West Virginia Department of Health & Human Resources

Bureau for Social Services

CONTINUOUS QUALITY IMPROVEMENT PLAN

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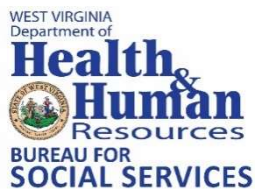April 20, 2023

WEST VIRGINIA
Department of
Health & Human
Resources
BUREAU FOR
SOCIAL SERVICES

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1.0 Introduction

Clearly defined practices, strengths-based supervision, continuous quality improvement (CQI), and quality measurement are key factors in transforming the child welfare and adult services systems towards an increased use of family engagement, best practices in kinship building, and high-quality care that achieves good clinical outcomes, improves quality of life, and helps ensure safety, permanency, and well-being for children, youth, adults, and families.

This CQI Plan describes the goals, objectives, tools, resources, and processes used by the West Virginia Department of Health and Human Resources (DHHR) Bureau of Social Services (BSS) to assess, manage, and improve the quality, and sustainability of natural and formal child welfare and adult services for children, youth, adults, and their families.

West Virginia Department of Health and Human Resources' (DHHR) commitment to continuous quality improvement is evidenced by the addition of the DHHR Office of Quality Assurance for Children's Programs (Office of QA) that is responsible for driving the strategic vision, mission, and scope for quality improvement and data-driven practice for children's programs within DHHR. DHHR leadership and the Office of QA prioritize the alignment of quality improvement efforts across bureaus in tandem with ongoing cross-bureau collaboration to streamline programmatic work to provide a seamless system of care for children and families.

This CQI Plan builds from existing quality assurance and improvement efforts in place and incorporates a focus on child welfare and adult services system improvements. It is expected to evolve and integrate in response to increased data availability, new information, experience, and best practices.

1.1 BSS Mission, Vision, Values and Goals

BSS's mission is to promote the safety, permanency, and well-being of children and vulnerable adults, supporting individuals to succeed and strengthening families. The Bureau's Vision is for all West Virginians to experience safe, stable, healthy lives and thrive in the care of a loving family and community.

The Bureau's values guide its practice, and include:

Professionalism – We value personal and professional responsibility, where competence and respect for the customers, partners, and professionals we work with help us deliver the best possible services for our families and communities.
Integrity – We value a workplace of integrity, where decisions and actions are grounded in competence, courage, compassion, and ethical decision-making.
Excellence – We value excellence in all that we do, with effective, evidence-based services that are high quality, outcome-oriented, and data-driven.
Relationships – We value relationships that are respectful, responsive, and collaborative, that are based on a parallel process where we treat others as we ourselves expect to be treated.
Staff Contributions – We value our staff and the unique contributions they bring to our work, in an atmosphere of inclusion, continuous learning, and shared responsibility for the important work that we do.
We approach all our work with a framework that is:

- Trauma- and healing-informed
- Family-centered
- Evidence-based
- Strengths-based
- Integrated and collaborative

BSS's work can be classified under the following core intervention components:

- *Family Engagement* – a family-centered, strengths-based approach to establishing relationships with families and sustaining the work to be accomplished together with them.
- *Teaming* – working with others to achieve safety, permanency, and well-being through working together with children, youth, vulnerable adults, and families (child/adult and family teams); among staff in the agency (intra-agency teams), and with other service systems and providers (cross-agency teams).
- *Assessment* – a continuous, individualized, strengths-based process for gathering, analyzing, and using information about children, youth, vulnerable adults, and families to determine their strengths, needs, and wishes, and is the foundation for case planning.
- *Service Planning* – a continuous cycle of working together with families to identify goals and develop a written, individualized, agreed upon plan of action between the agency and the family.
- *Intervention/Service Provision* – the delivery of strengths-based, individualized services and supports, both formal and informal, that are agreed upon in the service planning process and offered by the agency, private providers, and the family's natural support system.
- *Tracking/Adjusting/Closure* – ensuring that the case plan is implemented as developed and continuously evaluated for ongoing effectiveness, modifying the plan as needed and closing the case when goals are achieved.

