

CONTINUOUS QUALITY IMPROVEMENT GUIDE

FOR JUVENILE JUSTICE ORGANIZATIONS

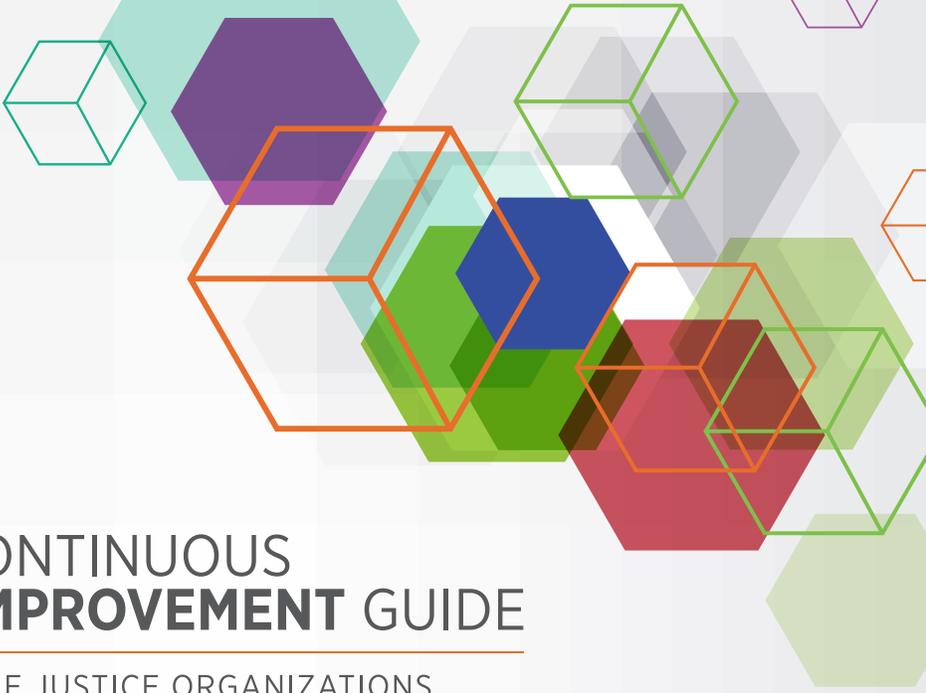


quality improvement 
initiative



A project of the Pennsylvania Commission on Crime and Delinquency
In partnership with the National Center for Juvenile Justice

JUNE 2012



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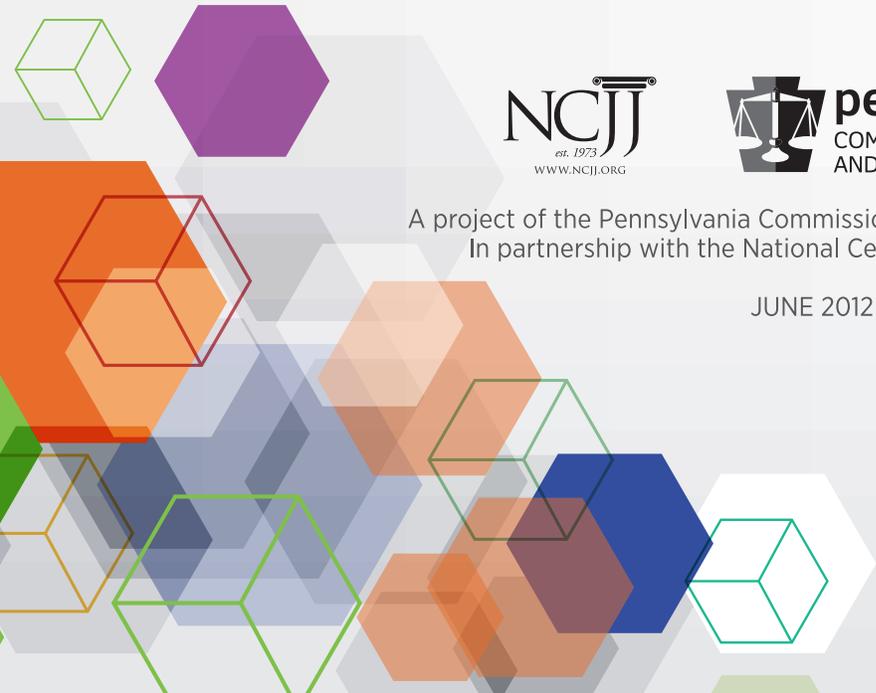
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This manual is dedicated to the memory of

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Senior Research Associate at the National Center for Juvenile Justice

A champion of evidence-based practice in Pennsylvania and nationally, Pat Torbet produced several seminal pieces of work that are still in wide circulation and used nationwide, including the *Desktop Guide to Good Probation Practice* and *Probation Case Management Essentials for Youth in Placement*. Pat also made notable contributions in the areas of trying youth as adults, Balanced and Restorative Justice, multi-system youth involved in the dependency and delinquency systems, and state responses to serious juvenile crime. Pat established the groundwork for quality improvement in Pennsylvania's juvenile justice system that made this manual possible. She approached her work and her life with grace, courage, compassion and determination. She is greatly missed by everyone who had the pleasure of knowing her.

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FOREWORD

This manual is the product of the Quality Improvement Initiative (Qii), a project funded by the Pennsylvania Department of Public Welfare (DPW) and the Pennsylvania Commission on Crime and Delinquency (PCCD). The Qii provided an opportunity for juvenile justice service providers to improve the quality of their services through implementation of a Continuous Quality Improvement (CQI) process with training and technical assistance from the National Center for Juvenile Justice (NCJJ). Concurrently, Pennsylvania’s juvenile justice system was engaging in the research, planning, and application of evidence-based practices that would evolve into the Juvenile Justice System Enhancement Strategy (JSES). The JSES “seeks to reduce harm by applying the best known research to the principles and goals of Balanced and Restorative Justice (BARJ).”¹

Continuous Quality Improvement is one of the key JSES Building Blocks. We believe the steps, processes, and actions described in this manual will prove to be a valuable support to juvenile justice service providers as they engage in JSES activities. While the manual is written to demonstrate how to apply CQI to a juvenile justice intervention, the scope can also be broadened to a programmatic or system level. Pieces of the process outlined in this manual will benefit programs preparing for an evaluation of their services (e.g., inspections, the Standardized Program Evaluation Protocol² (SPEP), or accreditation). Likewise, providers will find value in responding to the scores or feedback received from these evaluations through this concrete CQI process. Finally, through learning how to apply a CQI process, both service providers and probation departments can improve their collection, use, and reporting of data.

The benefits of implementing a CQI process are limitless. Probation departments and service providers will find value in applying CQI when preparing for, implementing, and making data-driven decisions about evidence-based practices improvements. Their continuous assessment of services and use of data to make improvements will further Pennsylvania’s endeavors to improve outcomes for youth in the juvenile justice system.

¹ Pennsylvania Council of Chief Juvenile Probation Officers, Juvenile Court Judges Commission and the Pennsylvania Commission on Crime and Delinquency. (2012). *Pennsylvania Juvenile Justice System Enhancement Strategy: Achieving Our Balanced and Restorative Justice Mission through Evidence-Based Policy and Practices*.

