



CONTINUOUS QUALITY  
IMPROVEMENT PLAN  
version I June 2011

# Multnomah County Department of Community Justice

## Vision

*Community Safety Through Positive Change*

## Mission

Our mission is to enhance community safety and reduce criminal activity by holding youth and adults accountable in a fair and just manner, assisting them to develop skills necessary for success, and effectively using public resources.

## Values

- A Just and Equitable System
- Collaborative Relationships
- Diversity & Cultural Responsiveness
- Healthy Families
- Information Based Decisions
- Innovation
- Investing in Employees
- Respect
- Stewardship



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## Strategic Goals

Behavior Change  
Accountability  
Resource Management  
System Change  
Commitment to Victims & Community

## EXECUTIVE SUMMARY

Multnomah County Department of Community Justice (DCJ) has been committed to improving offender outcomes through the implementation of evidence-based practices since approximately 1990. Throughout this journey, staff has been trained in the risk/need/responsivity principle, the importance of assessments and how to administer an assessment with fidelity, case planning, Motivational Interviewing and cognitive behavioral techniques. Recently, the Adult Division adopted the EPICS model of case supervision with the concurrent adoption of FFPS in the Juvenile Division.

While there have been sporadic measurement efforts, especially on the Adult side of the Department, there have been no formalized approach to data monitoring and feedback. This deficit was acknowledged when an outside evaluator was hired to determine the extent to which we have implemented evidence-based practices.

This document is the first version of an ever developing plan to ensure adherence and fidelity to the research based practices that are current at the time. The model of plan-do-study-act will be utilized as we move into a continuous quality improvement mode. The plan-do-study-act process will be done by a self-directed team to identify barriers to success and focus on process improvement not individual blame.

Focusing on a small number of measures to ensure fidelity of the new case planning models being implemented and monitoring task completion such as assessments and case planning in a timely fashion as well as increase in protective factors and decrease in risk factors will allow us to move into this practice in a slow and steady manner.

As the process is put into place and the practice being codified other measures will become more important while current measures less so. Thus, this plan will be amended on a regular basis to reflect the important work the Department is doing.

The purpose of the Continuous Quality Improvement Plan is to set out a process to ensure that Effective Practice in Community Supervision (EPICS) and Functional Family Probation (FFP) are implemented with fidelity. This process will include adherence to each model as the Department continues to utilize these supervision models.

## WHAT IS CONTINUOUS QUALITY IMPROVEMENT?

Continuous Quality Improvement (CQI) is a data-driven management system that looks at processes and outcomes. The basic tenet of CQI as a management philosophy is that most things can be improved. The CQI process focuses on organizations and systems and thus, the individual is not singled out as a problem but a larger organizational process is identified for the change effort. Through the CQI process, DCJ will further effectiveness and efficiency as well as the achievement of strategic and program goals.

### Core Concepts of CQI<sup>1</sup>

- Quality is defined as meeting and/or exceeding the expectations of both internal and external customers.
- Success is achieved through meeting the needs of those we serve.
- Most problems are found in processes, not in people. CQI does not seek to blame, but rather to improve processes.
- Variation in processes can lead to unwanted variation in outcomes, and therefore we seek to reduce or eliminate variation.
- It is possible to achieve continual improvement through small, incremental changes using team problem solving.
- Continuous improvement is most effective when it becomes a natural part of the way everyday work is done.

## WHY CQI NOW?

In February 2010, The Carey Group released the findings from a contracted gap analysis that was conducted for an objective assessment of the organization's effectiveness and efficiency. An organizational by-product of these findings was the creation of a Strategic Planning Committee who produced a Strategic Plan in December 2010. The Strategic Plan addressed six strategic goals: behavior change, accountability, resource management,

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<sup>1</sup> <http://www.fpm.iastate.edu/worldclass/cqi.asp>

system change and commitment to victims and community. In response to recommendations of the Carey Group<sup>2</sup> activities related to quality assurance are woven throughout these five goals. This Continuous Quality Improvement Plan provides a comprehensive infrastructure to ensure that the quality of the services delivered and the manner in which we do the work we do is monitored, responded to and improved over time.

## REQUISITES FOR A SUCCESSFUL QUALITY IMPROVEMENT PROCESS

Ongoing performance monitoring requires an organizational shift. The successful implementation and sustainment of this process requires support and direction from senior leadership. According to the Council on Accreditation<sup>3</sup> the following must occur for success.

The agency's leadership sets forth quality expectations and broad goals that merit ongoing monitoring. The agency head endorses:

- a culture that promotes excellence and continual improvement through measurement and analysis of internal processes;
- implementation of an organization-wide CQI framework;
- constructive use of data to promote a high-learning, high-performance, results-oriented organization;
- involvement of a wide range of managers and staff in the CQI process;
- inclusion of external stakeholders and community members;
- an annual scorecard or summary reports of gains made against goals; and
- The allocation of sufficient resources to lead and facilitate collection and analysis of data.