The goals that the Bureau strives to achieve are:

- A system that ensures safety from abuse and neglect with the least amount of intervention possible to maintain safety.
- A family-focused system that addresses family needs and concerns within a family's own home and community whenever possible.
- A network of services and supports that facilitates placement in the least restrictive, most family-like environment possible when safety cannot be maintained in the home.
- A system that facilitates enduring and timely permanency, and demonstrates stability and lifelong connections when reunification is not possible.
- An agency of skilled, responsive, and supported professionals who perform with a shared sense of responsibility for assuring best practices and positive outcomes.
- A CQI practice that enhances organizational effectiveness, and supports innovation in policy, programming, and practice.
- A data-informed approach that is focused on the information collected through enhanced casework and uses data to inform decisions made at all levels of the organization and families.

To this end, the CQI plan aims to provide a process, tools, and resources for BSS to realize its Mission and Vision for West Virginians.

1.2 Purpose

The purpose of the CQI Plan is to take a proactive approach to continually improve child welfare and adult services including organizational effectiveness and collaboration with system partners and with families. Ongoing quality improvement will help ensure all children, youth, adults, and families are provided timely, effective, high quality, and individualized support to maintain safety, permanency, and well-being.

Continuous Quality Improvement (CQI) can be defined as a deliberate, defined process which is focused on activities that are responsive to ever changing organizational needs with an overall goal of improving outcomes for children and families. It is an ongoing effort to achieve measurable improvements in the quality for child welfare and adult services programs including organizational effectiveness, system processes, work culture, and regulatory compliance. Within BSS, the purpose of CQI is to improve the quality and effectiveness of service delivery to the families served. CQI is firmly grounded in the overall mission, vision, and values of the agency.

CQI activities will include two complementary approaches, as follows:

(1) Quality Assurance (QA) helps ensure programs and services comply with minimum regulatory and quality standards. QA activities are typically retrospective and, therefore, are more reactive in approach.
(2) Continuous Quality Improvement is the ongoing evaluation of systems and processes for the purpose of identifying problem areas and opportunities for improvement. This approach is proactive, and data driven. People at all levels across the child welfare and adult services systems (e.g., staff; children, youth, and vulnerable adults; families; providers; etc.) are involved in planning and implementing ongoing proactive improvements. Everyone involved is encouraged to continuously ask, "How are we doing?" and "How can we do it better?"

1.3 Guiding Principles

The following principles will guide the Bureau for Social Services' quality improvement activities:

(1) CQI is prominent in BSS's culture. BSS recognizes system change occurs when people at all levels are working together to improve the outcomes for children, youth, and families.
(2) CQI training, tools, and resources are provided with support from the top to promote involvement of staff at all levels.
(3) BSS uses data to make policy and practice decisions and guide our day-to-day work.
(4) BSS focuses on systems and processes rather than individuals. The emphasis is on identifying system gaps rather than blaming individuals.
(5) BSS seeks input from employees and stakeholders at all levels within the organization, service delivery system, community, and persons with lived experience.
(6) BSS collaborates with stakeholders, including grantees and vendors, to incorporate these guiding principles into their practices as well.
(7) BSS establishes key performance indicators with defined targets or benchmarks and measures progress toward performance goals.

(8) DHHR facilitates cross-bureau, cross-system collaboration to achieve positive outcomes for children, youth, and families.

(9) Transparency and accountability are essential to our stakeholders and to each other.

2.0 Scope of CQI Plan

Quality improvement is integrated into the array of child welfare and adult services. Child welfare services include prevention, home- and community-based services, and group, kinship, and formal foster care in Child Protective Services, Youth Services, Adoption, Home-Finding, Foster Care, and Centralized Intake. Home- and community-based services are prioritized to build and maintain success at home and in the community for children and their families/caretakers and minimize out-of-home placements. Adult services include adult family care, adult residential, homeless services, and substitute decision-maker in Adult Protective Services and Adult Services.

3.0 Goals for the CQI System

The following goals will provide a framework for the ongoing development of BSS's quality improvement framework and processes:

Leadership will provide a framework and expectations for CQI.
   a. There will be directives and policies for examining data as a part of problem solving.
   b. Standing meetings or standing agenda items will be devoted to CQI and data examination.
   c. Data to support decision-making will be expected and regularly utilized.
   d. Bureau strategies will be linked to root causes, and progress will be examined considering root cause hypotheses and adjusted accordingly.
   e. Programs, initiatives, policy directives, and other interventions will be clearly linked to expected outcomes.

