

Q&A

Building a Culture of Quality in Home Visiting

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Presenters:

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Building CQI

Q: If we want to build a culture of quality into our organization, what are the first steps we should tackle?

The first thing to do is to understand one's current culture, a topic that we have some slides on in the webinar. You want to have a good understanding about how things are set up now, what the lines of communication are, what the lines of accountability are, whether the mission or vision are facilitators or barriers. Then you want to go through the Organizational Culture of Quality Checklist from the webinar slides as a team. This team process is important for looking in-depth at how the organization can begin to move to valuing data and transparency. It's a journey and will not happen immediately, but if it's done in a planned and comprehensive way, a lot of progress can be made in a short period of time.

Q: Can you describe what this looks like on the ground? How does this work locally?

Child & Family Tennessee builds CQI based on their logic models. They try to have CQI as part of their plan by working backwards from the outcomes they want to see, what resources are within a particular program, and what makes sense. Kathy encourages organizations to see what the current situation is and where they would like to start in terms of strengthening, and then take a small step and build from there.

Q: What does consistency look at if we are adapting home visiting programs based on client needs?

All home visiting programs allow for some adaptations of the program to suit client needs. All of them, however, have core elements and features that are consistently given to everyone in one form or another, so the fact that one is doing some individual tailoring doesn't mean that there isn't still some overarching consistency. This consistency could be in the kind of information provided or the kinds of issues, problems, or challenges that are worked on. All practitioners have to do some individual molding of programs to meet client needs, but that is not necessary in opposition to consistency.

Q: How do we make staff feel comfortable with this process and not make it seem like a punitive process?

Child & Family Tennessee used specific strategies to address this issue. They met with programs to see where they were starting from, what they were already using, and how Child & Family Tennessee could be supportive. You want to explain that you understand that everyone wants to do the best they can for their client and that your role is to try to help them do it better. Another strategy used by Child & Family Tennessee was to get program staff involved in the evaluation units. Home visitors need to have a seat at the table because in many ways, they have the most knowledge about processes and how things actually work in practice. Child & Family Tennessee also makes sure to celebrate small successes and brings departments together to acknowledge the work they are doing to create a quality culture. Prominent recognition communicates to home visitors and staff that improving is very much admired and respected within the organization.

Q: Is CQI something that we actually sign onto, or just strategies we implement?

CQI starts off with the signing on part, which has been the focus of this webinar; after that, it is a series of strategies and approaches. There are specific procedures and methods that are used to drive the improvement work, but those aren't going to be successfully implemented unless a foundation has been laid in an organization that is ready to implement them to their greatest effect.

Q: Should CQI include basic core competencies of home visiting professionals or parent professionals? If so, what are your thoughts on what some of these should be across the various programs?

Core competencies are very important to home visiting, though CQI does not address the subject very much. It's an important issue that the field has wrestled with and continues to wrestle with. CQI can be implemented in all sorts of settings with all sorts of people.

Issues around CQI

Q: How can we ensure that CQI is maintained with limited resources in terms of staff, bearing in mind that home visitation keeps increasing?

CQI does not have to be expensive and much of what was described in the webinar has no real cost except for data collection and compiling the reports. There are different levels of CQI and it can get quite complicated and sophisticated, but it is not necessary that home visiting programs be at those highest levels though some organizations may aspire to that over time. Organizations that are small with fewer resources can still do CQI and tests of change. In Kathy's experience with Child & Family Tennessee, data management and quality improvement don't need to be complex. You just have to start with the resources you have available.

Q: How do you see this applying on a state level where there isn't necessarily the funding carrot to encourage participation?

Data gives organizations the ability to look at cost effectiveness and cost savings. By using that kind of terminology, oftentimes someone will start taking an interest. We recommend that you begin a data process and use it to look at how you can provide a service that's more cost effective. CQI needs to be built into everything that is done and there are really unique opportunities at the state level to create programs in which CQI isn't secondary but integral to doing day-to-day work. When it's built in so seamlessly, it becomes quite supportable and sustainable over time.

Q: How do you apply this model to a program that has home visiting as one component of its program?

CQI is a wonderful opportunity to integrate multiple programs. Usually, the problem is that programs don't talk to each other very easily and operate somewhat separately, but CQI is an opportunity to choose some common measures or measures that would be of interest to both components of the program. The actual procedure of testing changes can readily be done. At Child & Family Tennessee, when there are more comprehensive programs that have home visiting as one aspect, staff still start with the basic outcomes being sought and work backwards from each component to see what makes sense in terms of data and measurement.