Senior managers promote a culture of continuous quality improvement by:

- using short-term/annual plans that support long-term strategic quality goals;
- setting expectations for use of quality and performance improvement results to change policy and practice;
- encouraging service delivery processes that have been shown to contribute to good outcomes;
- focusing on customer satisfaction and outcomes;

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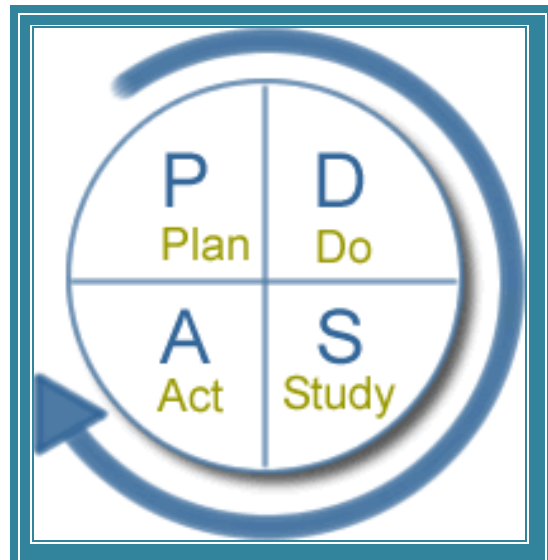
<sup>2</sup> Recommendation #1: put in place a quality assurance plan to ensure that direct service staff is applying effective behavioral change techniques while addressing criminogenic needs. Recommendation #6: Conduct a baseline EBP implementation measure and then ascertain periodic progress points over time.

<sup>3</sup> [http://www.coaststandards.org/standards.php?navView=private&core\\_id=1290](http://www.coaststandards.org/standards.php?navView=private&core_id=1290)

- recognizing staff contributions to performance and quality improvement; and
- Senior managers regularly review and discuss CQI reports to identify areas of needed improvement and set improvement activities.

## THE PLAN-DO-STUDY-ACT MODEL

Multnomah County Department of Community Justice has adopted the Deming Cycle as the structure for continuous quality improvement efforts. This cycle is also known as the Plan-Do-Study-Act (PDSA) cycle.



The PDSA Improvement Model is comprised of four cyclical steps that are conducted sequentially.

### PLAN

- Define the goal/strategy
- Define the desired outcome in measurable terms
- Assess the current situation
- Plan to answer why? Who? What? Where? When?
- Identify how you will measure the change
- Plan data collection to monitor process

### DO

- Carry out the plan
- Collect the data
- Begin data analysis

## STUDY

- Complete data analysis
- Compare data to benchmark
- Summarize trends and findings by comparing data before and after the plan implementation
- Identify next incremental change desired
- Identify barriers and solutions to change

## ACT

- Plan the next cycle by incorporating changes identified in STUDY phase
- Sustain the gain

## WHAT HAPPENS IF YOU DO NOT MEASURE?

How do you know?

- Where to improve?
- Where to distribute resources?
- How you compare with others?
- If you are improving or declining?
- Where are cost-effective results being produced?
- Are you achieving your mission and vision?

## STRATEGIC PLAN INDICATORS OF QUALITY

INDICATORS OF QUALITY	BASELINE/ BENCHMARK	DATA LOCATED
#/% of assessments completed within required time frame.		
JCP assessments and reassessments	baseline first year	JJIS
LSCMI assessment and reassessments	85%	CMIS, SPIN
#/% of case plans completed within required time frame.		
juvenile	baseline first year	JJIS
adult	85%	CMIS, SPIN
Decrease in risk factors	baseline first year	CMIS, SPIN, JJIS
Increase in protective factors		
juvenile	baseline first year	CMIS, SPIN, JJIS
Abscond rates		
adult	baseline first year	CMIS

## STRATEGIC PLAN INDICATORS OF EPICS FIDELITY

INDICATORS OF QUALITY	BASELINE/ BENCHMARK	DATA LOCATED
#/% of tapes submitted	6 month baseline	EPICS attendance roster
#/% supervisor observed PPO	6 month baseline	Audit form
#/% supervisor coached PPO	6 month baseline	Audit form
#/% of conference calls attended	6 month baseline	EPICS attendance roster
#/% of consultation videos attended	6 month baseline	EPICS attendance roster
#/% implementation meetings attended	6 month baseline	EPICS attendance roster
#/% of EPICS rating form domains that have at least satisfactory on all items	6 month baseline	EPICS officer rating form
#/% EPICS rating from General Ratings that are scored yes	6 month baseline	EPICS officer rating form
Professional alliance	6 month baseline	Alliance measure

