



Department of  
**Children's Services**



# Performance and Quality Improvement Program Manual

Tennessee Department of Children's Services | Office of Continuous Quality Improvement | January 2024



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# Philosophy of the Performance and Continuous Quality Improvement Program

## ***Introduction***

The Department of Children's Services (DCS) promotes excellence in child welfare practice through commitment to a Performance and Quality Improvement (PQI) program. This program engages all levels of agency employees and stakeholders in identifying and targeting opportunities to improve services, processes, and outcomes for at risk children and families in Tennessee.

The foundation of PQI is the belief that people truly care about the work they do and strive to learn from experiences. DCS seeks to empower staff to create, innovate, and improve outcomes for children and families through teamwork in the PQI program.

The purpose and intent of the PQI Program is to target improvements to key operations and outcomes by utilizing the strategic plan and measurable data sources as a guide to:

- Improve the quality of casework;
- Improve outcomes for children and families;
- Increase local problem solving, based on the principle that all staff are equipped to effect positive, ongoing and lasting organizational change;
- Improve processes towards efficiency;
- Track and monitor trends through more effective use of practice data and utilize identified trends to drive improvement initiatives and long-term planning in the region;
- Track and monitor client, community, and provider agency outcomes and partner with them to develop improvements;
- Improve employee morale and satisfaction within their work environment by providing staff with a voice and ability to impact organizational improvement.
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## ***PQI and COA***

Council on Accreditation (COA) is made up of an array of standards under which a service organization may be reviewed:

- *Administration & Management* standards describe best practices in how the agency should be run by its leadership.
- *Service Delivery* standards describe best practices in how the agency should interact with its employees and consumers.

- *Service Standards* describe best practices in the specific areas in which the agency conducts business or provides services.

An essential set of Administration & Management standards is *Performance and Quality Improvement (PQI)*.

#### PA-PQI 1: PQI Infrastructure

The PQI system has an infrastructure that gives the agency the capacity to:

- Ensure the integrity of measurement practices, including data collection and analysis;
- Identify agency-wide and region and program-specific areas of strength and areas for improvement; and
- Identify, implement, and monitor improvement strategies.

#### PA-PQI 2: Roles and Responsibilities

Staff at all levels of the agency participate in, conduct, and sustain performance and quality improvement activities.

#### PA-PQI 3: Measures and Indicators

The agency identifies and utilizes measures and indicators for evaluating the following within the agency and with any contract providers.

- The impact of services on individuals and families;
- The quality of service delivery; and
- Management and operational performance.

#### PA-PQI 4: Case Review

The agency maintains case review processes for each of its services that inform performance and quality improvement activities by evaluating

- the impact of service delivery on each program's service population;
- the quality and effectiveness of service delivery practices; and
- the quality of documentation and data entry.

#### PA-PQI 5 Gathering Data and Communicating Information

The agency's data management practices facilitate the collection, analysis, communication, and interpretation of data.

## ***PQI/CQI***

The Department of Children's Services operates the *Performance and Quality Improvement (PQI)* program through its Continuous Quality Improvement program. Dedicated Central Office staff persons are assigned regions to provide support, consultation, and guidance to the agency regarding the assessment of current performance and the planning and implementation of improvement efforts. These individuals are referred to as CQI Consultants.

The work done by the CQI Consultants and through the CQI program is the crucial element necessary for DCS to meet the COA PQI standards.

## Critical Elements

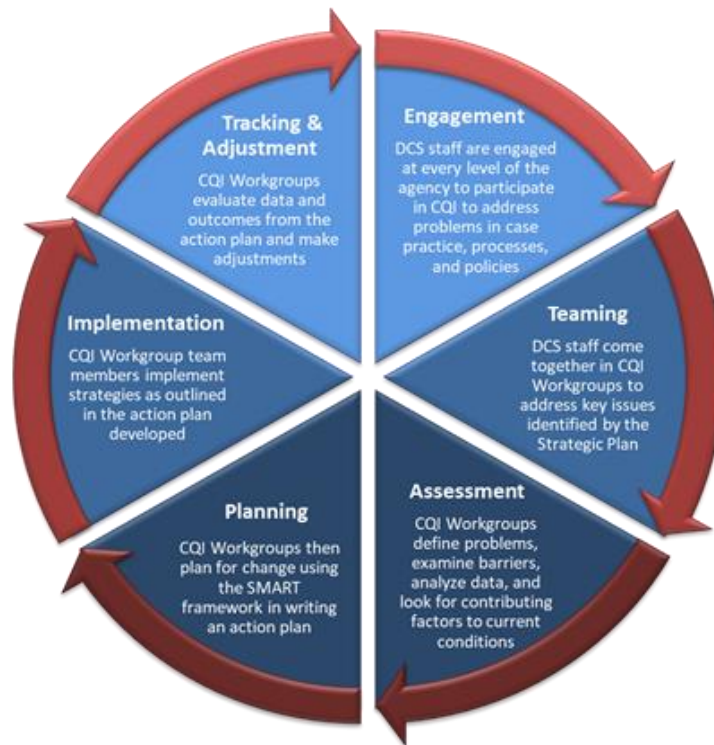
COA Standard	DCS Practice
Staff who are skilled and trained to provide guidance to the PQI process	CQI Consultants assigned to cover each region/facility who receive specialized training
Communication with stakeholders	Monthly QA/QI calls, meeting minutes, community partnerships
Education of stakeholders on the PQI process	Annual CQI training; CQI training for new staff; CQI training with volunteers and community partners
Quarterly review of a certain % of cases for practice according to policy	Case Process Reviews (Peer-to-Peer Review)
Review of cases for best practice implementation through outcomes	Child and Family Service Review (CFSR)
Involvement of key persons in the assessment and improvement process	Open CQI groups to all staff
Develop and implement action plans to address identified areas for improvement	Plan-Do-Study-Act process: Brainstorming in meetings, taking clear notes, assigning responsibilities, taking action, closing the loop
Review data associated with the logic models outputs and outcomes to address barriers in achieving the data goals.	ChildStat, Customer Focused Government Goals, and Data report cards

