitoring in place with the full team – educators, supervisors, program management, department management, and quality improvement.

ACT

Added a question to the fidelity log related to diversity/inclusion and decided to fully implement across all Guilford County sites & classes, and agreed on next steps for analysis and making use of the data.

REFLECTION

“CQI is often about making changes, and being an effective leader of change requires some pre-planning and detail-oriented thinking—so you can bring the team along and benefit from the group’s ideas.”



PERFORMANCE MEASUREMENT CAPACITY

Framework, Culture, & System

Performance measurement is a series of ongoing processes in which organizations track, analyze, and derive learnings from important program and operational data, which allow them to maximize their desired result. In the social sector, measuring performance allows nonprofits, funders, and other agencies to track progress towards intended outcomes, ensure programs are being implemented as designed, unearth new areas and avenues of improvement, communicate success and progress to funders and partners, and over time gain new insights about what works. Central to effective use of **performance measurement** is the development of a performance measurement **framework**, a **culture** of learning which encourages performance measurement, and a workable **system** for integrating performance measurement into an organization's existing structure. With these three components in place, organizations can implement and adapt their own performance measurement processes to help them track, understand, and improve their impact on the individuals and communities they serve.

BEST PRACTICES: PERFORMANCE MEASUREMENT

Develop a Framework

The first step when beginning the process of measuring performance is to create a framework which articulates the organization's goals and vision of success, what activities and operations it currently performs, and a cycle of measurement, learning, reporting, and improving. Frameworks position measurement within an organization's larger theory of change, identifying key indicators which relate to the organization's mission to be tracked and analyzed and outlining an ongoing process for quality improvement.

Establish a Culture of Learning

A strong culture of learning is equally critical to ensuring the long-term success of any performance measurement system. It is important for an organization's leadership to embrace performance measurement as a tool for greater success and for staff members to be centered in the learning process. The strongest performance measurement systems are typically a core responsibility of an organization's own staff and allow organizations to use measurement not just for compliance, but for ongoing adjustment and growth towards maximum social impact.

Create Tools & Systems

Building a performance measurement system is a multi-step process. Organizations first assess what data they are currently capturing and their processes for doing so. The next step is to understand what additional indicators are required to track the organization's progress towards its desired outcomes and determine the tools that the organization will employ to capture this data. Once these initial stages of the measurement system are in place, organizations can build dashboards to visualize their data and report the findings from their performance measurement systems.

CQI CASE STUDIES

Performance Measurement



GuilfordChildDevelopment
Empowering Children and Families

Head Start/Early Head Start (HS/EHS) program* is a federally funded holistic child development program that promotes healthy prenatal care for pregnant women, enhances the development of very young children (ages 0 to 5), and promotes healthy family effectiveness.

GOAL Train staff in Headstart CQI expectations and principles in order to cultivate a baseline understanding of CQI, develop stronger CQI and data management tools and processes, and comply with performance measurement standards of funders.

PLAN Design CQI training content to ensure all component area leaders have a shared understanding of CQI and identify ways to improve cross-component collaboration on annual improvement goals.

DO Conducted a half-day CQI training that included an overview of the Ready, Ready CQI initiative and how EHS is engaged in this county-wide work, explored the CQI framework, and discussed ways to strengthen the CQI culture within EHS.

STUDY Initial feedback suggested that staff generally understood CQI and are motivated to develop stronger internal practices to shift beyond compliance to developing a CQI culture that is inclusive of staff, families, and other key stakeholders.

ACT EHS staff meetings now include time for regular and substantive analysis and discussion of data and staff feedback to inform program and service improvement.

REFLECTION

CQI training was meaningful for staff and enabled them to work within and across departments to identify strategies to strengthen CQI culture.

The YWCA Teen Parent Mentor Program (TPMP) helps teen mothers succeed in school, postpone subsequent births to beyond adolescence, and deliver and raise healthy, school-ready children.

Establish centralized data management processes that are adaptable to internal and external performance outcome goals and use data to strengthen service delivery and diversify resources to meet the needs of young families.

Collect and organize internal and external reporting tools, performance measurement resources, and other materials that document data requirements and current practices, and design a simple inventory database.

Populate and review the data inventory and data collection processes and share the inventory with staff.

