

# Using Data to Drive Decision Making and Promote Continuous Quality Improvement



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Quality Improvement Center  
*for* Research-Based  
Infant-Toddler Court Teams

## What Can You Do?

- Promote the collection and use of data to better understand the children and families served, monitor program performance, respond flexibly to resource gaps, tailor programming to community-specific needs, identify gaps in resources, and respond in ways that improve outcomes and support practice changes.
- Utilize continuous quality improvement (CQI), a process that uses data to support identifying areas of strength to build on and challenges to address through deliberate action.
- Identify compelling data from your site to support policy makers, funders, and child welfare system management in justifying system changes to support practices that produce positive outcomes for children and families.

### The Safe Babies Court Team™ (SBCT) Approach and the QIC-ITCT

In response to the needs of maltreated babies and toddlers entering the child welfare system (CWS), ZERO TO THREE developed the SBCT approach: a collaborative, problem-solving systems-change innovation focused on supporting the health, mental health, and developmental needs of adjudicated babies and toddlers and expediting safe, nurturing permanency outcomes. SBCT offers a structure for systems to work together—the court, child welfare agency, and related child-service organizations—to ensure better outcomes for the youngest children in care and for their families. The structure comprises (1) a Family Team (attorneys, case planner, service providers, and family) that comes together at least monthly to identify and address barriers to reunification, and (2) a community stakeholder team, or Active Court Team, that engages in broader systems reform efforts. In 2014, the Children’s Bureau provided a grant to ZERO TO THREE and its partners to develop the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT), which provides technical assistance and training to participating sites. The QIC-ITCT provides access to evidence-based interventions and best practices for individuals and agencies working with the birth-to-3 population. The mission of the QIC-ITCT is to support implementation and build knowledge of effective, collaborative court team interventions that transform child welfare systems for infants, toddlers, and families (see <http://www.qicct.org/>).

## Background

Policy makers struggle with how to measure success in the child welfare system (CWS) and whether to focus narrowly on child safety and permanency or expand the focus to include social and emotional well-being [1]. In the last decade, the Administration for Children and Families (ACF) has promoted the use of meaningful and measurable child well-being indicators, including parental and child exposure to trauma, child welfare policy development, and program evaluation [2]. However, collecting accurate and timely data about children and their families can be challenging as many Statewide Automated Child Welfare Information Systems (SACWIS) are undergoing significant enhancements to keep up with current technology. Another challenge is to find ways to present results in a simple and compelling way. The Safe Babies Court Team™ (SBCT) approach embraces the use of data to identify gaps in resources and respond in ways that improve outcomes and support practice changes.



## SBCT Solution

As a community engagement and systems-change approach, SBCT focuses on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children in the CWS. The SBCT approach employs best practices in child welfare combined with innovative, collaborative, problem-solving strategies to expedite timely permanence of young children [3].

A core component of the approach is *Understanding the Impact of Our Work*, which focuses on using data to better understand the children and families served, monitor program performance, respond flexibly to resource gaps, tailor programming to community-specific needs, and tell the story of this critical work.

### SBCT Core Components

- Judicial Leadership
- Local Community Coordinator
- Active Court Team Focused on the Big Picture
- Targeting Infants and Toddlers Under the Court's Jurisdiction
- Valuing Birth Parents
- Concurrent Planning and Limiting Placements
- The Foster Parent Intervention: Mentors and Extended Family
- Pre-Removal Conferences and Monthly Family Team Meetings
- Frequent Family Time (Visitation)
- Continuum of Mental Health Services
- Training and Technical Assistance
- Understanding the Impact of Our Work  
<http://www.qicct.org/safe-babies-court-teams>

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As part of this component, each SBCT site enters data into the SBCT Database that allows both downloading of the site's data for analysis as well as access to a dashboard that provides information in real time on 13 key indicators (e.g., number of placements among open and closed cases). The chart below is an example of the SBCT Database dashboard showing the average number of days between referral to receipt of services for Child-Parent Psychotherapy (CPP). CPP is an evidence-based intervention for parents and young children, and sites work to engage parents as soon as possible to receive CPP, tracking the time between referral and service.

The SBCT approach focuses on bringing key stakeholders into continuous quality improvement (CQI) and evaluation planning. CQI is a process for identifying areas of strength to build on and challenges to address through deliberate action. Sites receive technical assistance (TA) and training to standardize data collection and analysis, with the goal of helping child welfare agencies and courts measure the impact of their work locally. Measuring results across communities in a consistent way builds the evidence base for the effectiveness of the SBCT approach, which can promote replication.