### ***Strategic Tools***

The Tennessee Department of Children’s Services Office of Continuous Quality Improvement uses quality improvement business strategies and various tools to achieve better outcomes. Using evidence-based practices in quality improvement has proven beneficial in non-profit and government agencies. The Performance and Continuous Quality Improvement program will utilize tools from Six Sigma, Lean, Driver Diagrams, PDSA, and theory of change, and embed them into the Practice Wheel process of Engagement, Teaming, Assessment, Planning, Implementation, and Tracking.

## ***Practice Wheel***

The DCS Practice Wheel is the foundation of the Department's work with families. Principles from the Practice Wheel are applied across the agency as the foundation for the work of DCS.



### ***Engagement***

DCS staff will be engaged at every level of the agency to participate in CQI. At the first level, all staff will participate in local/unit problem-solving in unit staff meetings, where supervisors will go beyond the dissemination of information by involving staff in problem-solving around local issues and unit outcomes. Units can opt to deploy CQI workgroups to problem-solve specific issues at the local level and seek guidance, collaboration, and additional problems from higher levels of the agency as needed.

Regionally, DCS staff can opt to participate in regionally based CQI workgroup teams designed to address specific areas or issues that impact the entire region. These workgroup teams will be guided by a Regional Leadership CQI Team that will oversee the overall activities of the CQI teams across the region.

Blended groups of regional and Central Office staff will also be identified to collaborate on strategic issues that impact the agency statewide. In addition, there will be Central Office based teams to work on and address issues at the highest level of the agency.

### *Teaming*

DCS staff will come together in CQI Workgroups to address key issues identified and as outlined by the agency's Strategic Plan. Staff will be encouraged to problem-solve issues using quality improvement tools available to them. Collaboration among and between teams will be supported through the CQI Consultants.

### *Assessment*

CQI Workgroups will be encouraged to specifically define problems and seek available agency and intra-agency data to clarify measures where improvements are sought. Once the problem and related measures (data) are clearly identified, the team will analyze factors contributing to undesirable conditions and outcomes. Teams can accomplish this through open discussion or use tools such as a Driver Diagram, Cause and Effect Diagrams, and Process Mapping. Research of strategies and evidence-based practices used in other agencies is strongly encouraged.

### *Planning*

Once the CQI Workgroup has fully assessed the problem, finalized the analysis, and considered the various factors contributing to poor outcomes, the team will then plan for change. The team will use the SMART (Specific, Measurable, Achievable, Relevant, Time Sensitive) formula for writing an action plan.

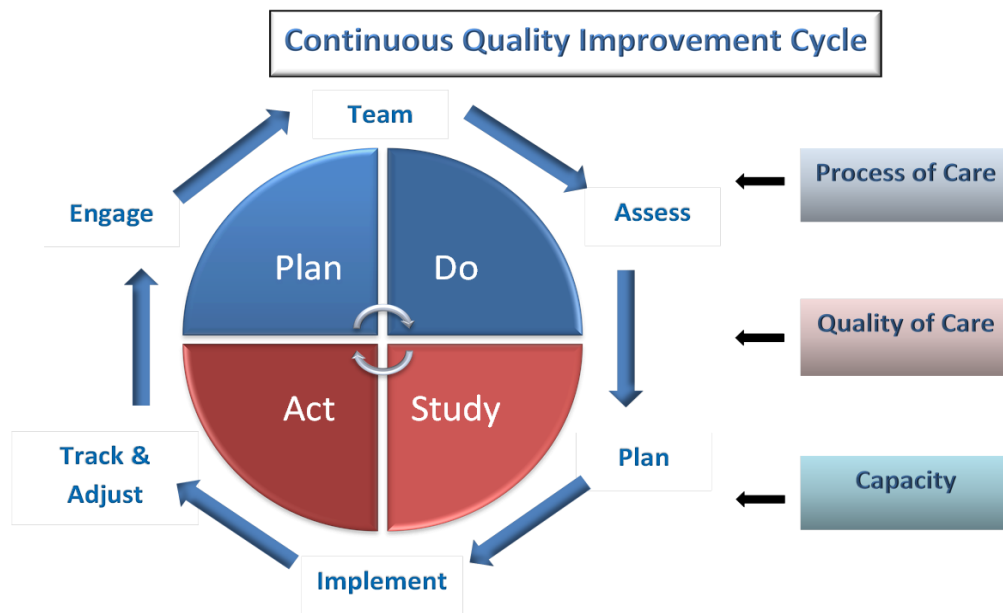
### *Implementation*

CQI Workgroup team members will implement strategies outlined in the developed action plan.