TPMP Director collected feedback on data management practices and identified a need to redesign staff meetings to include regular data review, checking in with the team about data management practices, and using data to inform programming.

The TPMP Director will maintain a comprehensive data inventory, regularly discusses performance and improvement ideas, and is working to strengthen data management processes.

Data collection practices at TPMP had been limited by staff capacity rather than by an understanding of effective practices.

CQI CASE STUDIES

Service Provider Reflections

Care Management for High Risk Pregnancies

"We value the independent perspective and coaching. This was the first time the county Department of Health & Human Services worked with an independent organization to improve internal processes. State partners are interested in what we are learning and how we are improving."

WIC

"Issues we identified during this CQI cycle will help us improve our client's experience and hopefully increase our WIC caseload. "

Adopt-A-Mom

"The CQI process put a spotlight on the need to better attend to referrals, as a program (making internal changes), and as a community – through a systems approach that improves the efficiency and effectiveness of communication across providers and addresses barriers for families (e.g. eligibility requirements, wait lists), while at the same time recognizing families' agency and preferences."

Care Management for At-Risk Children

"The CMARC team was highly engaged in the CQI process and energized to continue to learn and improve its referral process."

Bringing Out The Best

"CQI is flexible and allows for iteration and revision."

NC Infant Toddler Program

"Planning well, knowing what to expect, and having a coach to hold the team accountable was helpful."

YWCA Teen Parent Mentor Program

"Training on data collection is needed in order to strengthen overall performance measurement."

Shifting to a Culture of Inquiry and Learning

Participate in an open dialogue on the question:

How can local organizations providing direct services for the community and those that support them shift the focus of data collection from reporting and compliance to inquiry and learning for ongoing program quality improvement?

Discussion questions for breakout groups:

How do programs/grantees share lessons learned with funders as they implement change?

How can programs feel more supported and encouraged in their CQI work?

Are there any reasons programs aren't doing CQI due to requirements from funders?

CQI RESOURCES

Technical Assistance Activity

<p>Step 1 - Review the short self-assessment of trauma informed practices below. If you are a direct service provider, check off the practices that reflect your current practices.</p>	
<p>Step 2 - In groups, discuss:</p> <ul style="list-style-type: none"> - Direct service providers <ul style="list-style-type: none"> <i>What stood out to you as you responded to the questions?</i> <i>Areas of strength, areas of challenges, any questions that came up for you?</i> <i>Identify 2-3 practices that you agree could be useful to learn more about in order to strengthen your program outcomes. These could be practices that could be useful for the learning series.</i> - Other stakeholders: <ul style="list-style-type: none"> <i>What stood out to you as you reviewed the assessment and best practices?</i> <i>What new learnings about these practices could your work?</i> 	
<p>Step 3- Share back to the full group and create a list of practices that would be useful to learn more about to strengthen program outcomes.</p>	
<h3>Trauma-Informed Approach: Program Self-Assessment</h3> <p>A trauma-informed program understands the actions and behaviors of an individual in the context of what has happened to them and their family. A trauma-informed approach realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system, responds by integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.</p>	
<p>1. To what extent does your program integrate a trauma-informed approach in its work?</p>	
	No integration
	A little integration: There are some places where TIA is integrated into practice, but it's not formally integrated into our resources and policies
	Some integration: Integrated whenever possible, but it's not formally integrated into resources and policies
	A lot of integration: Integrated into many, but not all, resources and policies
	Complete integration: Integrated into all our services, resources, and policies

2. Which of the following steps does your program take to ensure that it uses a trauma-informed approach?

Select all that apply.

	Program provides a safe and predictable environment for all (families, staff, etc.)
	Program ensures ongoing training about the impact of trauma on human development
	Program ensures ongoing training on how to recognize the signs and symptoms of trauma in participants and staff
	Program ensures ongoing training on how to respond to participants and staff who are actively demonstrating negative impacts of trauma
	Program ensures ongoing training to support participants and staff on how to actively resist re-traumatization
	Internal support or expert consultation is routinely available to participants and staff dealing with traumatic events and their subsequent effects
	Ongoing supervision (coaching, reflective supervision) is provided to ensure that staff are able to adequately address trauma-related issues
	Other:
	None of the above.

