

Episode 272—Tracey Feild and Cynthia Weiskittel: Better Decisions for Better Results: Continuous Quality Improvement

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hi from Buffalo! The Albright Knox Art Gallery gets most of the attention here, but another gem that honors the art and vision of Charles E. Burchfield is definitely worth a visit. His work inspired the creation of the Charles E. Burchfield Center at Buffalo State College as well as the Charles E. Burchfield Nature Center in the suburban Buffalo town of West Seneca. At the current Burchfield Penny Arts Center you can view the world's largest collection of his work as well as other notable western New York artists. I'm Peter Sobota. As big league baseball teams and other professional sports organizations use data analytics to measure outcomes and provide nuance to achieve their goals, child welfare organizations are using continuous quality improvement processes to measure the effectiveness of what they do. In this episode our guests, Tracey Feild and Cynthia Weiskittel describe programs they implemented in Cleveland and Colorado that utilized data driven processes to measure the quality and the impact of service delivery. They describe how they're using data to measure how child welfare staff implement policies and make sure that their interventions actually work. Our guests discuss the challenges to utilizing data and the process of fostering buy in to measure and influence service provision. They describe how providers can bring this process to bear in their own organizations. Tracey Feild retired as the director of the Child Welfare Strategy Group at the Annie E. Casey Foundation. Cynthia Weiskittel is director of the Cuyahoga County Department of Children and Family Services in Cleveland, Ohio. Our guests were interviewed in July of 2019 by her own very tall, smugly retired and former co-host of this podcast series, Charles Syms, emeritus clinical associate professor here at the UB School of Social Work.

[00:02:26] So Cindy and Tracey, back in my earlier years I spent a number of years in child welfare, including that of a program director. And this is many years ago and back in those days we were primarily thinking about or concerned about census and not so much about what we were doing. So I'm wondering if you could help people understand what do you mean by continuous quality improvement, and what do you think that that's important to child welfare work?

[00:02:53] Well I could start. This is Tracey. I think that as an agency leader or even a manager very often you know what your policies are, you know what your procedures are but very often you don't know how they get translated at the frontline level. And so the purpose of quality assurance process is let's figure out how staff are actually implementing this policy to make sure they're using it the way we intended.

[00:03:17] This is Cindy. The only thing I would add is that I think continuous quality assurance and child welfare is really a client-centered philosophy. We have limited resources and we need to make sure that the services that we're providing families and children are actually contributing to positive results for those families.

[00:03:34] Excellent. Yes I firmly agree. And what might some of those processes look like? Are there special processes or are there more generic processes?

[00:03:42] We piloted two separate processes as a part of this project that we were helping jurisdictions with. One was Child Step process, which Cindy can just describe, this is Tracey by the way. And another is using a RED team for quality assurance purposes, which I can talk about but why doesn't Cindy begin?

[00:04:00] OK. So when we talk about Child Stat, it really is an example of continuous quality improvement. So the idea of Child Stat is to really improve the overall system performance through regular discussions of data and case reviews. So as Tracey said earlier, we do casework but is the case where moving us to where we're trying to go? So what we found what we found with Child Stat we in Cleveland borrowed our Child Stat practice heavily from what they were doing in New York City and then we made it ours. But much of what they started in New York City is what we brought to Cleveland. And so at its core Child Stat is really, it is a way for two way feedback. So it's frontline supervisors talking to upper leadership and really talking about does practice look like what policy says it looks like. So it starts with the conversation about data. And so we use a lot of aggregate data to really look at our practice and then to try to move our practice using that data and then a case is used as an example is reviewed with the group again to see does the casework look like what we would believe the practice should look like. So for example I'll just give you a couple examples. Some of the things we looked at and measured monthly in Child Stat were timely face to face contacts of workers with children, timely decision making. We also looked at things like vacancy rates and turnover rates among our frontline workers because we were also trying to make sure we were fully staffed and staying in front of that. So that's sort of the practice of Child Stats.