² Mark Lipsey et. al. (2010). *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice*. Washington, D.C.: Georgetown University, Center for Juvenile Justice Reform.

INTRODUCTION

Continuous Quality Improvement in the Juvenile Justice System

Juvenile justice organizations are operating in an era of accountability and with that comes increasing demands to implement evidence-based practices. However, accountability does not end with merely implementing evidence-based practices. For an organization to truly exercise accountability, they need to put the “evidence” in evidence-based practice by continually demonstrating how their services positively impact youth outcomes. They also must use data to determine where improvements to services can be made.

Continuous Quality Improvement (CQI) is a process that can help juvenile justice organizations demonstrate accountability. By incorporating CQI, leaders in the organization are able to demonstrate how services positively impact youth outcomes. With CQI, programs and processes are defined, relevant information is collected and analyzed, and data-informed decisions guide service improvements. Through CQI, organizations use their own data (evidence) to continually improve services with the goal of achieving the best possible outcomes for youth. The process of CQI is common in the world of business, where the demands of changing consumer populations, economic shifts, and new technology and innovations require that companies adapt and respond to evolving needs in order to maintain or enhance their current position in the marketplace. Juvenile justice organizations are no different. Regularly assessing the organization’s performance is the only way to know how current conditions are impacting the quality of services and outcomes produced.

This manual describes a process for how juvenile justice organizations can adopt and implement CQI principles into their services. This process provides guidance on how organizations can prepare staff and stakeholders for CQI implementation and steps to implement and sustain CQI. The practices discussed in this manual are derived from high quality research and have been embraced by criminologists, other social scientists and experienced practitioners. From the early steps of organizational readiness to the ultimate goal of using data to make informed decisions, juvenile probation administrators, probation officers, and providers will find benefits to incorporating CQI both at the intervention level and system wide.

PREPARING FOR CONTINUOUS QUALITY IMPROVEMENT

Understanding Continuous Quality Improvement

Continuous Quality Improvement (CQI) is a cyclical process of assessing performance, making plans to improve, and reassessing results with a focus on aiming to achieve the best possible outcomes. Implementing CQI in an organization cultivates an environment where leadership and staff are constantly striving to improve the quality of services and outcomes for the youth and families they serve. CQI requires the engagement and support of staff of all levels for service delivery, data collection, data analysis, and data-driven decision making. Organizations that commit to CQI acknowledge that it is not a finite process. Regardless if a practice is evidence-based, promising, or innovative, services and outcomes can always be improved. (See *Exhibit 1. Quality Improvement Process*)

While Quality Assurance (QA) and CQI go hand in hand, CQI takes QA a step further in that it requires organizations to focus on data from the whole program, rather than individual, case-by-case level data. Data collected for CQI purposes allows organizations to demonstrate how the program is doing, as opposed to how one or two individuals are doing. It helps juvenile justice organizations monitor practices, ensure effective service delivery, and moves them from solely relying on quality assurance practices to creating a learning environment where data are used to inform improvement decisions.

Exhibit 1. Quality Improvement Process



Organizational Readiness to Implement Continuous Quality Improvement

Before embarking on CQI, it is important to understand that this may be a vast undertaking that requires significant changes for the organization. These changes will call for vision, leadership support, dedicated time, commitment, and innovative thinking. Implementing CQI is not a process with a beginning and an end, but rather a change in the way business is done. Many factors contribute to the effectiveness and sustainability of CQI implementation, one of which is the extent to which an organization is ready for such change. Readiness is reflected in the organization's beliefs, attitudes, and intentions regarding change and the organization's capacity to successfully make those changes. It is also the cognitive precursor for either resistance to, or support for, a change effort. The following components are necessary for organizations to be ready to implement CQI:

Leadership

Organizational leaders set the tone for implementing CQI and bring forth change in an organization. Prior to implementing CQI, it is important to identify key staff with strong leadership skills to help support the initiative. There are leaders at all levels of an

organization. Administrators promote an overall climate to support change. Supervisors guide staff through the change process and monitor how CQI impacts service delivery. Frontline staff can also be leaders, serving as peer coaches and providing a valuable perspective from their day to day work with youth.

Vision

Common questions from staff and stakeholders when preparing to implement CQI are, “Why are we doing this?” and, “Where is this going?” Without a broader knowledge of the benefits of CQI, the process may be perceived as a series of disjointed activities. In order to eliminate confusion and promote staff buy-in, it is essential for leaders to share the purpose of CQI efforts with all staff and explain how each piece contributes to the overall enhancement of their organization. That vision should be shared often with staff and stakeholders, so that it is a fresh reminder of what they are working toward.

A Trusting Environment

To implement CQI, staff need to be willing to take risks, be innovative, and deal effectively with frustrations and setbacks. It is imperative that staff feel supported by administrators and feel comfortable with the possibility of trying new approaches. If there has historically been an environment of distrust it will take time to build a rapport of respect and trust among the staff. Leaders can build this trust by modeling. Administrators can solicit feedback from staff, apply the feedback, and then share with staff how the feedback was used.

Willingness to Involve and Empower Staff

A common myth about CQI is that it limits staff’s ability to apply their experience and exercise professional judgment. However, this is quite the contrary. CQI is an ongoing opportunity for innovation. The process provides the information necessary to show where improvements to services can be made. Staff then have limitless opportunities to be innovative with strategies to improve services and produce better youth outcomes. Organization leaders should draw on the experience and expertise of staff for ideas and suggestions when improvements are needed.

Devote Time and Commitment

Creating a culture that values quality improvement is paramount to the success of CQI. This culture can be brought about by demonstrating organizational commitment and devoting time and resources to the process. Leadership can demonstrate their commitment to CQI by helping staff understand the potential benefits to both the organization and the youth served. They can ensure that staff have the time and resources to complete related tasks and collect and assess data. Implementing CQI does not happen overnight, nor is it a simple endeavor. The process takes time and patience, but having a strong commitment to the process will provide the fortitude an organization needs to sustain CQI.