The Bureau will have a well-defined and articulated CQI plan.
   a. The CQI plan will set forth the purpose and scope of CQI activities and include an overview of the Bureau's approach to CQI.
   b. The CQI plan will define how data is to be collected, used, shared, and monitored.
   c. The CQI plan will detail the agency's processes for case record review, including sampling requirements.
   d. The CQI plan will establish a defined improvement cycle and agency feedback loop for communicating results.
   e. The CQI plan will outline methods and timeframes for CQI team meetings and reporting results.
   f. The CQI plan will outline the process for the periodic assessment of the CQI plan and the program's utility, including any barriers to and supports for implementation.

Staff of all levels of the system will have opportunities to actively participate and assume meaningful roles in all phases of the CQI process.
   a. Staff will have clearly defined roles in CQI and be actively involved in each phase of the CQI process.

b. Staff recommendations will inform Bureau actions and priorities.

Stakeholder engagement is a high priority and a clearly articulated expectation in the agency's practice model and CQI system.
   a. Child, youth, adult, family, and stakeholder representatives will have the opportunity to actively participate in CQI advisory capacities.
   b. Child, youth, adult, family, and stakeholder representatives will have the opportunity to provide input that informs Bureau actions and priorities.

Communication will be used to support a high-quality, sustainable CQI system.
   a. Multiple communication strategies will be used to disseminate CQI information to a variety of audiences, including staff, children, youth, families, and stakeholders.
   b. Communication from the agency will routinely articulate the Bureau's practices, the direction the Bureau is heading and why, and the connection between practice and outcomes.
   c. Communication about the results of CQI activities will be distributed between CQI teams at the local, regional, and state levels; across and outside of the agency; and with key partners including children, youth, adults, families, and stakeholders.
   d. The agency will create and distribute data analyses, reports, and presentations in usable formats for a variety of audiences including staff, children, youth, adults, families, and stakeholders.

The CQI process will be used to drive systemic change and improve outcomes.
   a. Agency leadership and key stakeholders will use CQI processes to inform strategic planning efforts.
   b. CQI processes will inform Bureau decisions around training, policy, practice, community partnerships, service array, IT, and other essential supportive systems.
   c. Staff at all levels will understand how the CQI process links to daily casework practices and use it to assess and improve practice and outcomes.
   d. The CQI process will be consistently utilized to identify Bureau priorities and areas for improvement.
   e. e. The CQI process will be adjusted over time in response to CQI results and staff and stakeholder feedback.

4.0 BSS CQI Processes

BSS will evaluate child welfare and adult services functioning through planning, monitoring, evaluating, and reporting on established outcomes through a variety of processes to meet its federal and state requirements to improve outcomes for children, youth, adults, and families. The processes utilized include but are not limited to the following activities.

4.1 Child and Family Services Reviews

The Administration for Children and Families (ACF) Children's Bureau evaluates child welfare functioning in each state through mandatory cycles of planning, monitoring, and reporting on child welfare related improvement goals, implementation activities, and measurements to meet federal requirements and improve outcomes for children, youth, and families. The planning and reporting requirements associated with the cycles are directly tied to federal government funding to support child welfare programs in the state. These cycles include the requirement for each state to create a five-year Child and Family Services

Plan (CFSP). The CFSP is a five-year strategic plan that sets forth the vision and the goals to be accomplished to strengthen the state's overall child welfare system. The Annual Progress and Services Report (APSR) provides annual updates on the progress made toward accomplishing the goals and objectives in the CFSP. This satisfies the federal regulations by providing updates on a state's annual progress for the previous fiscal year and planned activities for the upcoming fiscal year. CFSP/APSR are continuous processes. Another part of the cycle is the Child and Family Services Reviews (CFSR). The CFSR examines state performance on seven child welfare related CFSR Outcomes and Systemic Factors. CFSR is designed to ensure conformity with Title IV-B and IV-E requirements and to support states to enhance their capacity to improve outcomes and systems for children and families. Following completion of each CFSR, states are required to develop a Program Improvement Plan (PIP). A PIP requires the development of overarching goals, implementation strategies, and measurement methods. PIPs have a two-year implementation period and a non-overlapping data measurement period. Following completion of the PIP the CFSR round is completed. The systemic factors and child welfare outcomes evaluated are duplicated in the CFSP and the CFSR. ACF also monitors child welfare compliance through periodic NYTD, Title IV-E, CCWIS, AFCARS, and CQI process reviews.

As part of this process, the BSS Division of Planning and Quality Improvement conducts district CFSR-style reviews a minimum of once every two years. These in-depth reviews include an examination of both quantitative and qualitative aspects of casework practice through an analysis of data and in-depth interviews with stakeholders. The results are reported to the district for use in development of district level quality improvement plans. The plans that are developed will have measurable objectives that are tracked over time for progress.