*“The Community Coordinator runs reports on several indicators in the database to see whether the findings make sense, given their personal experience monitoring the cases. For example, a Community Coordinator is certain that all children are receiving the required developmental screening within 3 months after entering care, and yet the missing data report on services fails to list this category at 100%. The solution may be that the children identified in the missing data report had not yet reached 8 weeks old, the earliest age at which developmental screenings are done.” (p. 241)[3]*

### SBCT Database Dashboard: Time from Referral to Receipt of Child-Parent Psychotherapy



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Each site receives support and guidance from the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT) in completing a CQI worksheet, identifying a CQI indicator on which to focus, and assigning stakeholders team representatives to be responsible for carrying out the CQI process. The QIC-ITCT supports team discussions on site-relevant metrics from the SBCT dashboard and helps them examine trends in their data, explore how other supporting data might be found and used, and identify new metrics to work towards once a goal is accomplished. Monthly calls focus on:

- The CQI metric selected by the site (e.g., frequency of parent-child contact)
- Review of performance measures and outcomes
- Identification of data problems
- Support for generating solutions as part of a plan for improvement
- Discussions on the use of data to provide feedback to the family team (e.g., low frequency of parent/child visitation)
- Identification of potential barriers (e.g., transportation to support parent-child contact)
- Helping sites identify stakeholders who could join the CQI team and support the use of CQI metrics to improve outcomes.

### How Do We Know the Approach Is Working?

The SBCT Database and its display of CQI metric performance dashboard data has contributed to site awareness and knowledge around the value of tracking impact data. Regular meetings with sites to review SBCT Database dashboards have increased stakeholder motivation to understand and track impact data. At each SBCT site, the stakeholder team works diligently to inform their practice using data.



Family team meetings are a core component of the SBCT approach and many sites focus closely on frequency of and parental presence in these meetings to ensure fidelity to the model. Consider the following example:

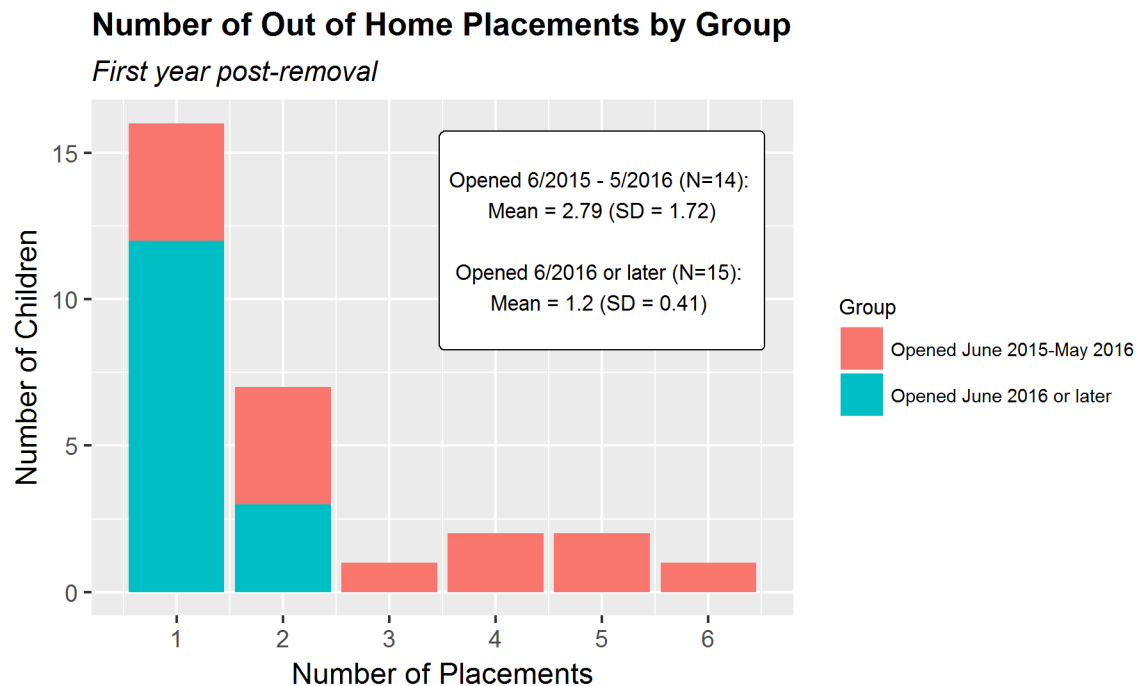
*During a monthly site review of CQI indicators that included frequency of family team meetings, the judge realized that these meetings were occurring in intervals of 3 to 6 months. The judge responded by court-ordered monthly family team meetings. The mean time between family team meetings was monitored for months and the site has accomplished a mean time between meetings of less than a month, consistently maintaining their CQI goal for over 6 months.*

A major focus of the SBCT approach is *Concurrent Planning and Limiting Placements*. Subsequently, many sites choose to reduce the number of placements children experience as their CQI metric to monitor performance and make adjustments as needed.

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The following graph presents an example of data visualization produced with R, a statistical software program [4], on the number of out-of-home placements during the first year following removal for two entry groups at an SBCT site.