To determine if an organization is ready to implement CQI, the leaders must assess the extent to which the organization demonstrates the components described above (e.g., organizational readiness). This will allow the organization to be proactive in building a plan for achieving desired change by seeing the full picture of where the organizations current readiness, where staff skills can be enhanced, and where more support is needed in order to successfully implement CQI. Tools to help organizations assess readiness are provided in *Exhibit 2. Readiness Assessment Tools*

Exhibit 2. Readiness Assessment Tools

Tool	Purpose of Tool	Who is Surveyed
<p>Survey of Organizational Functioning, Criminal Justice Version</p> <p><i>Texas Christian University Institute of Behavioral Research</i></p> <p>Validated</p>	<p>Measures organizational readiness for change, job attitudes, workplace practices, motivational factors, program resources, staff attributes, and organizational climate</p>	<p>All staff, or those staff currently applying evidence-based practices</p>
<p>360° Management and Leadership Assessments</p> <p><i>Various</i></p> <p>Level of validation varies by tool</p>	<p>Measures management and leadership competencies; specific competencies vary by tool selected</p>	<p>Supervisors, mid-managers, and executives</p>
<p>Evidence-Based Practice Skills Assessment (EBPSA)</p> <p><i>National Institute of Corrections, Christine A. Ameen, and Jennifer Loeffler-Cobia</i></p> <p>Validated</p>	<p>Measures line staff’s skills in the areas of communication, interviewing, problem-solving, analytical thinking, critical thinking, attitudes of EBP, change behavior, positive reinforcements and ethics</p>	<p>Staff currently applying evidence-based practices</p>
<p>Likert Survey of Organizational Climate</p> <p><i>Rensis Likert, modified by Crime and Justice Institute</i></p> <p>Validated</p>	<p>Measures key group dynamics, organizational climate and productivity</p>	<p>All employees</p>

SIX STEPS TO IMPLEMENTING CONTINUOUS QUALITY IMPROVEMENT

While implementing a CQI process can be challenging, it is not impossible. This section presents a framework to help juvenile justice organizations implement CQI to continually monitor youth outcomes, make data-driven decisions about service delivery, and ensure that the change is sustained. The framework consists of six steps: *Develop a Quality Improvement Team, Operationalize the Intervention, Develop Service Delivery and Youth Outcome Objectives, Collect Quality Data, Utilize the Data to Identify Improvement Areas, and Incorporate a Review Process to Sustain CQI.*³ (See Exhibit 3: Six Steps to Implementing Continuous Quality Improvement.)

Exhibit 3: Six Steps to Implementing Continuous Quality Improvement

Step 1	• Develop a Quality Improvement Team
Step 2	• Operationalize the Intervention
Step 3	• Develop Service Delivery and Youth Outcome Objectives
Step 4	• Collect Quality Data
Step 5	• Utilize the Data to Identify Improvement Areas
Step 6	• Incorporate a Review Process to Sustain CQI

³ Jennifer Loeffler-Cobia and Teri Deal. (2010). *Building Quality Improvement Capacity among Juvenile Justice Providers: A Conceptual Framework*. National Center for Juvenile Justice,

Step One: Develop a Quality Improvement Team

Task 1: Identify Members of the Quality Improvement Team

A Quality Improvement (QI) Team is the driving force behind engaging in and sustaining a quality improvement process. Therefore, it is very important to begin with a strong and committed team. The QI Team should be composed of a cross-representational sample of organizational administrators, direct service staff, and others who are familiar with the targeted intervention. The QI Team is instrumental in providing leadership around CQI implementation.

Here are a few recommendations to consider when forming a QI Team:

- To ensure that the workload is not placed on just a few shoulders, the ideal team should be composed of five to seven members.
- If the program is a collaborative effort, it is important to include representatives from the collaborating agencies. This will ensure that all involved parties share a common vision for implementing CQI and are aware and informed of the process.
- Administrative buy-in is crucial. Include at least one administrator on the QI Team. Their active participation will demonstrate the organization's commitment to quality improvement.
- Engage direct service staff as members of the QI Team. This will ensure that a variety of perspectives are present for the valuable discussions that will occur throughout the quality improvement process, as well as assist in cultivating the long-term sustainability of the process.
- Be upfront and realistic about the amount of time, effort and commitment each person will be expected to contribute as a member of the team. Implementing CQI is an ongoing process that will take continued innovation, work, and dedication. Each team member will need to be aware of the amount of time needed to commit and the necessary tasks they will be involved in to help manage their workload and time.

Task 2: Select an Intervention

Once the QI Team is in place, the work can begin. The first task of the team is to decide where to start. There are likely numerous interventions that the organization implements on a daily basis. While learning the CQI process, it's best to focus on one intervention. For example, start with a specific curriculum or case management program. Starting with a specific focus helps the QI Team to build a foundation of skills. After the QI Team has learned how to implement CQI, they can expand the process to other areas of the organization.

TIP: Choose QI Team members from staff of all levels who have demonstrated commitment to the organization. QI Teams with consistent membership maintain momentum and emulate the organizational shift towards quality improvement.

Step Two: Operationalize the Intervention

Once the QI Team has identified the intervention to target and prior to collecting data, it is important to clearly define and operationalize the intervention. This helps to communicate a consistent understanding of the intervention and shared expectations for how the intervention is intended to be delivered among staff and stakeholders. There may be some areas of the intervention that need to be improved or formalized before applying CQI. In order to identify these areas and make a plan to begin to work on them, the QI Team should develop a logic model and complete the *Qii Self Assessment*.⁴

Task 1: Develop a Logic Model

To begin operationalizing the intervention, the QI Team should develop a logic model. A logic model is a schematic diagram of the intervention that outlines the targeted population, what resources are being put into an intervention, how the intervention is implemented (i.e. what services are provided), and what outcomes are expected. This exercise is beneficial because it establishes consistency among QI Team members about the purpose and inner-workings of the intervention. The logic model can also be used for educating stakeholders and new employees on how the intervention is intended to work. It will also be used later in the CQI process when developing measurable service delivery and youth outcome objectives.

There are several formats for logic models, from basic to comprehensive and detailed. This manual presents a very simple version of a logic model comprised of three areas: *Targeted Population*, *Services Delivered*, and *Expected Youth Outcomes*.⁵ The first area, *Targeted Population*, describes *who* the intervention targets, or in other words, the youth who are intended to participate in the intervention. This area should identify characteristics that the targeted population has in common such as age, gender, risk factors (e.g., anti-social thinking, antisocial behavior, criminal thinking, dysfunctional family, lack of employment, limited educational achievement, lack of leisure time activities, and substance abuse) and referral sources. These characteristics should be listed in the *Targeted Population* section of the logic model.

Once the QI Team has described the targeted population, think about *what* changes in knowledge, attitudes, behaviors, and skills are anticipated based on participation in the intervention. Often the risk factors that the team identified in the description of the *Target Population* provide clues to the types of changes that can be expected. For example, if a primary risk factor targeted by the intervention is criminal thinking, an anticipated youth outcome would be to decrease criminal thinking among youth who successfully complete the intervention. To determine the anticipated outcomes, engage the QI Team in a discussion of the following questions:

- *What differences are expected as a result of the intervention?*
- *What will the youth learn as a result of the intervention?*
- *How will behavior change based on participation in the intervention?*
- *What are the ultimate goals of the intervention?*

⁴ Patricia Torbet, Jennifer Zajac, Jennifer Loeffler-Cobia, and Teri Deal. (2011). *Quality Improvement Initiative Self-Assessment*. National Center for Juvenile Justice, University of Pittsburgh Office of Child Development,

⁵ Christine Ameen, and Jennifer Loeffler-Cobia. (2002). *Program Enhancement Process*. Utah Department of Juvenile Justice,

Insert all anticipated outcomes into the *Anticipated Youth Outcomes* section of the logic model.

