Continuous Quality Improvement (CQI) Working Paper
Qualitative Case Review Processes
September, 2013

This document is one of eight working papers focusing on the components of a CQI system:

1. Leadership and Making the Business Case,
2. Managing Data to Support CQI,
3. Qualitative Case Review Processes,
4. Turning Data into Information,
5. Action Planning,
6. Program Evaluation Basics,
7. Building the Capacity of the CQI Workforce and
8. CQI Structure, Teams and Communication.

The purpose of these documents is to define and describe the range of specific strategies within each component to implement a high functioning CQI system in a jurisdiction. While recognizing that the evolution of CQI is iterative and requires time to refine and implement strategies, each working paper is intended to stimulate thinking about a range of strategies, to identify possible barriers to implementation and to identify solutions and recommendations.

Each document includes specific citations and suggestions for additional background publications, information and materials, but all the working papers derive critical background information from three key sources. First, the CQI Framework helped identify the 8 components and key strategies across the working papers.[i] Second, the Administration for Children and Families Information Memorandum on CQI helped inform many of the concepts in these papers.[ii] Third, and perhaps most important, the National Child Welfare Resource Center for Organizational Improvement (NRCOI), in collaboration with the National Resource Center for Child Welfare Data and Technology (NRC-CWDT), convened 75 representatives from 23 states and numerous organizations to attend a National CQI Working Meeting on August 29-30, 2012. Participants reviewed draft working papers and worked intensively to refine their content during and after the working meeting.[iii]

I.   Definition and Background

For the purposes of this working paper, a *qualitative case review (QCR) is an ongoing, comprehensive case review process that usually includes a combination of focused file reviews and related interviews with key case participants.* Reviewers use detailed instruments and protocols to guide their efforts and ratings, all with the goal of identifying the quality and impact

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of child welfare practices and systems on key outcomes such as safety, permanency and well-being.

QCR processes have emerged in the last decade as a key component of child welfare CQI systems. Having "a method for conducting ongoing case reviews" was included as an essential component to CQI in the Children's Bureau Information Memorandum (ACYF-CB-IM-12-07) as Case Record Review Data and Process. States and other jurisdictions use QCRs to examine and understand practice issues and thereby supplement their aggregate performance and outcome data. QCR results help staff and organizations look below and interpret aggregate data, identify how current practice may impact performance and outcomes and implement individual and systemic improvement efforts.

States and other jurisdictions use a variety of QCR approaches, but most have moved beyond traditional case record reviews that tended to focus on compliance issues and processes. Many states use some variation of the Federal Child and Family Service Review (CFSR) instrument and approach. They typically review relatively small samples of cases in local offices by conducting detailed case file reviews and interviews with key case participants (e.g., workers, parents, youth, children, foster parents, key providers, etc.).

A smaller number of states use the Quality Service Review (QSR) process that involves a similar but even more detailed approach of case file reviews and interviews. In addition, some states and jurisdictions have developed different QCR processes, including reviews linked to Child Stat processes, reviews that do not include case-related interviews and other case review approaches.

In all of these approaches, jurisdictions may rely on a combination of CQI staff, other agency staff (e.g., supervisors, workers, etc.) and external stakeholders as case reviewers. CQI staff typically manage the review processes and logistics, produce results and reports and support local offices in using the results to make improvements.

Regardless of the type of QCR used, jurisdictions vary in their expectations and support for how QCR results should be used. Some jurisdictions require local offices to develop local improvement plans that focus on key findings and implement systemic solutions. Some provide detailed review findings and coaching to individual workers who have had cases in the review sample. Some develop aggregate reports with statewide findings and set expectations for addressing key practice and systems issues at the state and local levels.

In other jurisdictions, however, expectations for using the results are unclear and therefore improvement efforts are uneven across local offices, units and individual workers. Also, some jurisdictions do not have sufficient CQI staff to support the consistent development and implementation of systemic improvement efforts at the state and local levels.

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II.   Key Strategies

Identify clear links between the QCR and practice model. Jurisdictions should align their QCR processes to the key practices and outcomes specified in their practice models. Communication about the QCR should specify how the process reviews and reinforces the practice model and therefore promotes improved outcomes. If staff and stakeholders do not see these links, they may experience the QCR process as a disconnected, compliance activity.