[00:05:33] So for the RED Team work, this is Tracey, in Jefferson County, Colorado, they chose a completely different strategy. They were already using RED teams for decision making for child protective investigations for the purpose of screening them in, referring them to an alternative response or to the investigative track or screening them out entirely. So they decided to build a quality assurance mechanism into that process by once a week looking at a complex report and then sending that particular set of facts to all of their RED teams, they have six RED teams, and have each of the teams reviewed the facts and then determine whether they think the case should be screened in or not or whether it should go to alternative response or investigation if it is screened in. And so by doing that then they could determine whether or not there is consistency among each of the teams doing that review. When there isn't consistency, then one team, the team originally assigned the report actually makes the determination but they are able then to look across the teams and have a manager decide how it should be decided and then that information is shared with each of the teams as to why the manager made that decision. So that then each of the other teams could be aware of what the thinking was of the manager. And by that they are able to then make their practice much more consistent in terms of making those decisions. They're also looking at a number of data elements such as Cindy mentioned like timely face to face contact, how quickly decisions are being made and then of course looking at some of the workforce issues as well like vacancy, time to fill positions etc.

[00:07:14] Both of sound very interesting to me. Well I am curious about one thing Tracey, What is a RED Team?

[00:07:20] It's a team comprised of two supervisors that are obviously just sort of randomly put together in a team and three randomly assigned caseworkers. So basically what they do is create these teams and so they're across units, obviously, and have them review every single investigation report that comes in except of course for those that come in over

the weekend. So they review them the next morning and the purpose then is to have a more of a team decision making for whether or not an investigation should be screened in or not. If one person makes the decision then you have the biases or the tiredness or what have you of that single individual. And so the sense was that in fact you might make better decisions if you have a group making that decision. Also, you know, sort of at the end of the day one person can get tired. So with a team that's more likely to be a real in the moment decision. I think the RED stands for Review, Evaluate and Direct. So basically they review the reports as they come in. They evaluate the facts that are then given and then make a decision or direct the next steps.

[00:08:30] I see. So I'm also curious about how did this process begin? Who decided that maybe we need to develop a CQI process or some kind of quality improvement process? Where did that come from? Did that come from outside of an organization into the organization, suggesting that you might want to begin to do this as a way to enhance and improve your service? Or did that start inside the organization and move to the outside saying this is something we think is important, can you help us with that?

[00:08:58] The foundation had decided to address the issues of quality assurance through these child protective investigation sites. So we, in fact Annie Casey Foundation decided to see if we could find a couple of agencies to work with. Jefferson and Cuyahoga were the agencies. But honestly I think everybody in the field nowadays is worried about continuous quality improvement. A lot of jurisdictions use the Federal Child and Family Service Review protocol to review decisions made for cases later on in the process. To my knowledge not a lot of agencies are using them at this front door side of the system. And so this process was specifically directed at that point in the caseload.

[00:09:40] Thank you. I'm curious about the challenges involved in this kind of work. What challenges did this were aimed to solve for Cuyahoga County? Was there something in particular or was it really about changing the culture and moving forward?

[00:09:54] This is Cindy. Cuyahoga County has long used data but it was really used by our data folks. So one of the first things continuous quality practice really looks at is teaching your staff to use data to make decisions. So historically in child welfare the way people decided things were these anecdotal stories. We have all these kids having this so this must be what's going on. So the first thing that really in Child Stat but even adjusting continuous quality insurance is we had to teach people how to talk about data and how not to be afraid of data. And many social workers will say "well I didn't go to school for math because I'm not good at math." Well data really isn't about doing the math it's about being able to look at data and to draw conclusions from data. So we really had to spend a lot of time with our managers that one piece of data is just one piece of data and that it really is the totality of the data that starts to tell the story of the agency and then once you know what the data says really then and only then can you start to change the trajectory of the agency. So if you're constantly making decisions not knowing what your data says you may be making the wrong decisions because you don't know which way you're trying to go because you don't know what your data is saying. So for us it's been a long journey but the journey with the Casey Grant was really about managers being able to look at data and being able to understand it and to talk about it. And so in Child Stat every month it is the middle managers who have to present the data on their staff and what I can tell you early on it was the most painful experience in the world. People would stumble and we would practice. And I'm thrilled to tell you that there are meetings I go in and my staff will say "Cindy what does the data tell us" when we're trying to make decisions and to me that's a

step forward. That's a system trying to rely on quality and quantity and information available to us, rich data that we have to make good decisions.