Finally, determine **how** the intervention achieves the anticipated youth outcomes. The QI Team should review the processes and activities that youth experience or participate in while involved in the intervention. Consider the following questions:

- *What activities do youth attend as part of the intervention?*
- *How do the youth participate in activities?*
- *Are there specific activities that the youth need to complete?*
- *Are there certain steps that youth must accomplish to meet the anticipated outcomes?*

These activities should be listed in the *Services Delivered* section of the logic model.

When the three areas are complete, their contents should represent the intended population, services delivered, and anticipated outcomes of the targeted intervention. The *Targeted Population* describes the youth **who** enter into the intervention. The *Services Delivered* represents **how** the intervention is delivered and the experiences youth have during their participation in the intervention. The *Anticipated Youth Outcomes* includes **what** changes are expected following successful completion of the intervention. Once the QI Team agrees that the logic model developed is an adequate representation of the intervention, incorporate it into training for new and existing staff, marketing materials for referral sources, and quality improvement processes. (See *Exhibit 4. Example Logic Model* and *Appendix A. Logic Model Template*)

Exhibit 4. Example Logic Model

Target Population “Who” <i>Description of the targeted population and the risk factors targeted by the intervention.</i>	Services Delivered “How” <i>Description of the processes, services, and activities that youth participate in during the intervention.</i>	Anticipated Youth Outcomes “What” <i>Description of the anticipated outcomes of the intervention.</i>
<ul style="list-style-type: none"> • Age Range: 14-18 • Gender: Males and Females • Risk Factors: Antisocial Thinking, Lack of Pro-Social Skills, Dysfunctional Family • Status of Youth: Adjudicated Delinquent • Referral Sources: Juvenile Probation 	<ul style="list-style-type: none"> • Administer the risk assessment • Participation in treatment goal planning • Participation in cognitive behavioral group • Participate in at least three role plays • Youth participation in in-home family counseling • Parental participation in in-home family counseling 	<ul style="list-style-type: none"> • Decrease in antisocial thinking • Increase pro-social skills • Increase positive family communication • Decrease recidivism

Task 2: Complete the Self Assessment

The *Qii Self Assessment* is an inventory designed to assist juvenile justice providers in operationalizing interventions and preparing for CQI. It was developed around five priority areas: *Purpose*, *Strategy*, *Structure*, *Delivery*, and *Quality*.⁶ These five priority areas create a framework through which to view juvenile justice programming. The areas are interrelated and symbiotic; one builds on the next. (See *Exhibit 5. Five Priority Areas*)

Exhibit 5. Five Priority Areas

<i>Purpose</i>	The first and arguably most important priority area is <i>Purpose</i> . This priority area refers to the importance of having a clear definition of the purpose of the intervention. To promote a consistent and coherent message to staff and stakeholders, it is often useful to compose a purpose statement that clearly describes the intention of the intervention. The purpose statement should include the risk factors that the intervention targets as well as the anticipated outcomes of the intervention.
<i>Strategy</i>	The second priority area, <i>Strategy</i> , refers to the underlying theoretical and/or research basis for the intervention. Interventions are often modeled after or built upon existing theories or research that provides reasonable evidence to support that the intervention will “work,” (e.g, meet the anticipated outcomes). It is important to identify the theoretical basis for the intervention to promote fidelity and quality implementation.
<i>Structure</i>	<i>Structure</i> , the third priority area, reflects the importance of documenting exactly how the intervention is intended to be implemented. All processes and procedures, from intake and assessment through successful completion of the intervention, should be documented and shared with all staff to promote consistency of facilitation.
<i>Delivery</i>	The priority area of <i>Delivery</i> , the fourth priority area, focuses on training and supervision. In order to facilitate the intervention as intended, it is important that those who are delivering the intervention are appropriately prepared through consistent training. Intervention staff should also be supported through booster trainings and regular oversight from a supervisor who has also been trained in the intervention.
<i>Quality</i>	<i>Quality</i> , the final priority area, emphasizes the importance of documenting the implementation and results of the intervention and using the data to inform practices. It is important to collect both quality assurance measures, such as number of youth enrolled, number of youth who attended sessions, or number of sessions, as well as service delivery and youth outcome data to be used for improvement purposes.

The *Qii Self Assessment* identifies strengths of an intervention and areas where improvements can be made in relation to the five priority areas. The tool consists of five sections, one for each priority area, and asks QI Teams to determine the extent to which the targeted intervention aligns with best practice standards. The QI Team should complete the *Qii Self Assessment* together.

⁶ National Center for Juvenile Justice. (2009)

The activity generates productive discussions on the current implementation and understanding of the intervention. (For the *Qii Self Assessment*, please see *Appendix B*.)

Task 3: Develop a Quality Improvement Plan

Use the QI Team’s responses to the items on the *Qii Self Assessment* to develop an initial QI Plan. A QI Plan is a dynamic document that clearly states goals and tasks, person(s) responsible, and timelines. It will evolve as the QI Team continues to work through implementing CQI. Just as there is a section in the *Qii Self Assessment* for each priority area, there is also a section in the QI Plan for each priority area. Identify the items from the *Qii Self Assessment* that the QI Team rated the lowest and create related goals and tasks to include in the QI Plan. For example, if the QI Team rated the item “Identified the targeted population to receive the intervention” as a 1, meaning “We have not begun,” it may be included in the QI Plan as in *Exhibit 6. Quality Improvement Plan Example A*.

Exhibit 6. Quality Improvement Plan Example A

Goal: Identify targeted population to receive the intervention.

Action Step	Resource(s) Needed	Person(s) Responsible	Date Due	Date Completed
Review intervention manual for description of intended population.	Intervention Manual	Clinical Coordinator	Sept 1	TBD
QI Team meets to discuss intended population and finalize definition of targeted population.	N/A	QI Team	October 1	TBD
Share definition of targeted population with staff at staff meeting.	N/A	Clinical Director	November 1	TBD
Revise materials for Juvenile Probation to include definition of targeted population.	Brochure	Administrative Assistant	January 1	TBD

Once the QI Team begins responding to data collected on the targeted intervention, the QI Plan will also include goals and tasks that are in response to the data. For the *Quality Improvement Plan Template*, please see *Appendix C*.

TIP: Identify a QI Team Lead to be responsible for monitoring and updating the QI Plan and convening the team for regular meetings.

Step Three: Develop Service Delivery and Youth Outcome Objectives

In order to determine how the intervention is currently working and where improvements can be made, data must be collected and reviewed. When collecting data for quality improvement purposes, it is important to be clear and purposeful about the information that is to be collected. Developing objectives helps to identify exactly what is important to measure. There are two types of objectives: **service delivery objectives** and **youth outcome objectives**. Both types of objectives have the same components: (1) basic measure, (2) direction of measure, (3) object of measure, and (4) expected value; however, they focus on two different aspects of the intervention.⁷

Service delivery objectives, sometimes referred to as process objectives, are statements about how services are intended to be delivered. They focus on the activities or processes that a youth experiences as part of the intervention. An example of a service delivery objective is, "90% of youth will participate in at least six anger management sessions."

Youth outcome objectives are statements about the expected impact of the services provided. They describe what is expected of youth who complete all or a component of the intervention. An example of a youth outcome objective is, "90% of youth who successfully complete at least six sessions will increase their anger management skills."