Encourage local office ownership and involvement. Jurisdictions should engage local offices in the development, implementation and modification of QCR processes. County/regional/local managers and supervisors should have meaningful input into the development and implementation of QCR approaches to build support and understanding and ensure the QCR approach is responsive to current needs and practices. Local offices also should work closely with the CQI team to plan and conduct local QCRs (e.g. logistics, case sample selection, case file preparation, etc.), develop self-assessment materials and follow-up on key findings.

Include stakeholders. Jurisdictions should involve internal staff (including managers, supervisors and workers) and external stakeholders (including provider staff, Court staff, youth and biological/foster parents, etc.) in their QCR processes. These stakeholders can assist in the development of the processes, serve as QCR reviewers and help develop systemic change efforts based on QCR and other CQI results at the state and local levels. For example, a number of jurisdictions target agency managers from various levels as reviewers because these managers gain a stronger understanding of the QCR process itself and the need for using results to develop systemic change efforts.

Review logistics. The logistics involved in planning and conducting QCRs often prove difficult to manage. CQI systems must allocate sufficient staff and support to plan and implement QCR processes across multiple local sites successfully. Among the key logistical issues that must be addressed in a consistent and timely way (usually in partnership with local office staff) are site selection and scheduling, case sample stratification and selection, reviewer selection and training, scheduling case-related interviews, arranging space and computer access for review teams, orienting local staff to QCR activities and purposes, etc.

Provide QCR training and coaching. Given the complexity of most QCR instruments, jurisdictions must provide training and coaching to reviewers to ensure consistent application of the process. States that use the QSR model usually require potential reviewers to participate in training and QSR shadowing before they are certified as full reviewers. Jurisdictions that use the CFSR provide training in different ways. Some require attendance at full-day training sessions that include mock case practice and mock case-related interview opportunities. Others orient reviewers to the instrument at the outset of a review week and then pair new reviewers with

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experienced reviewers or CQI staff. Regardless of the training approach, CQI staff (usually through site leads as described below) should provide active coaching during each review to ensure consistency across reviewers.

Manage and support on-site review teams. One of the keys to ensuring consistent and accurate QCR results is having knowledgeable and active QCR on-site leads who facilitate the review process and coach individual reviewers. CQI staff who serve as on-site leads must communicate with review team members individually and as a group throughout the review process, trouble-shoot when unanticipated problems arise (e.g., interviews cancel and must be rescheduled, case sample problems, etc.) provide guidance in response to questions from reviewers and local office staff, review completed instruments, request clarifications and/or more detail from reviewers when necessary, and summarize results during exit meetings.

Provide timely and useable QCR results. CQI systems must provide timely and useable QCR results to maintain credibility and assist local offices in developing effective responses to findings. Many jurisdictions provide immediate, preliminary results in the form of on-site exit meetings. These meetings provide local offices with immediate feedback on strong and concerning practices identified during the review. Some CQI teams also begin to facilitate program improvement discussions with local staff and stakeholders as part of these exit meetings.

CQI teams also should produce final QCR results in the form of written reports within 30 days of on-site reviews. Some CQI teams deliver these reports during in-person, follow-up meetings during which CQI staff present the findings to local teams (e.g., managers, staff, stakeholders, etc.) and facilitate discussions about the interpretation of the results and possible systemic improvement strategies that build on strengths and address challenges.

Support improvement efforts. CQI teams should support local and statewide improvement efforts in response to QCR findings. CQI teams can develop local improvement plan templates and processes and train/support local offices as they engage in the development and implementation of systemic, measurable plans. Local offices often need assistance in linking their QCR results with other quantitative data and CQI reports. CQI staff also should provide ideas for systemic improvement efforts based on statewide initiatives and efforts in other local offices to address similar issues. While preliminary discussions may begin during exit or initial results meetings as described above, CQI staff often need to provide ongoing support to local offices as they experiment with different approaches and develop and implement measureable improvement strategies.

Produce aggregate QCR results. CQI systems also should aggregate QCR findings from local offices and produce regular statewide reports. Statewide reports may highlight trends in strong and challenging practices and outcomes, link QCR results and related quantitative data and summarize statewide and local improvement efforts that relate to critical findings. In addition to formal, statewide reports, CQI systems also can produce more specific alerts or tips to highlight practice trends (either strengths or challenges) and examples of innovative or effective improvement strategies local offices should consider.

III.   Implementation Barriers

As jurisdictions develop, implement and adapt their QCR processes, they may need to address a number of different challenges and barriers.