4.2 Midpoint CFSR Reviews
In alternate years of the CFSR-style review process, the Division of Planning and Quality Improvement will conduct a desk review of the district's CFSR item data and develop and distribute a report on progress towards meeting its outcomes. By conducting these reviews, each district will receive a yearly report of its progress towards achieving the Federal requirements.   Mid-cycle reviews are expected to be implemented in 2023, after the end of BSS's current CFSR data collection process.

4.3 Systemic Critical Incident Reviews
The systemic critical incident review process focuses on fatalities or near fatalities of children known to the child welfare system through Child Protective Services or Youth Services within the last 12 months. The critical incident review process examines practice, policy, and training to make needed program improvements. The critical incident review process utilizes the Safe Systems Improvement Tool (SSIT) by the Praed Foundation, which incorporates principles of safety science in the examination of critical incidents. The systemic review identifies areas, that if improved upon, may have prevented the death or severe injury of a child from abuse and/or neglect. Systemic critical incident reviews were implemented in 2022.

4.4 Child Stat Process
Child Stat is a quality improvement initiative that uses a combination of aggregate data analysis and casework practice to drive positive outcomes for children and families. Child Stat draws on qualitative and quantitative information related to identified target areas for a review attended by executive leaders and field practice managers and supervisors. In these reviews the district's performance is compared to

agency-wide measures, and the information is used to determine steps to improve practice. Child Stat is expected to be implemented in 2023.

4.5 Mountain Force

Mountain Force meetings will bring together Leadership, Managers, and Supervisors to conduct in-depth analysis and discussion of root causes for identified targeted areas for improvement. Data will be developed and distributed then groups will review and analyze the data to determine potential causes of issues and strategies to address those issues. Mountain Force is expected to be implemented in 2024.

4.6 Fidelity Reviews

Fidelity reviews will examine casework practice to determine which parts of a policy, program, or initiative were implemented as intended and which parts have been adapted and why. This will lead to determining what needs to change to improve fidelity to the model or what changes need to be made to the innovation or model itself. Fidelity reviews will be implemented in 2024.

5.0 Quality Governance, Leadership, and Infrastructure

The quality infrastructure outlined below provides the framework for carrying out continuous quality improvement activities across DHHR and BSS including programs providing child welfare services and adult services for children, youth, adults, and families.

Each part of the BSS CQI process will include the development of quality improvement plans. Each plan will include goals, strategies to accomplish each goal, and specific activities to be completed under each strategy. Some goals may be included in multiple CQI level plans. The BSS CQI process will ensure the flow of information from and to each level. This will be accomplished through the overlap of committee/level membership.

5.1 DHHR Office of Quality Assurance for Children's Programs

The DHHR Office of Quality Assurance for Children's Programs is responsible for the overall operations of DHHR's CQI processes. They focus on the development and maintenance of the DHHR CQI Plan, including the annual review of the plan. They support the awareness of the CQI Plan across DHHR programs and assist with problem solving as noted Bureau concerns are reported. The DHHR Office of Quality Assurance is responsible for driving the strategic vision, mission, and scope for quality improvement and data-driven practice across DHHR.

5.2 Bureau for Social Services, Office of Quality Initiatives

The Bureau for Social Services, Office of Quality Initiatives will have direct responsibility for CQI activities within the Bureau and will coordinate reporting and activities with the DHHR Office of Quality Assurance for Children's Programs. CQI activities will be overseen by a CQI Coordinator and a Data Coordinator within the Office of Quality Initiatives.

5.3 Division of Planning and Quality Improvement

The Division of Planning and Quality Improvement will be responsible for conducting, monitoring, and reporting on quality assurance activities for BSS.

5.4 Quality Committees

BSS Quality Committees will be implemented at the unit level, district level, regional level, bureau level, and Department level. Quality Committees may be appointed by the Deputy Commissioner of the Office of Quality Initiatives and Bureau Commissioner or his designees   Quality Committee membership is expected to be cross-functional with involvement of people at multiple levels. Membership may include staff, providers, contracted vendors, other child-serving and adult-serving entities, and children, youth, adults, and families familiar with the subject matter (as appropriate). Additional requirements will be considered when building membership teams based on relevant subject matter expertise.