Task 1: Develop Objectives

When writing an objective, start by identifying the **basic measure**. The basic measure refers specifically to what is to be measured. In the example "90% of youth who successfully complete at least six sessions will increase their anger management skills," the basic measure is "anger management skills." The logic model that the QI Team developed earlier in the process will come in handy to identify the basic measures for both service delivery and youth outcome objectives. Refer to the *Services Delivered* area of the logic model to derive the basic measures for service delivery objectives and the *Anticipated Youth Outcomes* area to determine the basic measures for youth outcome objectives. Common basic measures for service delivery objectives are: attendance at activities, participation in groups, and amount of service received. Common basic measures for youth outcome objectives are: increase in knowledge, mastery of skills, change in attitudes, or in behavior.

After the basic measure has been identified for the objective, determine the **direction of the measure**. The direction indicates the way in which the measure is anticipated to change. Three common directions are: meeting a benchmark, tolerating a specific level, and maintaining a specific level. Here are examples of objectives with each direction of measure.

- Meeting a benchmark: "90% of enrolled youth will attend school 80% of the time." Youth are expected to meet the benchmark of attending 80% of the time, no more, no less.

⁷ This approach to developing objectives is a refined version by Christine A. Ameen, Ameen Consulting & Associates of the work done by SEARCH, The National Consortium of Justice Information and Statistics. (2003).

- Tolerating a specific amount: "90% of enrolled youth will attend school *at least* 80% of the time." Youth who attend school 80% or more of the time would meet this objective. It is tolerating a level of 80% attendance.
- Maintaining a specific level: "90% of enrolled youth will *continue* to attend school 80% of the time." Youth are already attending school 80% of the time and are expected to maintain that level of attendance.

Third, identify the **object of measure**. This is the person from whom or about whom the measure is taken. With rare exception, the object of measure will be the youth enrolled in the intervention because they are the ones who are participating in services and the ones in which change is anticipated. In the above example, "90% of enrolled youth will attend school at least 80% of the time," the object of measure is "enrolled youth." It is important to be as specific as possible about the object of measure to ensure data are collected from the correct group of youth. For example, if the basic measure of an objective is "attendance in alcohol awareness group" and only youth who have been referred to substance abuse services will attend this group, it is important to specify that in the objective: "90% of youth who have been referred to substance abuse services will attend 80% of alcohol awareness groups," rather than "90% of youth will attend 80% of alcohol awareness groups."

Finally, determine the **expected value**. The expected value is a benchmark for the level of performance that is expected or desired. In the example, "90% of youth will increase their anger management skills," the expected value is 90%. It is expected that at least 90% of youth will achieve the intended outcome. After data are collected, actual performance will be compared to the expected value in order to determine if objectives have been met. The expected value can be based on past performance data if it is available. If data are not available, the expected value can be an estimation of what is reasonably expected.

TIPS:

- *Be careful not to let the assessments that are already part of the intervention guide objectives. Choose what is important to measure first, and then consider how it will be measured.*
- *When identifying basic measures for service delivery objectives, do not include optional activities or opportunities that a youth may or may not take. Choose only activities or experiences that are believed to be vital to reach the expected outcomes.*
- *Participation and attendance are different. Attendance measures that a youth is in the room when the intervention is occurring and may or may not absorb information or engage in activities. Measuring a youth's participation in an intervention (e.g., engaging in discussion, completing tasks, providing feedback to peers) provides more meaningful information on the youth's experience.*

Step Four: Collect Quality Data

Once the QI Team has developed objectives, it is time to plan for how data will be collected. Implementing a data collection process for measuring objectives is a multi-step task that will only be successful with careful planning. Because the data will be used for decision making, it is important that the data are an accurate reflection of the services delivered and outcomes generated under the current conditions. Success in demonstrating positive impact does not lie with the amount of data the organization collects, but rather with the quality and usefulness of those data.

To ensure that the data being collected are of high quality, the following preliminary steps need to be completed: develop data collection plans, identify a mechanism to aggregate the data, train staff on data collection procedures and conduct a data collection pilot.

Task 1: Develop Data Collection Plans

The QI Team should develop a **data collection plan** for each service delivery and youth outcome objective. The data collection plan should clearly describe what is to be measured, how it will be measured, who is in charge of each step, and a timeline for completion. There are four components to a data collection plan: (1) definition of the basic measure, (2) measurement method, (3) person(s) responsible for collecting and entering the data, and (4) timeline of data collection and data entry. For an example of a data collection plan, please see *Exhibit 7. Data Collection Plan Example* and *Appendix D. Data Collection Plan Template*.

The first step in developing a data collection plan is to clearly **define the basic measure** of the objective. The QI Team identified the basic measure using the logic model when they developed the objective. In the data collection plan, it is important to specifically define the basic measure to ensure that all staff have a common understanding of what the basic measure means. For example, if the basic measure of the objective is “participation in group,” participation may be defined as meeting a certain level on a participation scale or solely attending a group and not disrupting activities. Likewise, if the basic measure is “increase pro-social skills,” it is important to decide if pro-social skills means positive communication or demonstration of anger management skills. It is entirely up to the QI Team to decide what the basic measures mean to the intervention.

After clearly defining the basic measure, decide how the information will be collected by identifying the **measurement method**. Think about where information can be found when planning to measure objectives. Common examples of measurement methods include:

- Intake paperwork
- Observation or activity logs
- Logs that track attendance and participation
- Formal reports from school or probation
- Pre and post tests
- Standardized assessments

Exhibit 7. Data Collection Plan Example

Data Collection Plan for Service Delivery Objective	
Service Delivery Objective	90% of youth who are enrolled in the intervention will participate in at least 6 anger management sessions.
Definition of basic measure	Participation in anger management sessions based on the following participation rating system: A = (Active) - Asked questions and gave feedback without prompting. M = (Minimal) - Spoke when prompted. P = (Present) - Physically present with no verbal interaction.
Measurement method	Participation in each session will be noted on the group logs
Person(s) responsible for data collection and data entry	Session facilitators will observe and record participation on group logs. Group logs will be put in Clinical Director's mailbox immediately following group. After reviewing the group logs, Clinical Director will give the logs to the Administrative Assistant to enter into the Anger Management Spreadsheet and file in client files.
Timeline	Data will be collected each session (weekly) and entered on the Anger Management Spreadsheet within one week of session completion.
Data Collection Plan for Youth Outcome Objective	
Youth Outcome Objective	90% of youth who complete all 6 anger management sessions will increase their anger management skills.
Definition of basic measure	Anger management skills are functional life skills that help youth process anger without verbal or physical aggression.
Measurement method	Anger management skills will be measured with the Aggression Scale.
Person(s) responsible for data collection and data entry	The therapist is responsible for both administering the Aggression Scale and entering the score into the Anger Management Spreadsheet.
Timeline	The therapist will administer the Aggression Scale prior to the first anger management session. The therapist will re-administer the Aggression Scale to youth who have completed 6 sessions at their monthly treatment planning meeting. The therapist will enter scores from the pre- and post-test into the Anger Management Spreadsheet immediately following administration.