3. How does your program collect and use data to better understand its performance in implementing a trauma-informed approach?

Select all that apply.

	Program uses a checklist inventory or tool to assess key components of its trauma-informed practice
	Program collects data on the number of families who report trauma
	Program collects data on the number of families who outwardly display signs of traumatic response.
	Program collects data on staff knowledge of a trauma-informed approach.
	Program collects data on staff application/use of a trauma-informed approach.
	Program collects data on impact of trauma-informed approach training
	Other:
	None of the above.

CQI Resource Library

rootcause.org/cqi-resource-library

Ready for School, Ready for Life and Root Cause created a CQI Resource Library to help organizations learn about and practice CQI. The partners will continue to create and share resources that are grounded in the practices and learnings of the CQI Cohort and designed to support social service providers.

The CQI Resource Library includes:

- **Conference Materials**

- Presentations
 - This Handbook (PDF)

- **Resources**

- CQI Framework
 - CQI Process
 - CQI Cycle
 - CQI Principles
 - Reference Library

- **Research Briefs: Program Quality Domains**

- Accessibility
 - Referrals & Partnerships
 - Trauma-Informed Approach
 - Use of Evidence

- **Research Brief: Performance Measurement**

- **CQI in Action: Case Studies from Guilford**

- Adopt-A-Mom
 - Bringing Out The Best
 - Care Management for At-Risk Children
 - Care Management for High Risk Pregnancies
 - Head Start / Early Head Start
 - NC Infant Toddler Program
 - WIC
 - Wise Guys
 - YWCA Teen Parent Mentor Program

COMING SOON

- **CQI Webinar Series**

Notes

Notes

Notes

Notes

Notes

Notes

About Ready for School, Ready for Life

Ready for School, Ready for Life (Ready Ready) is a collaborative effort to build a connected, innovative system of care for Guilford County's youngest children and their families. Its vision is that every child born in Guilford County will enter Kindergarten developmentally on track in five key areas: Physical development, Language and communication, Social-emotional development, Cognitive development and Approaches to play and learning.

Ready for School, Ready for Life is partnering with The Duke Endowment on the Get Ready Guilford Initiative. The first three-year phase is aimed at building a continuum of services for families and children prenatally to age three. Phase II will expand services to children age three to five, while laying the groundwork for serving children along the entire development continuum, prenatally to age eight. It is funded by the Blue Meridian Partners, a pioneering philanthropic model that invests in exceptional, scalable initiatives for children and families trapped in poverty. Get Ready Guilford seeks to improve individual and population-level outcomes for children prenatally to age eight across five key areas: planned and well-timed pregnancies; healthy births; on-track infant and toddler development at 12, 24, and 36 months; school readiness at kindergarten; and success by third grade.

About Root Cause

Root Cause is a purpose-driven consulting group that exists to enable more people and families to achieve lifelong success.

Root Cause partners with foundations, nonprofit organizations, businesses, school districts, and public agencies to develop, implement, and measure strategies that improve people's lives.

Since 2004, the Root Cause team has pioneered evidence-driven approaches to (1) strategy and implementation, (2) measurement, learning and improvement, and (3) collective action so that more people achieve lifelong success. We have helped more than 200 partners improve people's health and well-being, increase education and youth development outcomes, and strengthen the economic security of people and families nationwide. Learn more at rootcause.org.

Many thanks to the CQI Working Group and its subcommittees for using your time and talent to make this conference a reality:

- Susan Schwartz, The Cemala Foundation
- Tara Sandercock, Community Foundation of Greater Greensboro
- Sandra Boren, Cone Health Foundation
- Mindy Oakley, Edward M. Armfield, Sr. Foundation
- Tom Campbell, Family Service of the Piedmont
- Tina Markanda, Foundation for a Healthy High Point
- Rashad Rodas, Guilford Child Development
- Michael Halford, Guilford County Government
- Steve Hayes, Guilford Nonprofit Consortium
- Patti Learman, Parents as Teachers Guilford
- Robin Lindsey & Susan Brady, Partnership for Children of Guilford County
- Aden Hailemariam, United Way of Greater Greensboro
- Barbara Frye, United Way of Greater High Point & High Point Opportunity Center