### *Tracking & Adjusting*

Following implementation, CQI Workgroups will consider pre- and post-measures, data, and outcomes and discuss the success and opportunities of the improvement interventions implemented. This is where workgroups focus efforts on examining the work that has been done to see if the intervention worked. The CQI team will then renew the Practice Wheel cycle by:

- Engaging new team members as needed,
- Re-assessing actions taken,
- Planning adjustments to the current steps, and
- Continuing with implementation until desired outcomes are achieved.



### **Quality improvement using Plan-Do-Study-Act**

PDSA provides a straightforward, iterative approach to quality improvement in your practice. The framework is easy to adopt regardless of practice size or resources. As ongoing quality improvement becomes part of TN DCS practice’s culture, we will continue to find opportunities to make existing and “improved” processes better. The focus will be on what are we trying to accomplish? How will we know a change is an improvement? What changes can we make that will result in an improvement?

The focus of Plan-Do-Study-Act of the work will be in three main areas:

#### Process of Care

- Improving the flow of work in processes is an important way to improve the quality of services provided.
- To benefit from improvements in the quality of services, the customer must recognize and appreciate the improvements.

#### Quality of Care

- Although many organizations focus on ways to improve processes, it is also important to address the improvement of quality services/practices.
- Reducing variation improves the predictability of outcomes and helps reduce the frequency of poor results.
- Organizations can reduce errors by redesigning the system to make it less likely for people in the system to make errors.



## Capacity Issues

- Look for ways of eliminating any activity or resource in DCS that does not add value to our customers.

## **LEAN**

LEAN is a philosophy and a set of tools that help us focus on our processes to maximize customer value, minimize roadblocks, and engage our workforce in process improvement. LEAN is actually not an acronym, but a description of a framework for process improvement. LEAN organizations have figured out the simplest and most direct way to deliver services with the most value added to those services. When utilized, LEAN can accomplish the following:

- Dramatically reduce backlogs
- Reduce lead times
- Decrease the complexity of processes
- Improve the quality and consistency of work
- Free up more staff time for "mission critical" work
- Improve staff morale
- Standardize processes for repeatable outcomes

Analysts in the Office of Process Optimization are trained in LEAN principles and facilitation and can assist various levels of the organization in creating action plans to re-align resources in this ever-evolving organization.

## **Stakeholder Involvement**

Stakeholder involvement in the CQI process is a critical component toward achieving targeted agency improvements. The Department is constantly seeking new and innovative ways to enhance collaboration with external stakeholders.

Stakeholders include:

- DCS Employees, Foster Parents and Volunteers;
- Children and Families served by DCS;
- Performance Based Contract Providers;
- Contract Providers;
- Tennessee Commission on Children and Youth;
- Community
  - Courts,
  - Law Enforcement,
  - Child Advocacy Centers,
  - Community Advisory Boards,
  - Mental Health Centers,

- Hospitals, Health Departments, and Medical Community,
- CASA,
- TFACA and Foster Parent Advocate,
- Children's Bureau.

## ***Measures and Outcomes***

DCS intends to create a stronger link between the agency's strategic plan through activities within the PQI Program. The agency's goals, funding, and objectives are, to a degree, driven by Tennessee Code Annotated, and Federal Title IV-E and IV-B requirements. The Performance and Continuous Quality Improvement Program will seek to further these goals by being sensitive to these driving entities. DCS seeks to maintain and refine its accreditation through the Council on Accreditation (COA). DCS will set clear measures toward achieving long-term strategic goals and desired outcomes that will be laid out in the Strategic Plan and Customer-Focused Government goals.

## **Statewide Targets/Use of Data**

Client and program (system-level) key performance indicators and outcomes will be distributed via "scorecards" to each region and Performance Based Contract Providers. In addition, heavy emphasis will be on Child and Family Service Review (CFSR) and Case Process Review (CPR) outcomes annually. All levels of CQI teams will be charged with the responsibility of using data provided by the Data Quality Team and any results from reviews to assist with making improvements through strategic planning and activity. The CFSR Child and Family Service Plan (CFSP) and strategic plan will be integrated into existing CQI activities.

## **Data Quality**

TFACTS is a tool that supports our caseworkers and other staff in their work with children and families. The data in TFACTS must be as accurate and up to date as possible. DCS staff and leadership use TFACTS to support decision-making that has significant consequences for children and families, and it is crucial that they can rely on the accuracy of the data contained in and reported from the system.

Achieving high data quality results in:

1. Accurate, reliable, and trusted data
2. Reduced confusion
3. Improved decision making
4. Accurate management reporting such as Key Performance Indicators (KPI)

TN DCS Office of Continuous Quality Improvement (OCQI) team assists STS and Central Office in data quality. Data quality is achieved by applying consistent procedures and processes; monitoring compliance to

established procedures and processes and taking action to correct data quality issues. It is a continuous activity or set of activities--not a one-time event.

DCS's quality plan consists of three tiers or components:

1. Data Validation
2. Monitoring Data Quality
3. Data Improvements

Some of the activities related to the Data Quality Plan include:

**Agency Monitoring through CQI - Monthly.** The agency has an established workgroup through the Office of Continuous Quality Improvement (OCQI) as a mechanism for monitoring and addressing deficiencies and troubleshooting solutions. Concerns or requests are submitted to the Data Quality Team through an online referral form that is utilized by both CQI Consultants and the Data Quality Team. Agency staff utilize CQI processes to enact needed adjustments to data quality deficiencies and inconsistencies from the monthly and quarterly reporting and case reviews. The CQI process can make recommendations for improvements to other program divisions.