STRATEGIC PLAN INDICATORS OF FFP FIDELITY

INDICATORS OF QUALITY	BASELINE/ BENCHMARK	DATA LOCATED
#/% of JCC meetings with youth and families attended	Baseline first year	Weekly checklist
#/% of JCC in home meetings attended	Baseline first year	Weekly checklist
#/% staff (JCC, CJM) attend phone consultation	Baseline first year	Weekly checklist
#/% of cases staffed by CJM and JCC	Baseline first year	Weekly checklist
#/% co-visits conducted by CJM	Baseline first year	Weekly checklist
#/% supervisors attend consultation with Jason and Doug	Baseline first year	Weekly checklist
Professional Alliance	Baseline first year	Alliance measure
GRM score and subscales	Baseline first year	GRM form
Client satisfaction	Baseline first year	FFP outcome measures

## DATA COLLECTION AND DATA ANALYSIS PROCESSES

### ■ Strategic Plan Measures

- ▶ Every other month, QS&ES will collect data from JJIS, SPIN, and CMIS on adult assessments and re-assessments, adult case plans, juvenile assessments and re-assessments and juvenile case plans. These data will be analyzed and reported out on a bi-annual basis.
- ▶ The QS&ES team will address the methodological issues of measuring decrease in risk factors and increase in protective factors and develop a manageable process for collecting, analyzing and reporting out these data. First reporting out is to occur by early 2012.
- ▶ The QS&ES team will address the methodological issues of measuring decrease in rates of abscond and develop a manageable process for collecting, analyzing and reporting out these data. First reporting out is to occur by early 2012.

### ■ EPICS Fidelity Measures

- ▶ The EPICS Implementation Team will submit the EPICS officer rating forms to QS&ES. In the first six months of implementation, University of Cincinnati is providing these data to PPOs and their supervisors. DCJ has not yet created a plan for objective measurement of PPO work using the EPICS rating form. One suggestion has been to develop a process that would allow a CJM to rate an officer who is not a supervisee. Once the process has been developed, the completed rating forms will be submitted to QS&ES to be scanned into a database. These data will be analyzed and reported out by QS&ES.
- ▶ The DCJ Audit Form will collect data regarding supervisory observation of PPO's working with clients as well as supervisory coaching that has occurred as part of the EPICS model.
- ▶ Tape submission data, conference call attendance data, consultation video attendance data and implementation meetings attendance data are being stored on an Excel spreadsheet that serves as a

roster. This spreadsheet will be sent to QS&ES for analysis and reporting out.

- ▶ Alliance measure data will be collected by the PPO from the client 4 – 6 weeks after the first visit with PPO. The data collection form is scan able and will be sent to QS&ES for analysis and reporting out.

#### ■ FFP Fidelity Measures

- ▶ The weekly checklist will be completed by individual District Manager/Criminal Justice Managers on all of their supervisees and submitted to QS&ES. These forms collect data on the following measures: #/% of JCC meetings with youth and families attended, #/% of JCC in home meetings attended, #/% staff (JCC, CJM) attend phone consultation, #/% staff (JCC, CJM) attend phone consultation, #/% co-visits conducted by CJM, and #/% supervisors attend consultation with Jason and Doug.
- ▶ Alliance measure data will be collected by the PPO from the client 4 – 6 weeks after the first visit with PPO. The data collection form is scan able and will be sent to QS&ES for analysis and reporting out.
- ▶ GRM form is completed by a trained rater once every quarterly rating period. This scan able form is submitted to QS&ES for analysis and reporting out.
- ▶ FFP outcome measures are model defined measures to be collected at the last session with the family. The JCC, the youth and the family each have their own measurement tool to be filled out individually. Forms submitted to QS&ES will be analyzed and reported out.

## DATA UTILIZATION

Data will be collected, analyzed and reported out by the Quality Systems and Evaluation Services Unit. All measures, as appropriate, will report data out on the departmental, unit and individual level. The Strategic Plan Indicators will be reported on bi-annually and reviewed by the Executive Team. The EPICS and FFPS fidelity measures will be reported on quarterly and reviewed by the Senior Management Team and the Juvenile Leadership Team, respectively. These Teams may choose to review the data before asking mid-managers to engage in Study portion of the Plan-Do-Study-Act cycle.