Quality Committees are expected to meet on a formal, scheduled basis and are responsible to:
- Complete a documented review and analysis of the targeted data and information, both quantitative and qualitative, to evaluate performance.
- Identify strengths and opportunities for improvements based on the data reviewed.
- Identify barriers that cannot be addressed at that committee's level to be sent to the next level of quality committee for consideration.
- Consider barriers identified at the lower-level quality committees to address if they can be resolved at that level and send them on to the next level if they cannot.
- Set measurable goals for improvement that build on strengths.
- Monitor progress toward meeting goals, incorporating problem solving and making course corrections based on new information or lack of progress.
- Make recommendations for improvement to data collection and reporting as needed to facilitate quality improvement efforts.

BSS will have five main types of quality committees with multiple levels of reviews.

The following is a description of each level of the BSS Quality Committees.

Leadership Team

The BSS Leadership Team is the highest level in the BSS quality committee process. They consider any barriers that cannot be resolved at the lower levels and have final decision-making authority on recommended strategies and actions for BSS. The BSS Leadership Team includes the Commissioner, Deputy Commissioners, and BSS General Council.

CQI Oversight Committee

The BSS CQI Oversight Committee will address any barriers to higher levels of staff and customer satisfaction brought forward through the CQI Quality Committees that cannot be addressed at the lower levels. Information toward the resolution of barriers and progress related to strategic plan activities will be reported back through the CQI process. The CQI Oversight Committee will include the Commissioner, Deputy Commissioners, senior managers from each specific division and/or program area, members of the West Virginia Court Improvement Program Oversight Board, participants from other DHHR Bureaus, and additional stakeholders as the members deem appropriate. The CQI Oversight Committee will ensure the state, regional, and district level CQI systems are functioning effectively and consistently and are adhering to the established practices.

Regional Quality Committees

The BSS Regional Quality Committees will address any barriers to performance that are brought forward from the district quality committees. They will identify any issues that can be addressed at that level and address them and move any issues that cannot be addressed to the CQI Oversight Committee. The Deputy Commissioner for Field Operations over the region will serve as the Regional Quality Committee chair. The Committees will be comprised of DPQI staff, representatives from Policy and Professional Development, select regional/district staff, and managers over the districts as well as other stakeholders as the members deem appropriate.

District Quality Committees

The BSS District Quality Committees will address any barriers to performance that are brought forward from the unit quality committees and identify ways to improve processes at the local level and make suggestions for improvements to regional and statewide practices. They will identify any issues that can be addressed at the district level and move any issues that cannot be addressed at the district level to the Regional Quality Committee. The District Manager will serve as the District Quality Committee chair. The committees will be comprised of the district manager, district supervisors, and a minimum of one staff representative from each unit along with a representative from DPQI. The committee members will operate as a team to seek resolutions to any district level issue brought before it. Although the District Quality Committee will not be able to change policy or mandates, it can recommend policy changes.

Unit Quality Meetings

The BSS Unit Quality Meetings will review the unit's data and identify strengths and areas for improvement. The unit teams identify steps they can take to improve their performance and identify barriers to performance that cannot be addressed at their level. Barriers that cannot be resolved at the unit level will be forwarded to the District Quality Committee for review and consideration. The Unit Supervisors will serve as the chairs of their units' quality meetings.

6.0 Feedback, Data Systems, and Monitoring

Data and information to evaluate and monitor services and outcomes are drawn from a variety of sources, including data systems, quality sampling reviews, fidelity reviews, and feedback from staff, children/youth, families, providers, caregivers, community members, and other system partners. The process for defining key performance indicators and the associated reports and dashboards utilized for monitoring are outlined below.

6.1 Key Performance Indicators (KPIs)

Key performance indicators will be identified for each program area in BSS, including systemic factors such as policy and training. An initial potential list of KPIs is outlined in Appendix A. Additional KPIs may be adopted as relevant for BSS's programs and services. At all levels, indicators are anticipated to require revision as more data becomes available. These indicators will be reviewed at least annually to help ensure the metrics are meaningful and capture the information needed to help ensure DHHR is making progress toward the goals.

The proposed conceptual framework for BSS's KPIs has been used to drive quality improvement in the delivery of health services since the 1960s. That framework derives information about the quality of care from three categories: structure, process, and outcomes. Structure describes the context and resources dedicated to care delivery including staff, financing, information technology and equipment. Process denotes the type and quality of interactions and transactions between care providers and those who receive that care. Finally, outcomes refer to the effects of the care on the health status of individuals and populations. The theoretical basis for this model is that having strong structures in place will increase the likelihood of a strong process of care delivery which, in turn, will increase the likelihood for positive outcomes. It should be noted that optimizing structures and processes do not guarantee positive outcomes (since outcomes may be dependent upon factors beyond the control of those providing care), but they strongly increase the likelihood for positive outcomes.