**Report Tracking - Monthly-** Agency program staff evaluate the reports for consistency, accuracy, and note deficiencies or errors to ensure quality.

**Case Reviews - Monthly and Quarterly.** Upon completion of a CPR quarter, Data Quality is responsible for pulling regional and program results from Formstack for distribution to regional leadership and case manager staff. DQ compiles data for each region on quality case documentation, case worker interaction with children and families, and compliance to federal standards. This data is then reviewed in regional meetings with CQI consultants.

**Monitoring and Evaluation of Clean-Up Activities - Monthly** - The monitoring of inconsistencies and deficiencies will begin with existing clean-up reporting to evaluate trends and data indicators that need to be addressed using CQI processes, program improvement and accountability measures. Percentages vary by region with the continued expectation that clean-up activities will reduce in number monthly per indicator, that new issues and reporting concerns will be identified, and that case practice will ensure timely and accurate entry of information by regional program staff.

**ChildStat - Monthly** - ChildStat is an agency-wide initiative focused on moving children to permanency as quickly and safely as possible. This was initiated in October 2019 due to a sharp rise in custodial numbers and data indicating that while admissions increased, the length of time children/youth are staying in custody

increased. Leaders identified specific data indicators for targeted improvement. By focusing on these indicators, regional leadership can develop and implement strategies to improve outcomes and track progress in real time. Key indicators include Exits under 60 days; percentage of children on Trial Home Visits (THV); the number of children in Pre-Adoptive Homes; Termination of Parental Rights (TPR) completions and pending; Entry/Exit Ratio; the number of children in custody 15 months or longer, number of children exiting by subsidized guardianship, adoption and reunification; placement rate; the number of face-to-face visits completed, etc. A tracker was compiled and distributed monthly to help regions track progress over time and identify areas that need additional work. The work of ChildStat is closely linked to performance on the annual Child and Family Service Review and Targeted Case Management.

### ***Logic Models:***

Logic models are tools used in program planning, implementation, and evaluation to help DCS and stakeholders understand the components of a program and how they are expected to work together to achieve the desired outcomes. The logic model also helps DCS to monitor progress and evaluate the effectiveness of the program over time. Key stakeholders developed a logic model for CPS-Non-Custodial, Foster Care and Adoption, and Juvenile Justice Custody and Probation programs. These logic models are listed below. The logic models show the key inputs, activities, outputs, and outcomes that leadership has identified as critical for DCS. The Data Quality team compiles and shares data for each logic model for staff to review monthly. The PQI structure of DCS provides the platform for staff at all levels to become familiar with activities and develop ideas to assist DCS meet the outputs and outcomes identified in the logic models.