[00:11:47] I think that's a huge step forward from my days in working in child welfare and I've been at the university for a number of years so it's really heartening to hear that. We're trying to press that on our students about the importance of data and how to use data. And sometimes I worry that when they leave that kind of experience the information gets lost and they move into a different realm or different way of thinking and they don't use that educational learning experience that they got, particularly in graduate school, less certain about undergraduate but my head tells me that there's probably some discussions going on in undergraduate programs that require individuals to understand what data is and how to use it. I'm wondering about the same question in Jefferson County. What challenges this were aimed to solve in that particular county? Was it the same or was it different?

[00:12:34] It was a lot of the same issues. It's trying to get managers and staff at the supervisory and staff level to figure out what is it that we can do to understand what's going on better. And so data was a key to that. And they did a lot of really interesting analysis like looking at who is coming back into care or who is assigned to differential response that ends up coming in as an open case. And so they discovered things like families that were referred to the alternative response track where actually if they had substance abuse issues they ended up coming back at a much higher rate than other families. So they came into the investigative track and especially if there was cocaine or meth involved or heroin they were coming back at 70 percent of the cases. So once you understand that, then what they've done is change their practice a bit to make sure that those cases go through a separate sort of extra protocol an extra service delivery possibilities so that they get more attention to try and reduce some of that. They did the same thing with drug use combined with domestic violence. They were coming back twice as often. So if you start looking at your data poor outcomes in relation to what you provided along the way then you are able to make some associations that help you better figure out how to serve the families that come into your system.

[00:13:55] I see. Were there any situations or did the data point that anything that the supervisors or that the child welfare folks said "yeesh, you know we didn't know that before"?

[00:14:05] Well I think a lot of it. A lot of the assumptions made are you sort of generally feel that may be the case but once you start realizing the magnitude of the problem once you get data it leads you to a different delivery response. And I think having the data in front of them then is what convinced them we need to do something different for these families. It may be something more, it may be something less, but we need to do something different because what we have now is obviously not working if they're coming back at such an alarming rate.

[00:14:35] Exactly. Yes. Cindy, what about the same thing in Cuyahoga? What kind of results did your team begin to see or that the agency teams begin to see and start saying "oh we need to do something differently here"?

[00:14:46] So one of the things we measured with Child Stat was the size of caseload as well as the percentage of staff who had overdue work. And so in child welfare often people feel like there's never enough time to do the cases they're assigned and case loads should be lower. It's a constant theme you hear and what we were able to demonstrate with data is look at the number of staff who are getting the same number of cases but able to

process their work timely with no different outcomes meaning they weren't more likely to come back in or the family wasn't being served well and it forced people to realize that manageable caseloads are like everything else. It's a bit of a moving target but to make a sweeping statement "Oh it's just not doable," it's like, well then how come 50 percent of your staff are doing it and are getting it done successfully, and I think what it did is help push people to think "Okay, you're right." And what I would often say to staff is why don't we talk to the staff who are getting it done figure out what they're doing to be successful and then duplicate that among the staff who are feeling like they can't get it done. So it's just one example of where we were able to use data to say well some people get it done and look at the percentage and they're not saying it's undoable. And so I think again it's an important example of how the data can help you with that conversation. Now on the other hand we went through a period when we were working on this project where we had a very high profile fatality of a child. And what happens often in those cases is your case loads will go up. And so it was also an opportunity during that time to look at the data and keep our eye on how many referrals were staff getting and was it still doable and when it became more than they could handle then it gave us the opportunity to put another intervention in place so it was also a way where data was supporting what they were saying. The data was supporting that the caseload had risen and that they were too high and that we needed to work to bring those down, so the data in that respect worked both ways.