Q: If this process identifies variation across home visitors, for example, what is the process for determining why this variation exists or how to identify avenues for improvement?

It is important to be open to the possible sources of that variation. It may have something to do with the population being served, what the home visitors are doing, or something completely unrelated to either. The first task is to ask the question, "What are the different forces that could both facilitate and undermine what it is we are trying to do?" On the flipside, what are the things that need to happen in order to achieve the outcomes we want to have? Are those things happening with one home visitor versus another, or even a single home visitor who might have different outcomes with one family versus another? If you have a deep understanding of processes and how these things work, you will realize the remarkable number of potential areas for both trouble and success that exist. It leads you to the next step to start making changes. For example, you could change one part of the procedure but not anything else, monitor it over time, and see if it makes a difference. That would be a classic CQI approach.

Q: If you have reports that identify where there are different home visitors that are not doing well in a certain area, how do we convince upper management that this is okay and a learning opportunity rather than a reason to get rid of a program or a staff member?

It's a journey and a process. This is one of the reasons it's so important that everyone in the organization be trained so that they can go through this process and develop an appreciation for transparency. This process allows everyone to understand that if one person isn't achieving same level of outcomes as other person, there may be all sorts of reasons. People need to learn how to understand those reasons and think about changing them, rather than assuming that they are due to a lack of competence. If you can get everyone on board with the idea of CQI and have them all experience the training, then hopefully you can shift and change the culture of a place.

CQI and Multiple Home Visiting Models

Q: Can you utilize CQI on a community level when a community might be using one or more evidence based home visiting models?

CQI can certainly be utilized at a community level. Ultimately, CQI has to be embedded in the day-to-day work of frontline practitioners, but there are a number of examples of doing that at a community level. First, you need to collect the important data, have the infrastructure to collect it, and be able to report it back to the community. Once you have the system in place, the data starts telling you where to focus your efforts, which parts of your community are having more difficulties, where you should concentrate your resources. Within that context, you can not only have multiple evidence-based programs but multiple programs dedicated to children, families, and strengthening community. There is no barrier to how many programs can be part of this CQI umbrella. Child & Family Tennessee has several evidence-based programs at work at the same time with varying levels of intensity. On a community level, Child &

Family staff are part of a larger effort where practitioners from various home visiting agencies in East Tennessee have come together to develop an evidence-based home visiting community. It's a collaborative process in which they all meet, discuss the CQI process, discuss data, and use each other as a support.

Q: When communities use multiple home visiting programs, how do you choose what elements to collect data on across different programs? What if elements don't match up across models?

One challenge is that as we all move towards recognizing the value of data, we run into situations in which we are all collecting different data and it can be difficult to integrate. A good strategy is to organize an umbrella collaborative where stakeholders in different programs and communities come together and make decisions about what data is most important to them, what kind of data they should be collecting in a common way, what might be different from program to program. If one does that in a collaborative way in which everyone has a seat at the table and feels able to weigh in and offer their ideas, one can get to a point where there's a nice system of data collection. It is not necessary that every piece of data be common across programs; it may just be a few key pieces that everyone should collect that allows you to look at the different programs and how the community is changing as a result of your efforts.

CQI Resources

Q: Is this series of webinars the full training? Are there other resources for organizations?

These webinars are designed to support organizations in building creating and implementing CQI. It's a large field and organizations are going to be at very different stages in their ability to take these things on. Some home visiting programs already have more extensive CQI built into their work. The webinars are not going to substitute for the additional kinds of trainings that one would need to reach the highest level of implementing CQI into their organizations, but they should provide a good foundation to build them into everyone's current implementing of their programs.

Q: Are there any suggestions to where programs can obtain the training that Dr. Ammerman indicates?

We are certainly trying to pull together various options and provide that kind of information to get people started. The Selected Resources slide from the webinar is a place to start looking, but there are other options as well and one of our goals is to create a list to at least get people started. We would encourage home visiting organizations and states to share among themselves opportunities and resources they identify.

Q: Are there any CQI self-assessment tools that have been developed that people can use to determine where they are now and where need to improve with respect to CQI?

We are trying to pull together a list of resources to try to help organizations go through this process. There are various organizations that make those kinds of assessments and give consultations as to what might be needed. The Organization Culture of Quality Checklist presented during the webinar is meant to serve that purpose, though that checklist is specifically focused on culture.