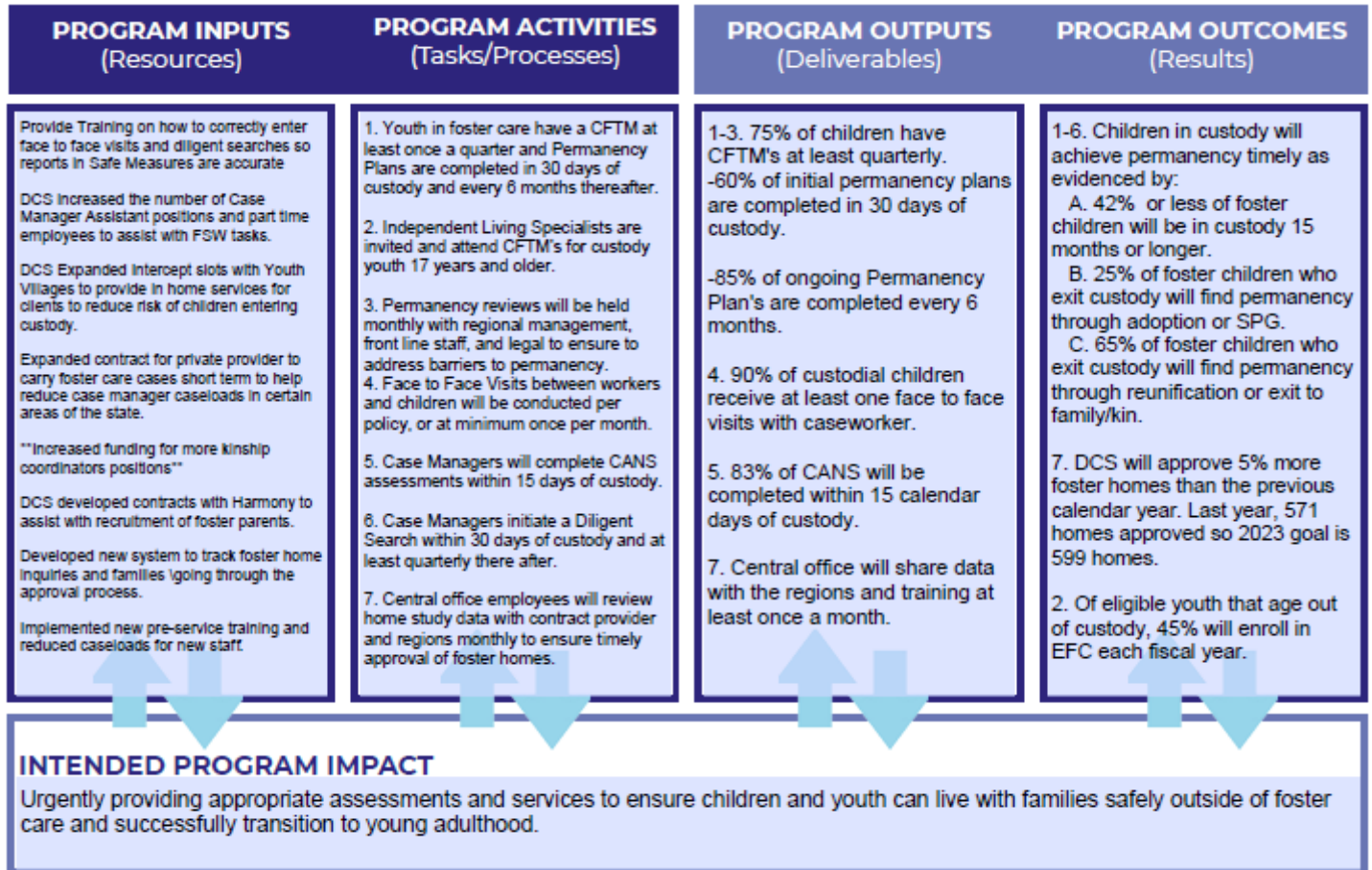
# Child Programs Logic Model

## LOGIC MODEL TEMPLATE

ORGANIZATION NAME: Department of Children's Services

PROGRAM NAME: Child Programs

PROGRAM PURPOSE: To act in the best interest of Tennessee's Children and Youth.



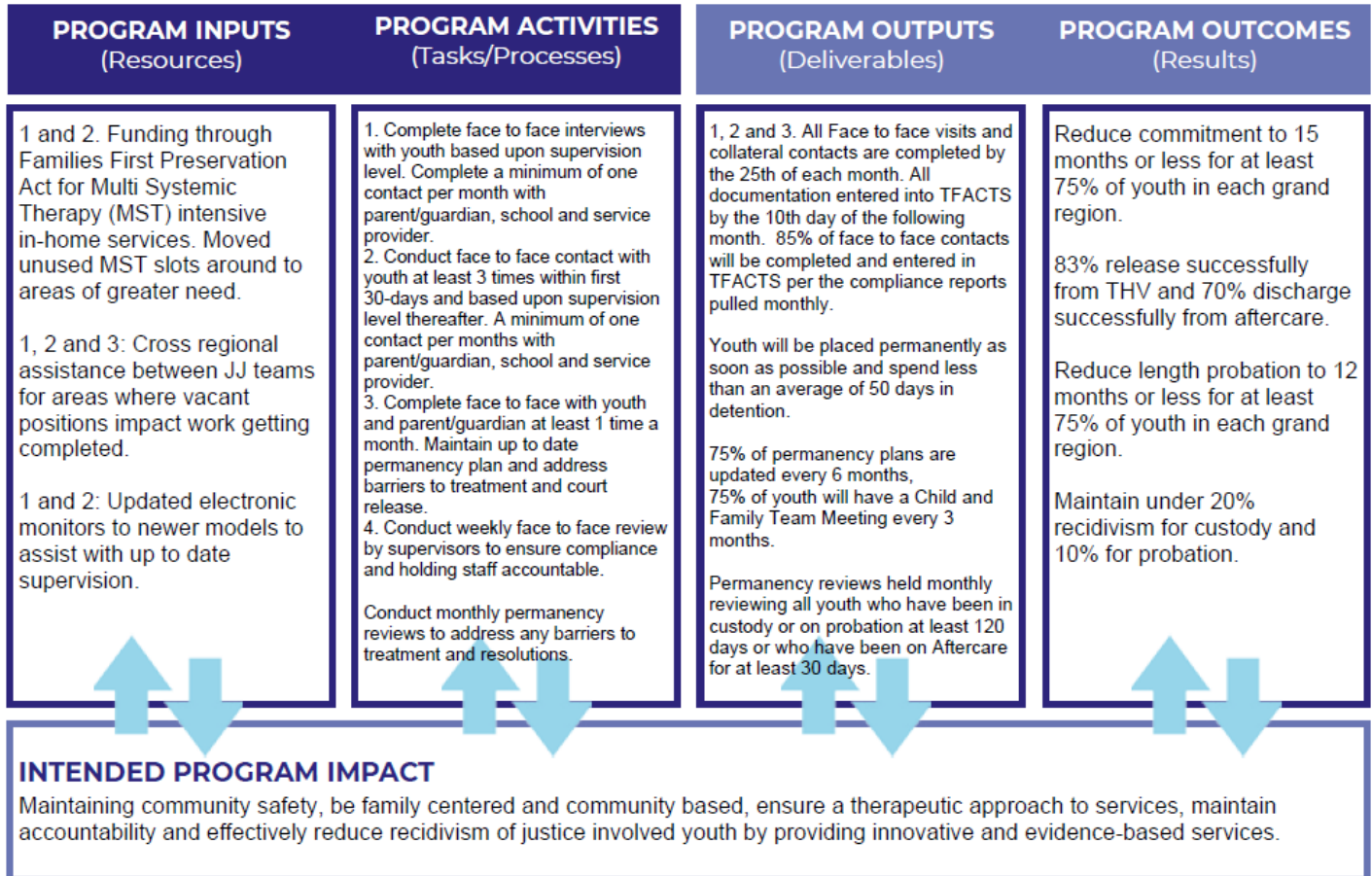
# Office of Juvenile Justice Logic Model