The measurement method the QI Team chooses is based on the basic measure of the objective. If the basic measure is to **increase or decrease** a skill or behavior, it is important to measure prior to the intervention (e.g., pre-test) and following the intervention (e.g., post-test). However, if the basic measure is to demonstrate a skill or behavior, it is only necessary to measure once at the end of the intervention.

The third step in writing a data collection plan is to identify the **person(s) responsible** for collecting the information as well as entering the data into a spreadsheet or database. It may be the same person who both collects and enters the data, or one person may collect the information and give it to another to enter. If there are two different people responsible for collecting and entering data, include the process for how they will communicate and share the information in the data collection plan. Be sure to identify the person by position or title rather than name. This way, if the person who is responsible changes roles or leaves the organization, the data collection plan is still valid.

Finally, the data collection plan should include a **timeline** of when data will be collected as well as when it will be entered. Consider the basic measure and determine whether it is important to collect that information daily, weekly, monthly, or before and after the intervention. The timeline should take into consideration when information will need to be reported and any effective processes for data collection that are already in place.

Task 2: Identify Mechanism for Aggregating the Data.

Many service providers are well equipped for data collection. Case notes and intake paperwork are typical tasks for both community and residential providers. Most of the time, however, this type of data collection is done at the individual level. For quality improvement purposes, it is vital that the data collected are able to be aggregated, or combined across youth, to present a picture of the entire intervention. For this reason, it is important that there is a mechanism for aggregating the data. Usually, this is a spreadsheet or database. At times, providers have an existing, comprehensive data system that can be altered to aggregate the data. This level of sophistication is not necessary. A simple Excel spreadsheet can work just as well, as long as it contains all of the important pieces of data needed to determine actual performance on an objective.

Task 3: Train Person(s) Responsible in Data Collection.

The priority area of *Delivery* encourages the training of staff on how an intervention is intended to be delivered in order to promote consistency and increase the likelihood that interventions are implemented with fidelity. Similarly, properly training staff who are responsible for collecting data, administering assessments, and performing data entry helps to ensure that data collection plans are being followed, assessments are being administered correctly, and that the data are being entered in a uniform and timely manner. It is important to share the reason why each piece of information is being tracked and how the information will be used with all staff who will be involved in data collection and data entry. Awareness of the purpose for data collection will support a commitment to following data collection procedures and ultimately help ensure that the data are of high quality.

Task 4: Conduct Data Collection Pilot

Once all of the necessary components are completed (i.e., objectives and data collection plans developed, measurement methods identified, staff responsible for data collection trained, and mechanism for aggregating the data exists), the data collection pilot can begin. The data collection pilot is an opportunity to practice collecting data according to the data collection plans and entering it into the aggregating mechanism. The pilot should last at least 30 days. At the conclusion of the pilot, the QI Team should meet to discuss how data collection is proceeding and assess the quality of the data that have been collected. The QI Team should review completed measurement methods to confirm that the staff responsible for data collection are following data collection plans correctly. The QI Team should also ask staff for feedback on data collection plans: *Are they easily understood? Is it difficult to follow the plan in the course of day-to-day responsibilities?* Likewise, the QI Team should review data that have been entered into the aggregating mechanism. The QI Team should look for missing data and ask staff who are responsible for data entry about the ease of using the system. It is reasonable to expect that there may need to be some improvements made to data collection plans and procedures following the data collection pilot. The pilot provides an opportunity to strengthen data collection which leads to higher quality data to use for decision making. Once the data collection pilot is completed, the QI Team is ready to start collecting data.

Step Five: Utilize Data to Identify Areas of Improvement

Once the QI Team feels confident in the quality of the data being collected, it is time to sit back and wait for the data to be collected. This can often be the most frustrating part of the process. There is constant momentum and frequent progress made in developing the foundation for quality data collection, followed by a lull in quality improvement activities while data are first being collected. During this time, it is useful for the QI Team to prepare for how they will eventually respond to the data.

Task 1: Define Ranges for Objectives.

One way to prepare is to define ranges for each objective. The ranges dictate how the QI Team will respond to actual performance. Defining ranges prior to reviewing the data maintains objectivity and reduces the likelihood of jumping to conclusions when actual performance does not meet the expected value. Commonly applied ranges are Excellent Performance, Acceptable Performance, Monitor Closely, and Needs Improvement.

- **Excellent Performance** - This is usually performance at or above the expected value.
- **Acceptable Performance** - This is usually performance just below the expected value, but high enough that improvements may not be needed.

- **Monitor Closely** - This performance is slightly below the “acceptable” level, and the team may choose to monitor the objective performance for a period of time to determine the direction of the trend.
- **Needs Improvement** – Performance in this range suggests that there is something in the way services are delivered that requires a change or improvement.

It can be useful to create a chart to describe the ranges for each objective as in *Exhibit 8. Data Ranges Example*.

Exhibit 8. Data Ranges Example

Objective	Expected Value	Excellent Performance	Acceptable Performance	Monitor Closely	Needs Improvement
75% of youth who complete the intervention will show an increase in pro-social skills.	75%	75% or Higher	65%-74%	55%-64%	54% or Less

Task 2: Follow Requirements for Data Collection

As data are being collected and entered into the spreadsheet or database used for aggregation, the QI Team should view the data often. Data on service delivery objectives can be viewed as often as monthly, while it might be more appropriate to view data on youth outcome less often, for example, quarterly. Viewing the data often will help the QI Team to monitor data collection and entry and to gauge if services are being delivered as intended.

It is recommended that data are not used to make decisions until there are at least 30 records available to view. Viewing less than 30 records may not provide a full picture of what is happening in the intervention. The performance may be falsely low or inaccurately high. Therefore, information generalized from less than 30 records should not be used to make decisions to change the intervention.

In addition, before using data to make decisions, it is important to ensure that data collection procedures were followed correctly. The QI Team should review measurement methods to make certain that they are completed properly and fully. If staff are consistently skipping items or forms or if it appears that staff are interpreting rating scales differently, it may be necessary to revise data collection plans or retrain staff on how data are to be collected.

Once there is confidence in the quality of the data and there are enough records upon which to base conclusions, it is time to determine actual performance. The actual performance on

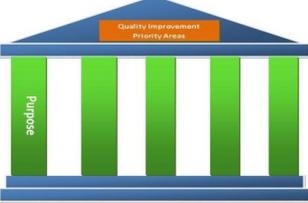
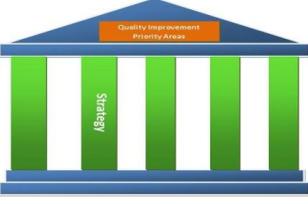
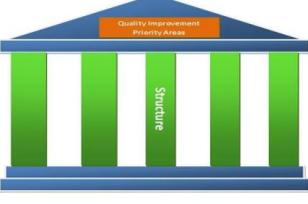
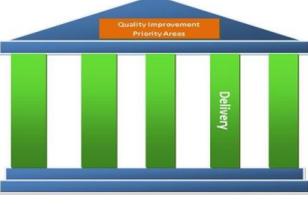
objectives should be compared to the expected value in the service delivery and youth outcome objectives to determine if the objectives have been met. If they have been met – congratulations! The intervention is meeting expectations, and no changes are necessary at this time. The team should continue to measure the objective to be sure that expectations continue to be met.