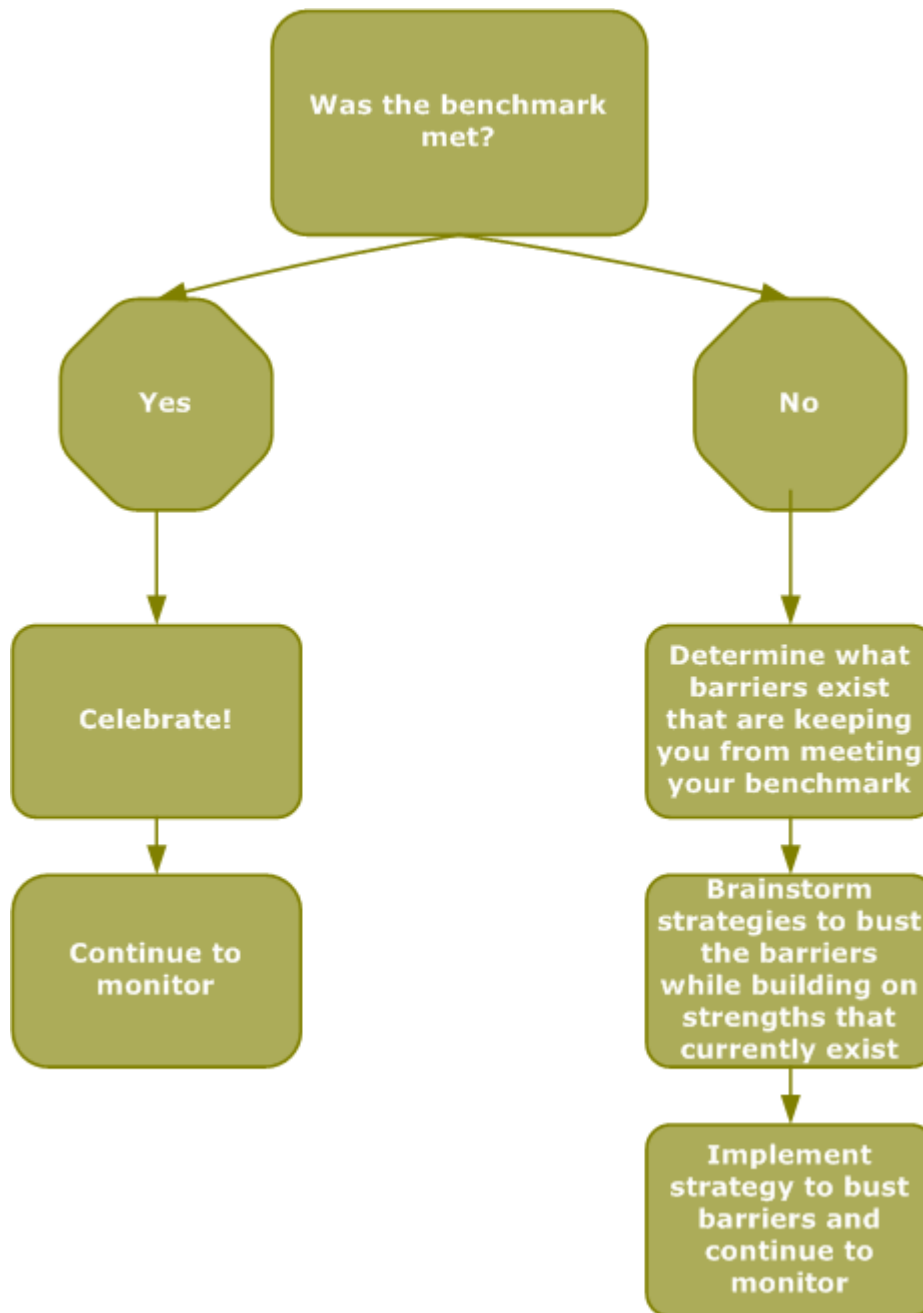
## THE KEY TO QUALITY IMPROVEMENT IS THE GROUP PROCESS

The Study process will be the responsibility of the DCJ Unit whose data has identified an opportunity to improve a process under measurement. Team involvement is important because:

- Teams know the business, the process and the people involved. Therefore, they are better at exploring possible alternatives before selecting the best solution.
- Improvement requires expertise from several functions.
- Teams are able to multiply the contributions of their members and develop a superior solution.
- Teams are better at problem solving than individuals.
- Teams having cross functional membership contribute to change effort buy-in.

Within thirty days of receiving the data a plan of action will be developed by the team to be presented to the Combined Senior Management Team for discussion of the strategies that will be implemented to course correct if needed.

A typical process for data utilization is outlined below.



## CONCLUSION

The CQI Plan is a living document that will evolve over time to meet the quality needs of DCJ. This version represents the initial phase of CQI in which case management fidelity is the critical area of measurement. Over time the CQI focus will shift in concert with changing business operations and changing measurement needs.

In this first version, the measurement of sanctions, IRR practices and restitution payments are not reflected even though they are reflected in the Strategic Plan. These measures were given to other Strategic Plan Implementation Groups to utilize the expertise of these groups in identifying appropriate measures that have reliable data.