## LOGIC MODEL TEMPLATE

**ORGANIZATION NAME:** Department of Children's Services

**PROGRAM NAME:** Office of Juvenile Justice

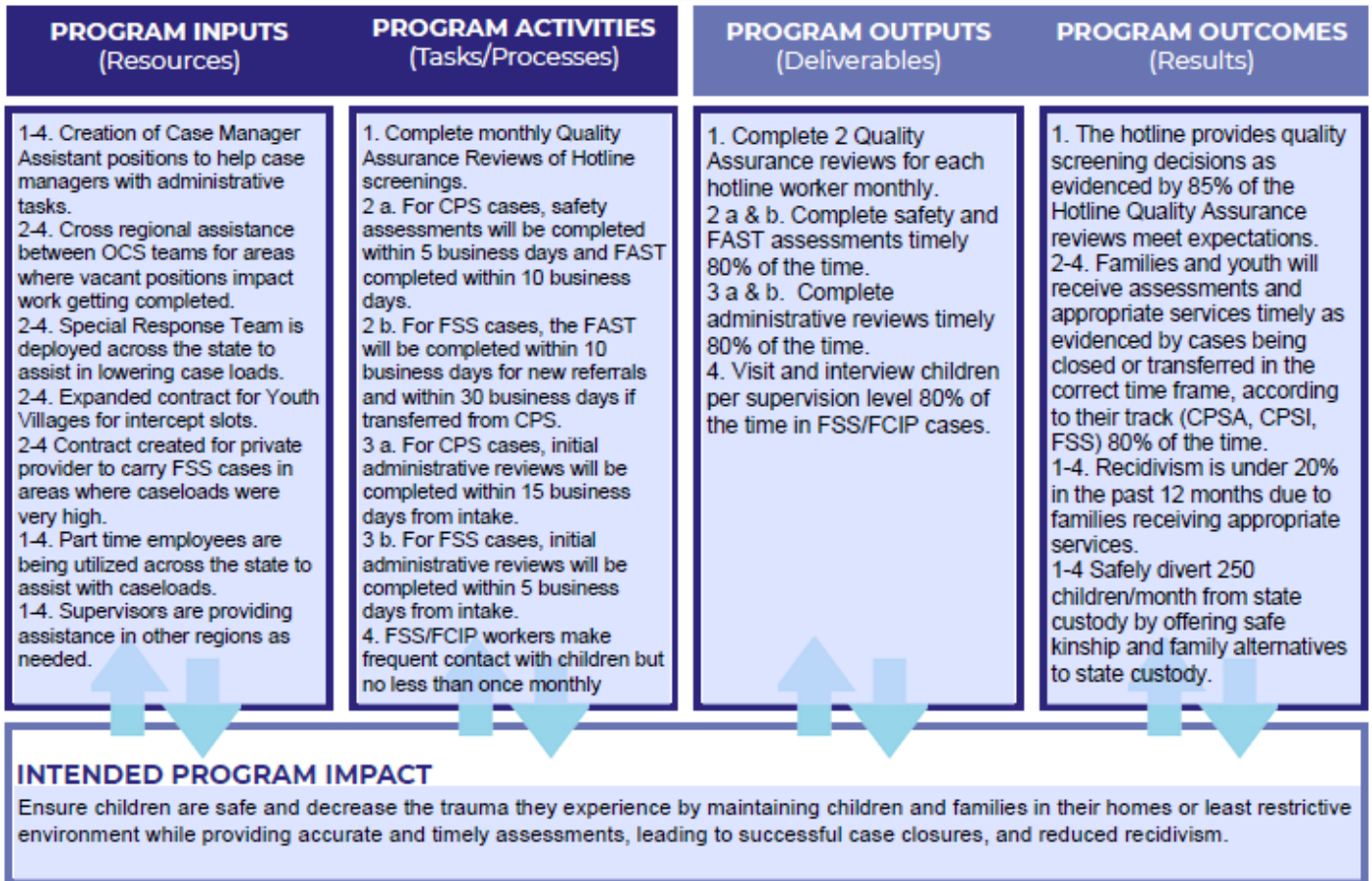
**PROGRAM PURPOSE:** To act in the best interest of Tennessee's Children and Youth.



# Office of Child Safety

## LOGIC MODEL TEMPLATE

ORGANIZATION NAME: Department of Children's Services      PROGRAM NAME: Hotline/CPS/Non custody  
 PROGRAM PURPOSE: To act in the best interest of Tennessee's Children and Youth.



## CQI Practices

### Roles

The CQI Consultant:

- Act as a consultant and liaison to help relay information and data for the area they serve (i.e., Region, or Central Office);
- Attend and provide technical assistance to Leadership Workgroups monthly and sub-workgroups routinely (at least quarterly);
- Provide specialized facilitation of various quality improvement tools;

- Ensure that referred items are received by the appropriate team and addressed timely, and feedback is provided to workgroups timely. This also includes referrals shared through the statewide virtual suggestion box;
- Post minutes and related materials to the Statewide CQI Drive in advance of the next scheduled meeting;
- Maintain a CQI team folder on the Statewide CQI Drive that includes all minutes and related materials.