On the other hand, if actual performance is below the expected value, the QI Team must respond in accordance with the pre-established ranges. If actual performance falls within the pre-determined “Needs Improvement” range, the QI Team should attempt to explain the gap between the expected value and the actual performance. The team should brainstorm, eliciting feedback from direct service staff, participants, and stakeholders if necessary. It may be useful to reflect on the priority areas (specifically *Purpose, Strategy, Structure, and Delivery*).⁸ Please see *Exhibit 9. Identifying Gaps between Actual Performance and Expected Performance* for a list of questions related to the priority areas that provide direction when discussing possible explanations for gaps between the expected value and actual performance.

It is also important to reflect on the external circumstances occurring during data collection that may have impacted outcomes. For example, weather-related incidents that cancel programming or an outbreak of an illness that affect several youth may impact service delivery and youth outcome objectives. These contextual factors may provide clues to explain gaps between expectations and actual performance.

⁸ Jennifer Loeffler-Cobia, Teri Deal, and Anne Rackow. (2010). *Create an Improvement Process: Responding to Your Data*. National Center for Juvenile Justice.

Exhibit 9. Identifying Gaps between Actual Performance and Expected Performance

Priority Area	Questions to Ask
<p>PURPOSE</p> 	<ul style="list-style-type: none"> • Has the intended population to receive this intervention changed? • Have the specific risk and protective factors to be targeted been clearly defined? Have they changed? • Has the mission/vision/ purpose for this intervention changed?
<p>STRATEGY</p> 	<ul style="list-style-type: none"> • Is there research or evidence to support that the intervention's underlying strategy is effective in addressing targeted risk factors and/or protective factors for the population? • Is the strategy embedded into service delivery?
<p>STRUCTURE</p> 	<ul style="list-style-type: none"> • Has the intervention been operationalized to ensure consistency and coherence? • Have processes and procedures been documented? • Do intervention services relate to targeted population and outcomes? • Are youth completing the intervention services successfully? • Is the risk/needs assessment being used to target youth dynamic risk factors and updated to monitor youths progress toward goals? • Is the intervention too short or too long based on the level of change expected? • Are the youth actively participating in the intervention services? • Has there been a disruption in intervention services due to a major event (e.g. facility problem)?
<p>DELIVERY</p> 	<ul style="list-style-type: none"> • Have staff had enough training to deliver the intervention? • Are staff being supported through booster sessions to increase intervention delivery skills? • Have supervisors had enough supervisor-specific training to provide feedback/support to intervention staff? • Has there been a major resource problem that would affect intervention delivery? • Has there been an increase in staff turn-over? • Are there enough staff to deliver the intervention?

Task 3: Identify Strategies to Improve Performance and Enter into QI Plan.

Once the team has identified possible reasons that the expected value was not met, it is time to identify strategies to improve performance. If, for example, a potential reason for the gap between expectations and actual performance was that brand new staff were facilitating the intervention, a strategy to resolve the issue may be to have a more experienced facilitator provide on-the-job training to newer staff in the implementation of the intervention. Once the QI Team agrees on a strategy, incorporate this strategy as a new task on the QI Plan. This particular example would fit into the priority area of *Delivery*. (See *Exhibit 10. Quality Improvement Plan Example B*)

Exhibit 10. Quality Improvement Example B.**Priority Area #4 – DELIVERY: How are staff prepared and supported to implement the intervention?*****Goal #1: Provide additional support to new staff implementing the intervention.***

Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Done
1. Schedule an experienced staff during PM group times.	Hours to schedule staff	Clinical Coordinator	3/1	TBD
2. Provide additional supervision/training on the intervention to new facilitators immediately following weekly staff meeting on Friday morning.	Potential training materials	Program Manager	3/5	TBD

It is valuable to document these strategies in the QI Plan so that the QI Team can monitor the implementation of the strategies and have record of the changes to the intervention. Regular QI Team meetings are opportunities not only to review data, but also to revisit the QI Plan and monitor the implementation of strategies.

Task 4: Implement the Strategy

While implementing the improvement strategy, the QI Team should continue to follow data collection plans until enough records are collected to analyze. When the new set of data are reviewed, the QI Team should refer to the QI Plan to identify the changes that were occurring during the collection of that data. It may take more than one data collection cycle for improvements to be fully implemented and to see a change in youth outcomes.

Quality improvement is not an exact science. A strategy may or may not have the expected influence on the data. In order to be able to determine if the strategy has made a difference, only one strategy should be implemented at a time. If multiple strategies are executed, it will be difficult to tease out the successful strategy to incorporate it into the standard practices of the

intervention. If the one strategy implemented does not seem to address the need and improve performance, the QI Team should revisit other potential explanations and related strategies and try another.

Step Six: Incorporate a Review Process

The first five steps describe how to develop a team, operationalize the intervention, develop service delivery and youth outcome objectives, and how to collect and respond to quality data. These steps build the foundation of the CQI process. In order to fully implement CQI the QI Team must successfully incorporate a review process that makes CQI more than “just another thing to do.” A successfully incorporated review process means that the QI Team is regularly meeting to review and respond to data, information learned about the intervention from the data are shared routinely with staff and stakeholders, and decisions are informed by data. Successfully implementing a review process demonstrates that the organization is committed to continually improving services for the youth served.

TIP:

- **Select a Champion for CQI** - Identify an individual to coordinate CQI efforts.
- **Set a Specific Time to Meet** – Set a time each month to meet with the QI Team to monitor the QI Plan, review data, discuss improvement ideas, and monitor trends in youth outcomes.
- **Focus on Key Improvements First** - When it comes time to make improvements, prioritize the issues that are of the greatest concern to staff, administrators, and clients.
- **Involve Staff and Stakeholders with Improvement Ideas** - Use the information derived from CQI to encourage staff and stakeholders to provide feedback and think of new ways to solve problems. The opportunity to propose ideas, be heard, and to try new things can be motivating for staff and engaging for stakeholders.
- **Continually Examine Improvements’ Effectiveness** - The CQI process is focused on frequent implementation and testing of strategies. To be efficient, it is useful to determine if the improvements were effective and thus a good investment of resources. Continually review trends in your interventions youth outcome data to determine the impact made.

CONCLUSION

There are many benefits to implementing CQI in juvenile justice systems. The process reinforces the link between daily work activities and anticipated outcomes and supports the proliferation of evidence-based practices and data-driven decision-making. Continuous Quality Improvement can encourage creativity, energize staff, and increase faith in the services provided.

To successfully implement CQI, the organization must commit to CQI and be willing to change current practices, philosophies, and protocols. The organization must be clear on program goals, be dedicated to measuring progress, and committed to discussing data and responding to it through program improvements. The road to fully incorporating CQI and regularly learning through the use of data can be challenging. There are numerous moving parts that will need attention and many possible obstacles that may arise along the way. This effort requires a transformative shift that does not happen overnight. However, the end result is rewarding and benefits not only the organization, but also the youth and families served.