### Data Visualization of CQI Metric on Number of Placements at an SBCT Site



- Orange represents the initial group of 14 children served between June 2015 and May 2016 during the first year of the site's implementation of the SBCT approach. These children experienced a mean of 2.8 placements during the first year after removal, with a range of 1 to 6 placements.
- Green represents the second group of 15 children served by the same site during or after June 2016, a full year following initial site implementation, during which the site benefited from QIC-ITCT training and TA to reduce the number of placements. These children experienced no more than two placements during the first year following removal, with 12 children experiencing only one placement and 3 children experiencing just two placements.
- **The change from a mean of 2.8 to 1.2 placements was a milestone for this site**, and judicial leadership has kept everyone focused on this CQI metric to reduce the number of placements experienced by infants and toddlers.



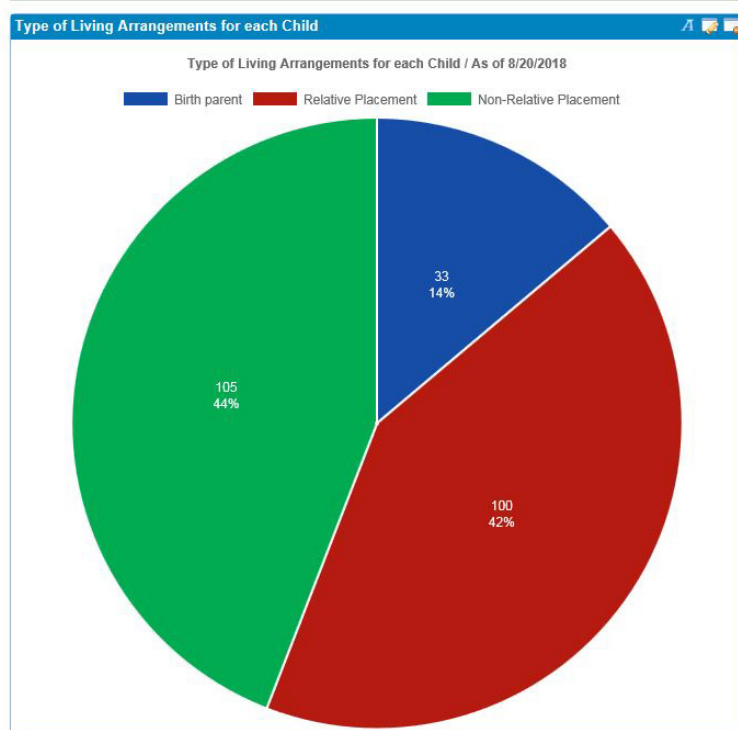
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Across sites there is interest in preventing out-of-home placements, which aligns with the Family First Prevention Services Act signed into law on February 9, 2018 [5]. This act reforms the federal financing streams for child welfare through Title IV-E and Title IV-B of the Social Security Act, allowing flexibility for states to use these funding streams to provide services to families who are at risk of entering the CWS. The goal is to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skills training. The SBCT core component *Continuum of Mental Health Services* focuses on parental needs in the areas of substance use disorders and mental health care through evidence-based and trauma-informed services. The focus on improving the quality of the parent-child relationship aligns with the Family First parenting skills training, as CPP can be provided in the-home.

In keeping with the intentions of the Family First Prevention Services Act, the SBCT Database dashboards also provide information on the types of placements children experience. The chart below is an example from the dashboard of how sites are able to regularly review and compare totals and percentages for birth parent, relative, and non-relative placements.

### SBCT Database Dashboard: Type of Placements among Children in SBCT Sites

Type of Living Arrangements



*“People want to know if we start the SBCT, how we are going to sustain the approach. Children are reaching faster permanency and that saves the state dollars. That is how we are going to sustain the SBCT. We will present the information on how faster children reach permanency and how much is saved to the state, and we will speak to the legislators. We can do a better job on awareness on SBCT and how crucial is permanency, so children can experience a family life that all children deserve, because we know that foster care is a poor replacement of family life. We will explain that the goals are to get children out of foster care or to never come in, and that the goal is that no child should be submitted to that trauma of being taken away and losing connections. The SBCT judges are the ones that go to the legislators, they will work with [the statistician] to provide the info on savings.”*  
- Court Improvement Program  
State Representative

## Using Data to Drive Decision Making and Promote Continuous Quality Improvement

In summary, the collection, analysis, and presentation of data on the impact of the SBCT approach across sites is a critical tool in the success of this approach:

- Court teams can monitor program performance in real time using the SBCT Database dashboards and adjust flexibly and quickly to changing community needs and identified resource gaps to reduce barriers that may lengthen child permanency timelines.
- Program outcome data supports the value of the SBCT approach and tells the story of its positive impacts on the lives of countless children and families.
- Accurate and compelling data supports policy makers, funders, child welfare system management, and communities in justifying system changes to support practice that produces positive outcomes for children and families.



**Using Data to Drive Decision Making and Promote Continuous Quality Improvement** is part of a series of briefs based on the evaluation of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.

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