The **Facilitator** will:

- Develop the meeting agenda and send it to team members in advance of the meeting;
- Keep the agenda manageable and keep the overflow of issues in a “parking lot” where they can be added to the agenda as the process allows;
- Start on time and end on time;
- Facilitate the meeting;
- Ensure that discussion is meaningful and that everyone has the opportunity to have their voice heard and respected;
- Serve as the point of contact for that workgroup;
- Prepare and submit referrals for any issues that need to be sent to another CQI Workgroup.

The **Scribe** will:

- Schedule the date and time of meetings;
- Schedule meeting space and/or virtual platform-as needed;
- Send reminders and/or agenda to all participants about the meeting;
- Document on the Meeting Minutes (CS-0987) form;
- Make certain that all action steps have initiation and completion dates documented and responsible parties assigned;
- Send minutes out to all workgroup members and CQI Consultant within 10 working days from the date of the meeting;
- Arrange for flip charts, projectors, any supplies, etc. needed for meetings.

A **Team Member** is an individual who commits to attend CQI workgroup meetings. Team Members actively participate in discussion and decision-making. Facilitators and Scribes are also considered Team Members.

A **Team Member Liaison** is any Team Member on a CQI Workgroup who sits on a Leadership CQI Workgroup or CQI Workgroup at another level. Liaisons are expected to serve as experts on the CQI efforts of the teams they participate in and are recognized as strong collaborators.

All DCS employees are **Participants** in the CQI process and can interact with CQI Workgroups on an informal basis by discussing issues of concern with Team Members and referring issues for teams to consider for improvement. Participants are not actively involved with a CQI workgroup, but understand that they can access



information and provide information to the CQI process as desired. They are also welcome to join CQI Workgroups at any time.

## **CQI Workgroup Meeting Process**

### Introductions

- Ensure all members are familiar with one another.

### Review of Previous Minutes

- Address any clarification in past minutes,
- Accept minutes as final.

### Review of Current Agenda Items

- Discussion amongst team members of each agenda item,
- Ensure that each item receives adequate time during the meeting,
- Ensure associated data, policy, people, etc. are consulted accordingly for the discussion,
- Take Action:
  - Make final decisions,
  - Identify action steps,
  - Identify responsible person/people for action steps,
  - Determine completion dates for action steps,
  - Make referrals to other levels of CQI.

### Meeting Closure

- Brief overview of action steps from all agenda items,
- Announcement of next meeting date and time.

## **Agenda Development**

As the team develops an agenda or seeks to add a new agenda item, they will consider what data, policies, people, or other key drivers may need to be considered or consulted. The CQI Consultant will be used for assistance by obtaining needed resources, data sources and trends, or collaboration efforts. Other CQI Workgroup's minutes should be reviewed to seek and consider other agency successes for use or adaptation.

## **Minutes**

Meeting minutes for all CQI Workgroups will be kept on the DCS Meeting Minutes (CS-0987) form. Minutes will be maintained on the Statewide CQI Drive, which all staff have access to view. The Statewide CQI Drive will be divided into subfolders according to the CQI program structure as outlined in Figure 1 and Appendices A-M so documentation can be easily located.

## **Follow Up**

Issues can be addressed in the following ways:

1. The first is through referrals or problems that can be addressed by a local team through their team meeting, CQI circle, or workgroup by brainstorming ideas, developing suggestions, or action steps. These

are “quick wins” that the team can take on without assistance from higher levels within the agency. An example of this is a region that identifies that timely EPSD&Ts have fallen below the target goal. This team can identify barriers and develop action steps to improve outcomes in the coming months.

2. Next are issues that require assistance from a higher level within the agency. A referral can be made to obtain assistance once the team works through the issue and demonstrates that the issue cannot be resolved without additional assistance. A referral can be made through several different ways such as completing form CS-0945 and submitting it to the CQI Consultant, through the Virtual Referral Box, or by discussing it with the CQI Consultant. The referral form also includes Data Quality referrals if it is in reference to a data report or tool. An example of this is a team identifying a problem with a policy that impacts daily work. The team has clarified details as to what could be amended in order for the policy to be more effective but needs to partner with the executive level to make the needed changes. The CQI Director and CQI Program Coordinator will assist with this to help reach out to that level for input on the policy to determine if it needs to be revised, rewritten, or if more training is needed. Once a decision is made, this will be relayed back to the referent or referring team to help close the loop and ensure a decision is made.
3. All referrals are closed within 90 days to ensure a timely decision is made.

### **Guest Collaboration**

When CQI teams identify an issue that members of the current CQI team cannot resolve, the team can seek assistance from others by inviting key subject matter experts, other staff from another program area, or stakeholders to the meeting to participate in problem-solving before sending an issue by referral to another CQI team. When inviting guest collaborators to participate in CQI teaming, the team should prepare a detailed explanation of the issue the CQI team is working on and identify what the team hopes to accomplish through the collaboration.