[00:16:44] So that would be helpful when you talk about going back to funders or payers or state legislatures or counties or whomever in an effort to, for lack of a better term, build your case for more resources or a different way of allocating those resources. Tracey, I'm wondering when do you think agencies should consider building in continuous? You've made a really solid case for what they do and what they can be helpful or important for organizations, but when do you think a new quality improvement program or process ought to be built in to the agency or can agencies adjust existing processes if they have them or do they start from scratch? I'm wondering about your thoughts from both of you on that.

[00:17:27] Well I think that it's something that creating a new process always sounds like "Oh my God we're stretched as it is. Can we really add one more thing to our workload?" So it's something that everyone puts off assuming that maybe some year down the line I'll have the resources I need so that I can install a continuous quality improvement process. The problem is we all know that budgets go up and down and caseload to go up and down. So if you wait for that exact right moment you might never get there. And I think that what staff and what leadership needs to know is that developing a quality assurance process can actually save you time and staff resources in the long run. And I'll give you an example from Jefferson County. Before they started this RED Team decision making process and quality assurance process they were screening in 51 percent of their referrals, and then when they started the RED Team everyone was freaked out that this is just going to cause more work and how are we ever going to do it. Well in 2018 they screen in 37 percent of their referrals so they feel like they're making better decisions but on a smaller group of families. And I don't think the conclusion is that some families are left unsafe, but I think that what is happening is that rather than doing sort of the "When In Doubt Scream Them In" is that they're really thinking through what these families look like and whether or not child welfare intervention is the right intervention for a particular set of facts or whether or not referral to other community agencies might be more relevant. And I think that's what happens is it may be initially a little bit more work to figure it out but the long term benefits to the staff, the agency and to children and families I think will pay off.

[00:19:14] Okay. Cindy the same question for you.

[00:19:16] I think Tracey did a great job. I think for me, most systems have some kind of process in place where they're reviewing cases. So I think you start from where you are if you're not a system that collects a lot of longitudinal data you want to start doing that because the trends will start to show themselves as you collect the data over time. I think there's the ability, first of all as Tracey gave a great example, it doesn't always mean it ends in more work. It might be more focused at intervention and more families in that respect. And so in the long run as she said in Jefferson they're serving less families versus more families. I think if you're going to develop a quality intervention what you want to think about is is there the opportunity to have input from all levels of staff. As someone who's sitting in a director's job, it's been a long time since I was the person out in the field making decisions for families and certainly I remember that experience. But sitting and talking to staff and listening to what they say about how practice looks now can really impact how you think about building a continuous quality assurance program. And if people have buy in they're more likely to support the activities that are being asked of them.

[00:20:29] And if I could add one more thing, Charles?

[00:20:31] Sure.

[00:20:32] A lot of the quality assurance processes that are currently underway are really related to kids in care and are the kids in foster care getting what they need. I think the advantage to adding one at the front end around the investigations process is that in so many agencies the investigation staff is completely separate from the ongoing staff and very often they're not aware of what the impact is of their decisions on the long term or permanency outcomes of the kids who enter into an ongoing case. So this is a one way to get that information back to the front end. If you're just taking in cases because you're not sure and these kids end up coming into care and going home within two months, well maybe we didn't really need to take them into care in the first place. And so it gives you the ability to say what are we really hoping to accomplish here, and can we think about the long term benefits to the family as opposed to worrying about our immediate concerns that might be addressed in a different way.

[00:21:32] That's an excellent point. I'm thinking about my own professional career. I started out in Child Protective Services and my daughter is in child protective services now and I look at the difference between what CPS looked like when I was doing it a lot of years ago, almost 40 years as compared to what my daughter experiences today and the change that has occurred and how the work gets done. I do have another question that kind of popped into my head in thinking about it and this is for either one of you or both if you both have thoughts on this. Should an organization look to the outside to help them create a CQI, Continuous Quality Improvement process? Or can agencies themselves think about, "We can do this ourselves. We don't necessarily need someone from the outside," and if so how might they do that?