In alignment with this conceptual framework, BSS will identify a variety of measures across the different domains of structure, process, and outcomes for each program area. BSS has identified an initial set of measures based upon both their relevance to DHHR's activities in the child welfare system and their ability to be measured and acted upon. BSS suggests a process that begins with identifying the "status quo" and strives to achieve continuous quality improvement toward a desired goal that can be demonstrated via commonly agreed-upon metrics. At all levels, indicators are anticipated to require revision as more data becomes available. Reports will provide information on data trends over time, national benchmarks (if available), long-term aspirational goals for each performance measure, and actions that have been taken since the previous report to help improve performance.

6.2 Technology/Data Reporting/Dashboards

Each level of CQI is responsible for ensuring data collection and reporting data from various sources designed to measure the efficacy of implemented strategies. These sources will include data from DPQI case reviews, Statewide Data Profile, social services dashboard, data system reports, and additional data relevant to the specific goals and strategies. The information collected is used to inform the necessary next steps to address critical issues. Using the PATH system along with other data sources, BSS will provide

access to and utilize a variety of up-to-date tools and resources to assist in the use of the information needed to make informed decisions.

6.3 Monitoring and Feedback
Feedback will be collected at the unit level, district level, and statewide level through regular ongoing meetings. Activities will be monitored, facilitated, and tracked to help identify when adjustments are needed. CQI trends will be tracked through the CQI process to ensure resolution.

6.4 Technical Assistance
Technical Assistance will be provided to staff at all levels across the bureau to support the professional development in data-based decision-making. This includes methods such as training, transfer of learning, and meeting attendance to assist teams walk through the meaning of the data they have collected or would like to use to improve their practice.

7.0 Systematic Analysis and Action
Consistent and collaborative review and analysis of data with associated action based on findings must take place across multiple levels of the system to continuously improve quality. This section outlines the expectations for a regular cadence of Quality Committee reviews and action based on the data and reports described above.

7.1 Framework and Expectations
BSS Leadership will provide the policies and procedures that will help drive the CQI process while improving the use of data-based decision-making and problem solving. Staff at all levels of the system will have opportunities to actively participate and assume meaningful roles in all phases of the CQI process. They will search for systemic solutions while avoiding blame to address systemic and adaptive challenges.

Children, youth, family, and stakeholder engagement is a high priority and a clearly articulated expectation within the agency practice model and CQI system. They will provide input that will inform future agency actions and priorities.

7.2 Data Examination and Issue Identification
Data collected throughout the casework process will be used to inform the CQI process. Unit, district, and regional quality meetings with established agenda items will be devoted to CQI activities and further examination. Data collected will be analyzed to address critical issues of importance for the agency and to demonstrate how the agency is functioning and improving in key outcomes, practices, and systemic factors over time.

Regular reviews and discussion will be used to set priority areas for improvement across the agency. Case level review findings will be shared with the assigned worker and supervisor for individualized professional development and recognition of the quality of their work. Priority areas that are identified will be directly linked to root cause analysis to ensure that solutions will address the underlying issue.

At each level of the CQI process, the Quality Committee will examine the data to determine what steps can be taken at that level to resolve an identified issue. Issues that cannot be resolved at that level, including systemic issues, will be sent on to the next level of the CQI process for examination, with final decision-making authority for those issues that cannot be resolved at lower levels to be made by the Leadership Team. Decisions made at each level will be distributed both up and down the CQI system.

7.3 Identification of Strengths and Opportunities for Improvement

Each level of CQI will identify their strengths and opportunities for improvement and construct a quality improvement plan based on strategies that are within their control to address. Each plan must contain specific strategies and timeframes for completing the items identified on the plan. Information will be shared across the CQI system, and the quality improvement plan will be forwarded to the Division of Planning and Quality Improvement for monitoring and reporting on the plan. In this manner all participants are included in the monitoring of progress toward the achievement of shared goals.

7.4 Driving System Change

A key purpose of CQI is to identify areas needing improvement and make recommendations for action to achieve those improvements. Using the circular approach, CQI will be used to address these areas over time to systematically effect broader systemic change.

Based on reports and recommendations, agency leadership, management, staff, courts, and other key stakeholders will use the CQI framework to inform strategic planning efforts. The plans will inform and impact agency decisions around training, policy, practice, community partnerships, service array, IT, and other essential supportive systems.