### **Referrals**

When a CQI Workgroup or Circle decides to send a referral to another CQI Workgroup, Circle, or Level, they will follow these steps:

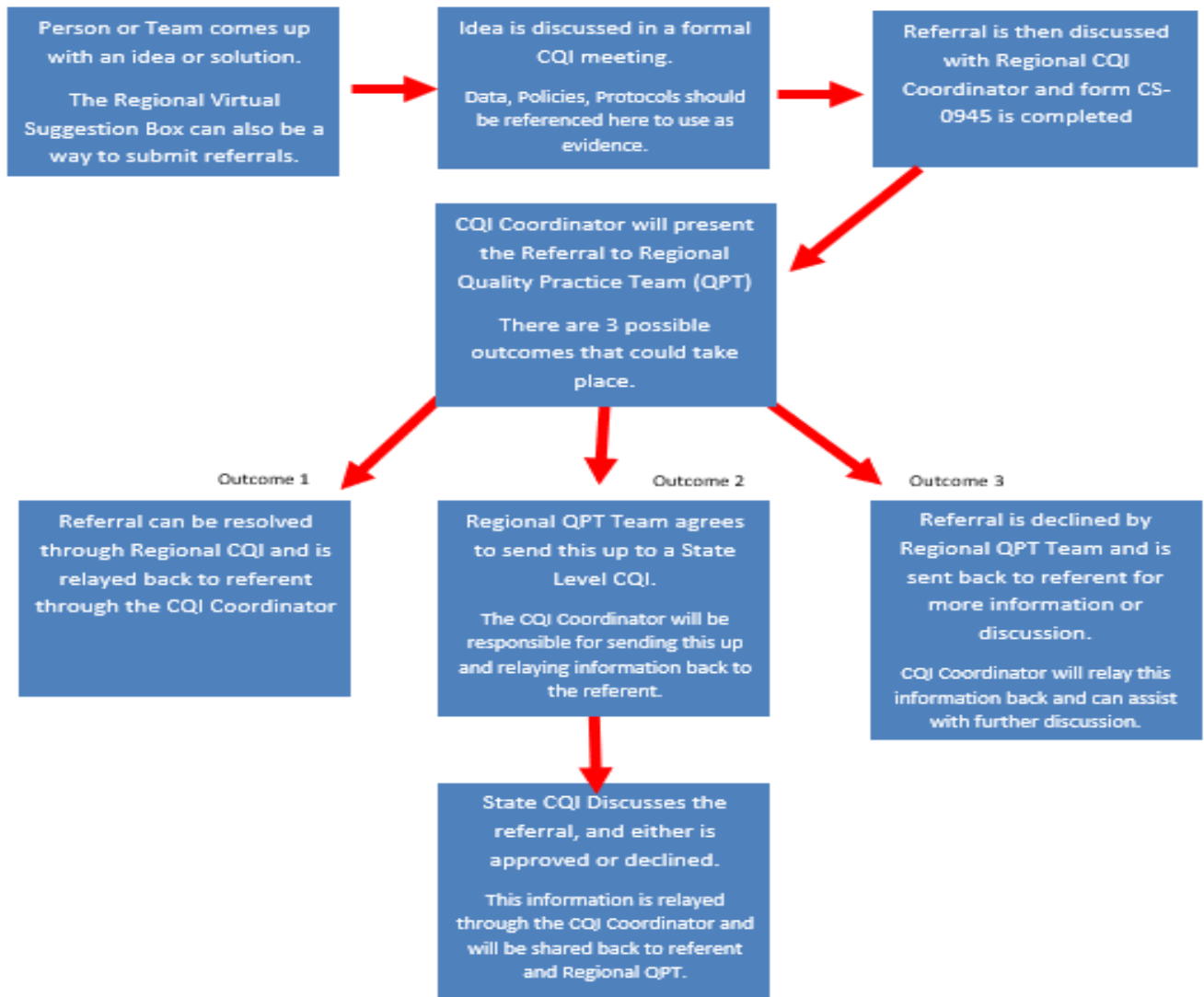
1. Confer with the CQI Consultant on strategies attempted and to receive guidance/assistance with the next steps needed to make a referral;
2. Complete a CQI Referral (CS-0945) that identifies the problem, specific details on the problem, and actions for consideration to determine the desired outcome.
3. All referrals are required to be discussed with Regional Leadership either through the region’s Quality Practice Team (QPT), Leadership Team, or permission from their Regional Director;
4. Referrals may also be submitted through the Virtual Referral Box link which allows for a quick way for staff to submit an idea or solution.
5. The Facilitator will complete and submit the referral. Any related data elements or proposals will be included to help demonstrate the need;

6. The CQI Consultant will send the referral to the CQI Director and CQI Program Coordinator.
7. The referral will be logged on the Regional/Central Office CQI Referral Tracker
8. All referrals will have a decision made within 90 days to allow for a quick turnaround on referrals and not delay the referent knowing a decision. At a minimum, monthly communication with the associated referent will take place to keep them updated on progress will occur.
9. The CQI Consultant will communicate the decision once it is reached and share it back with the referent and/or referring team. This will ensure the loop on that referral is closed and shared with others, so they are aware.
10. If there is a question as to where the CQI referral would be best addressed, the CQI Director will be consulted for the final direction of the referral.

### **Tracking**

The CQI team monitors the tracking and continued work of all referrals monthly. All improvements made in each CQI workgroup will be tracked by the CQI Consultant and ensure each region is made aware of active referrals and outcomes. Referrals are also tracked through minutes to ensure follow ups are discussed in each meeting until resolved. A statewide CQI Referral Tracker is available in the CQI drive that all staff have access to view. This is monitored by the CQI Director and CQI Program Coordinator.

**Figure 1 - PQI Program Framework**



Helpful Links:

[Case Process Reviews](#)

[CQI/Data Quality Referral Form](#)

[Data Sources](#)

[Meeting Minute Storage](#)

[CQI Minutes](#)

[Virtual Referral Box](#)

[State CQI Referral Tracker](#)