[00:22:17] This is Tracey speaking. I think that an agency could do it themselves. They've obviously got to have someone with the time to figure out what's the best process. And it's always nice to have help. I think outside help can really move the system more quickly but it's certainly possible to do it without outside help.

[00:22:35] This is Cindy. What I would say is I would encourage when possible to include your providers, your stakeholders in the conversation for a couple reasons. First of all they see these families through a different lens than we do because they're the ones providing

services or these are the families from their community, but also the quality assurance could result in us asking something different of our providers. And so if they have the opportunity to be a part of the conversation, again I think you get more buy in and potentially more ability to move the system in the way you want to move it.

[00:23:07] I absolutely agree with that. I was just speaking actually to needing consulting help to help you install it. But absolutely you have to put your stake under stakeholders.

[00:23:15] That all makes sense. I mean agencies now collect a lot of information and being able to sort through and sift through and think about how you utilize information by some outside assistance might be really helpful in helping agencies focus themselves so they're not looking at the wrong kind of data. Are there any particular resources out there that could help organizations who are now after hearing this thinking "well maybe we should start moving in that direction." Is there something out there that might be helpful in beginning that thought process or beginning the actual development and implementation processes that you all might know about?

[00:23:48] Well the Annie Casey Foundation as a result of this initiative did publish a publication called Better Decisions for Better Results that really talks about what the experience has been of these two jurisdictions and it's available online, you can just Google it. Better Decisions for Better Results. Annie Casey and you can get that. Otherwise I'd encourage you to call Cindy or to call Jefferson County. They've got people who know the ins and outs and the implementation problems and probably help. Course, I'm offering you help Cindy, but there you go.

[00:24:17] What I will say, this is Cindy, is that I firmly believe in our line of work. It is really everybody helps somebody because they think the other thing you learn from a site like mine or Jefferson you also learn things that may not have gone well. I think when you teach somebody something new it's always good to tell them these are some of the things we tried that didn't work well. It may work well for them but it's always good to let people know what lessons you learned from a process that you might do differently going forward. But sure, I mean we see ourselves as a site that tries to be helpful because we're often looking for help. So we think if we help others they'll help us. So it's perfectly okay.

[00:24:52] That's a good way of looking at things. We've had a fascinating conversation here. This whole idea of using data to help agencies, particularly public agencies think about their work and think about changes in their work. And I'm particularly fascinated about child welfare because like I said that's where I got my start. And I know some of the concerns that child welfare and child welfare workers face today. I'm wondering as we wrap up this discussion, is there anything else you would like to add or any thoughts that you would like to add as we move to a close?

[00:25:20] I would just add that child welfare and data had a very strained relationship for a very long time. We pay attention to the requirements of AFCARS and get that data in the system. But I still run into systems across the country that don't have a very good analytic capacity to deal with the data and that is such a weakness of our field that it's something that we have to just pay more attention to. The ability to develop a longitudinal database so that you can learn not just what happened on September 30th of every year, which is what ASCARS requires, but that you can in fact find out what the experience is of Children and Families in the system. So I think until every system has got like an analytic unit, I think we are doing a lot of work in the dark and I praise Cuyahoga for that because they

have been at the forefront of trying to get the data together and to in fact use it to change practice. But I think everybody needs to get there.

[00:26:18] This is Cindy. I totally agree with Tracey. I think for me we all have a budget. We never have enough money and by looking at what data is telling us hopefully we're improving the quality of the services we're providing to these vulnerable families. And so for me that's the reason you do this, is that our job is to do the best we can to ensure the safety and permanency and well-being of children. And if data can help you get there then why wouldn't you do that? It kind of is that simple for me sometimes.

[00:26:46] And I think ending on that note is the appropriate place. I want to thank you for your time and opportunity to talk to you about this topic.

[00:26:53] Thank you Charles.

[00:26:54] Thank you.

[00:26:56] You've been listening to Tracey Feild and Cynthia Weiskittel discuss continuous quality improvement on inSocialWork.

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