Staff at all levels will understand how the CQI process links to daily casework practices and use it to assess and improve practice and outcomes as discussed above. Feedback at the staff and stakeholder levels will continually inform how BSS is providing services and how well the organization is functioning within their change process.

8.0 Communication of Results

BSS aims to ensure transparency and accountability through interdepartmental collaboration and enhanced communication with our stakeholders, including children, youth, and families. The Commissioner of the Bureau for Social Services will annually produce a public-facing report detailing the strategic plan for the Bureau. This report will include information and data related to plan development and goal achievement. The report will include information regarding goals, strategy, and activity revisions and the rationale behind them.

9.0 CQI Plan Review

The Deputy Commissioner for the BSS Office of Quality Initiatives is responsible for ensuring the CQI Plan is reviewed annually with updates considered when relevant. Any significant changes will be shared for feedback with the Executive Steering Committee. The plan will continue to evolve in response to increased data availability, new information, experience, and best practices as BSS seeks to impact the success of children, youth, and families across West Virginia.

Appendix A: Examples of Key Performance Indicators (KPIs)

As BSS continues implementing CQI processes, updates will be made to the identified indicators. The indicators can be expected to change and evolve for a variety of reasons including, but not limited to, additional data and information becoming available, recognition that indicators are not providing meaningful and relevant information needed to measure progress toward goals as determined through regular quality committee reviews and feedback, and/or new learning that indicates the need for additional or modified indicators. DHHR is partnering with Casey Family Programs and Berry Dunn to capture additional outcome measures. Annual evaluation reports are incorporated into BSS's CQI processes.

The following list of key performance indicators have been identified to use initially with key BSS stakeholders, separated out to illustrate structure, process, and outcome measures. The final KPIs selected for use will follow this example.

<table>
<tr><td colspan="3" align="center">Bureau for Social Services
Key Performance Measures</td></tr>
<tr><td>**Key Structure Measures**</td><td>**Key Process Measures**</td><td>**Key Outcome Measures**</td></tr>
<tr>
<td>

Caseworker vacancy rates
Child Protective Services (CPS) caseloads
Youth Services caseloads
Functioning field technology

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<td>

Time to first contact in CPS investigation
Initial CPS investigation completed within 30 days
Face-to-face contact with children in care
Face-to-face contact with parents of children in care
Percent of children in foster care in kinship placement

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<td>

Exits to entries ratio
Recurrence of maltreatment
Re-entry into foster care
Timely permanency
Permanency for long-stayers
Child fatalities

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KPIS That Measure Progress Towards BSS Goals

The bullets below outline examples of KPIs associated with systems, processes, and outcomes for BSS social services. Indicators have been associated with BSS's overall goals for its programs.

1. **A system that ensures safety from abuse and neglect with the least amount of intervention possible to maintain safety.**
   a. Rate of referrals accepted (CPS and APS)
   b. Rate of referrals substantiated (CPS and APS)
   c. Initial investigation completed within established timeframes (i.e., backlog) (CPS and APS)
   d. Time to first contact in CPS investigation (CPS)
   e. Reoccurrence of maltreatment (CPS)

2. **A family-focused system that addresses family needs and concerns within a family's own home and community whenever possible.**
   a. Rate/percent of in-home cases (CPS and YS)
   b. Rate of in-home cases with current case plans (CPS and YS)
   c. Frequency and quality of visits with child in in-home cases (CPS and YS)

d. Frequency and quality of visits with parents in in-home cases (CPS and YS)
e. Rate of in-home cases certified as foster care candidates (CPS and YS)
f. Rate of children entering care (CPS and YS)

3. **A network of services and supports that facilitates placement in the least restrictive, most family-like environment possible when safety cannot be maintained in the home.**
   a. Total children in care by placement type, age, and gender
   b. Rate of children entering care
   c. Percent of foster children in kinship care
   d. Percent of foster children in out-of-state placement
   e. Children in hotels, offices, and hospitals
   f. Frequency and quality of visits with child
   g. Frequency and quality of visits with caregivers
   h. Placement stability
   i. Percent of sibling groups placed together
   j. Rate of cases with current case plans
   k. Number of licensed foster homes per district
   l. Percent of foster homes that will accept teens
   m. Average time to complete home study
   n. Recertifications past due