Lack of sufficient CQI staff to support processes adequately. CQI staff has a critical role in the complex logistical, collaborative and adaptive work included in any QCR process and they must balance their responsibilities with other aspects of the overall CQI system. One key is ensuring that CQI staff plan and have adequate time to finalize QCR results and support local offices as they develop improvement strategies based on QCR and other CQI results and reports.

Delays in producing timely QCR reports for local offices. A lack of timely results, based on insufficient CQI staff or too little time between reviews, often negates the sense of urgency local offices may feel to address challenges that emerge during the review. CQI systems must prioritize the completion of reports and engagement with local offices around the development of improvement strategies.

QCR processes often are resource-intensive. CQI systems make intentional decisions to monitor and balance competing resource demands such as QCR reviewer staff time, travel costs for review teams (e.g., transportation, lodging, per diems, etc.), local office staff involvement, CQI staff support for improvement plan development and implementation.

Inconsistent or insufficient QCR reviewer training and support. Jurisdictions that do not provide clear QCR training and coaching for all reviewers run the risk of inconsistent results across reviewers and reviews. In addition to unreliable QCR data that will result, inconsistent reviewers often lead to dissatisfaction with the QCR process among local office and other staff in the jurisdiction.

Inconsistent application of QCR tools. Inconsistent use of QCR instruments by reviewers and/or inconsistent management and support by CQI staff on-site the QCR leads to inter-rater reliability issues.

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Disconnects between QCR results and quantitative data. CQI staff often need to work closely with state and local office staff to make explicit links between quantitative data and trends and the QCR findings that can help the jurisdiction understand the underlying practices and issues.

Small sample sizes. Because QCRs consist of complex processes involving detailed instruments, case file reviews and case-related interviews, jurisdictions may not review enough cases for each local office to make statistically significant findings. CQI systems need to communicate clearly about the goals of the QCR process and how to present and interpret QCR findings for different levels of the organization (e.g., statewide findings may be statistically significant while findings for individual local offices are not).

Unclear expectations and/or support for improvement efforts at the local level.
Improvement efforts may fall short if there are not clear expectations and ongoing support for how local offices should be using QCR and other data results. CQI staff can play a critical role in assisting local offices as they develop and implement systemic, measureable improvement plans.

Distrust of QCR processes by local offices. Distrust may result from poor communication (e.g., tone of compliance) about the goals of the process, lack of local involvement and/or understanding in QCR process, concern about small sample sizes, imposition of unrealistic or burdensome improvement expectations, etc.

Lack of clear and consistent agency leadership support. If a jurisdiction's leadership does not demonstrate consistent commitment to the QCR process, local offices may balk at engaging fully with the CQI staff.

IV.   Background Information and Materials

Administration for Children and Families Information Memorandum 12-07, "Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies":
https://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf

NRCOI CQI Research Project summary on qualitative reviews:
www.nrcoi.org/CQIproj/cqiqualreviews.pdf

NRCOI Checklist for CFSR Style Reviews:
www.nrcoi.org/QINetwork/Resources/CFSRReviewChecklist2010.doc

Counting is Not Enough report from Annie E. Casey:
http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid=%7BBA85EBF7-C516-4AAA-A96E-E14DFA6836C8%7D

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PIP Tips from MN:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revisi
onSelectionMethod=LatestReleased&Redirected=true&dDocName=id_028205

Federal CFSR materials, instruments and resources:
http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews

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[i] Using Continuous Quality Improvement to Improve Child Welfare Practice – A Framework for Implementation, Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, May 2005.
http://muskie.usm.maine.edu/helpkids/rcpdfs/CQIFramework.pdf

[ii] Information Memorandum: Continuous Quality Improvement in Title IV-B and IV-E Programs. ACYF-CB-IM-12-07.
http://www.acf.hhs.gov/programs/cb/resource/im1207

iii This was an intense working meeting that detailed the current needs and successes among child welfare jurisdictions in the core implementation components of CQI. Prior to the meeting participants received and reviewed draft working papers developed by the NRCs on 8 CQI core components. Participants with shared expertise worked in groups during the meeting and focused on refining the working papers on the content and execution of CQI core components. Large group sessions focused on the links between these components and the technical assistance (TA) needs of jurisdictions. As key stakeholders in the process, participants defined their needs, shared their successes and struggles, and thought creatively to further refine a CQI framework to advance the work in child welfare. The NRCOI and NRC-CWDT thank them for these efforts.

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