4. **A system that facilitates enduring and timely permanency, and demonstrates stability and lifelong connections when reunification is not possible.**
   a. Permanency in 12 months
   b. Permanency in 24 months
   c. Exits to entries ratio
   d. Re-entries into foster care
   e. Rate of youth who age out of foster care
   f. Adoption cases transferred to adoption unit
   g. Adoption cases finalized
   h. Time to adoption
   i. Average age of case in adoption unit

5. **An agency of skilled, responsive, and supported child welfare professionals who perform with a shared sense of responsibility for assuring best practices and positive outcomes.**
   a. Caseworker vacancy rate by county/district and program area
   b. Caseworker caseload by program area
   c. Safety culture survey results
   d. Traumatic event response data
   e. Exit interview and exit survey results
   f. Other workplace satisfaction surveys/focus group results

6. **A CQI practice that enhances organizational effectiveness, and supports innovation in policy, programming, and practice.**

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a. Quality meetings at unit, district, regional, statewide level

b. CFSR-style reviews and mid-point reviews – all areas or trend areas

c. Child Stat meetings

d. Mountain Force meetings

e. Fidelity reviews – policy observance or new initiatives

f. Systemic critical incident review process

g. Cadence Calls

7. **A data-informed approach that is focused on the information collected through enhanced casework and uses data to inform decisions made at all levels of the organization and families.**

a. Training and technical assistance on using data for decision-making

Child Welfare Dashboard KPIs *(Effective 7/1/23)*

Key Performance Indicator	Data Definition	Category in Legislation	Data Source	Frequency
Number of child maltreatment referrals received	Total number of child abuse referrals received in a month	Intake hotline	PATH	Monthly
Average wait time for reporters	The average length of time a child abuse reporter must wait to begin a child abuse referral	Intake hotline	Report	Monthly
Number/percent of child maltreatment referrals accepted	Of all child maltreatment referrals, the number and percent of referrals accepted for further investigation	Intake hotline	PATH	Monthly
Time to first contact in CPS investigation	Percent of cases where time to first contact was completed within assigned timeframes	Field investigation	PATH	Monthly
Initial CPS investigation completed within 30 days	Percent of initial assessments completed within the month that were completed within 30 days of referral acceptance	Field investigation	PATH	Monthly
Foster care entry to exit ratio	Ratio of the number of children exiting foster care to the number entering foster care	Open Case Out of home	PATH	Monthly
Age and gender of children in care. *Add race	Age and gender of children in foster care in a given month	Open Case Out of home	PATH	Monthly
Placement setting-relative, hospital, out of state, etc.	Number and percent of children in foster care by type of placement setting	Open Case Out of home	PATH	Monthly
Face to face contact with children in care	Percentage of children in foster care who had a face-to-face contact with their caseworker within 30 days	Open Case Out of home	PATH (?)	Monthly
Face to face contact with parent/caregiver of children in care.	Percentage of parents of children in foster care who had a face-to-face	Open Case Out of home	PATH	Monthly

	contact with their child's caseworker within 30 days			
Recurrence of Maltreatment	Percent of children who were victims of a substantiated maltreatment report during a 12-month period who were victims of another substantiated maltreatment report within 12 months	Federally mandated; system level	Statewide Data Profile	Biannually
Maltreatment in Care	Rate of abuse or neglect per days in foster care in a 12 month period	Federally mandated; system level	Statewide Data Profile	Biannually
Placement Stability	The rate of placement moves for children in foster care	Federally mandated; system level	Statewide Data Profile	Biannually
Re-entry to Foster Care in 12 Months-	Percent of children who discharged to permanency (excluding adoption) in a 12-month period and reenter care within 12 months of discharge	Federally mandated; System level	Statewide Data Profile	Biannually
Permanency within 12 Months for Children Entering Foster Care	Percent of children in care who either exit to permanency within 12 months or to adoption within 24 months	Federally mandated, system level	Statewide Data Profile	Biannually
Permanency for Long stayers	Percent of children in care from the first day of the year who have been in care for two or more years and exited care within the subsequent 12 months	Federally mandated, system level	Statewide Data Profile	Biannually
Child fatalities	Number of children who died due to abuse and/or neglect per 100,000 children in the general population	Federally mandated; System level	NCANDS	Annual
Caseworker vacancy rate	Percent of CPS, YS, and CPS Senior positions that are vacant	System level	Vacancy Report	Monthly
Caseload size – CPS and YS	Average caseload for CPS and YS workers based on filled positions, initial and ongoing	System level	Caseload Report	Monthly