This manual presents the tools necessary for QI Teams to coordinate the various tasks required to implement CQI. It offers tips, procedures, and support for every step in the process, from becoming ready to implement CQI to responding to data to make evidence-informed improvements. It is intended to be a supportive resource for QI Teams through all of the stages of CQI. By following the steps outlined in this manual, QI Teams will build the skills necessary to implement and sustain CQI to continuously improve the quality of services provided to youth in Pennsylvania's juvenile justice system. The organization's commitment to aim for the best results possible for the youth and families served also furthers Pennsylvania's mission to improve outcomes for youth in the juvenile justice system.

Logic Model Template

A logic model is a simple way to organize information about an intervention. The information contained in the three areas of the logic model will be a helpful guide while drafting both service delivery and youth outcome objectives for quality improvement purposes.

Directions

1. As a QI Team, begin by describing the Targeted Population of the intervention.
2. Second, move to the Anticipated Youth Outcomes column. Here, describe what changes are anticipated as a result of youth participating in the intervention.
3. Third, fill in the Services Delivered column with the processes, services, and activities required to facilitate the anticipated changes listed in the Anticipated Youth Outcomes column.
4. Prioritize the information in each of the columns according to what the QI Team decides is most important.

Target Population “Who”	Services Delivered “How”	Anticipated Youth Outcomes “What”
<p>In this area, describe the targeted population for the identified intervention.</p> <ul style="list-style-type: none"> • Demographic information • Age range • Risk Factors/Common Characteristics • Referral sources 	<p>Use this area to list the processes, services, and activities that youth participate in during the intervention. For example:</p> <ul style="list-style-type: none"> • What do they attend? • How do they participate? • Are there specific activities that they need to complete? • Are there certain steps that youth must accomplish to meet the anticipated outcomes? 	<p>List the anticipated youth outcomes of the intervention in this area. This will include what changes in knowledge, attitude, behavior, and skills are expected as a result of a youth participating in the intervention.</p> <ul style="list-style-type: none"> • What differences are expected as a result of the intervention? • What will the youth learn in the intervention? • How will behavior change based on participation in the intervention? • What are the ultimate goals of the intervention?

Qii Self Assessment

Name of Organization: _____ Date: _____

Name of the Intervention: _____

Source of the Intervention: _____

The Quality Improvement Initiative (Qii) defines an intervention as a facilitated process/protocol that addresses risk factors and/or protective factors delivered with the intent of modifying behavior and/or increasing skills.

This Self-Assessment is an inventory to assist juvenile justice providers in planning for continuous quality improvement. It is built on the Qii framework which focuses on five priority areas: Purpose, Strategy, Structure, Delivery and Quality.

Instructions:

1. Bring together a cross-representational group to complete the Qii Self-Assessment. This group should include members from management, supervisors, and direct service delivery staff.
2. Using a scale of 1-5 (1 = **“We have not yet begun,”** 2 = **“We have started to work on this,”** 3 = **“We are about halfway complete,”** 4 = **“We are almost finished,”** and 5 = **“We have accomplished this”**) the group will rate each item as to how it currently exists within the intervention.
3. The Qii Self-Assessment will help you to identify areas that may need to be strengthened in order to operationalize your intervention. Use the ratings to help prioritize your program’s areas of focus and begin your QI Plan. Reassessing over time will highlight improvements made as a result of Continuous Quality Improvement.

Citation: National Center for Juvenile Justice, University of Pittsburgh Office of Child Development, Patricia Torbet, Jennifer Zajac, Jennifer Loeffler-Cobia, & Teri Deal (2011). *Quality Improvement Initiative Self-Assessment*.

Quality Improvement Self-Assessment

Priority Area 1: PURPOSE Are the intended population’s specific risk and protective factors to be targeted clearly defined? What changes in attitudes, thoughts, behaviors, and/or skill deficits are anticipated as a result of youth participating in the intervention?	Rate the items based on the level of implementation: 1 = We have not yet begun 2 = We have started to work on this 3 = We are about halfway complete 4 = We are almost finished 5 = We have accomplished this					Additional questions to ask as you are identifying at what level you have implemented each item.
	1	2	3	4	5	
1.1 Identified the targeted population to receive the intervention.						Who is the targeted population?
1.2 Identified primary risk factors and/or protective factors targeted by this intervention?						What are the primary risk factors and/or protective factors targeted by this intervention?
1.3 Identified what changes you expect to see in youth as a result of participating in the intervention.						What changes do you expect to see in youth as a result of participating in this intervention?
1.4 Developed eligibility criteria for participating in this intervention.						What are the eligibility criteria for participating in the intervention?
1.5 Defined vision, mission, and/or purpose statement to reflect targeted population, risk and protective factors and anticipated changes.						What is the current vision, mission and/or purpose statement for this intervention? Is there a consensus among staff as to the purpose for implementing this intervention?

Priority Area 2: STRATEGY Does the intervention employ strategies, grounded in theories and based in research, that have been shown to be effective addressing the identified risk and protective factors?	Rate the items based on the level of implementation: 1 = We have not yet begun 2 = We have started to work on this 3 = We are about halfway complete 4 = We are almost finished 5 = We have accomplished this					Additional questions to ask as you are identifying at what level you have implemented each item.
	1	2	3	4	5	
2.1 Identified the theory or research that forms the basis for the intervention.						What theory or research forms the basis of the intervention?
2.2 The components or principles of the theory or research basis are embedded in service delivery.						What are the components of the theory or research that forms the basis of the intervention?
2.3 Utilize action-oriented learning techniques to build new skills.						What action-oriented learning techniques does the intervention utilize?
2.4 Utilize a valid and reliable risk and needs assessment(s) to identify risk and protective factors.						What validated assessment(s) are used to identify areas of need and risk and protective factors?

Priority Area 3: STRUCTURE Is the intervention operationalized to ensure consistency and coherence? Are processes and procedures documented?	Rate the items based on the level of implementation: 1 = We have not yet begun 2 = We have started to work on this 3 = We are about halfway complete 4 = We are almost finished 5 = We have accomplished this					Additional questions to ask as you are identifying at what level you have implemented each item.
	1	2	3	4	5	
3.1 There is a completed logic model to identify planned activities for the intervention and anticipated outcomes.						Is there a completed logic model?
3.2 A process for planning intervention based on information from the risk and needs assessment(s).						Is there a planning process that identifies areas to target, behavior change goals, and the youth's stage of change? How is the appropriate intervention selected?
3.3 Definition of successful completion or termination from the intervention.						Does the intervention outline what is required for the youth to be successfully terminated from the intervention?
3.4 Identified specific duration of intervention.						How long does the intervention last?
3.5 Identified the most appropriate setting for intervention delivery.						What is the most appropriate setting for delivering the intervention? Are you compliant with the specification?
3.6 Identified optimal facilitator to participant ratio. (Facilitator can be a counselor, group director, case manager, and/or direct staff worker).						Does the intervention specify optimal ratio? Are you compliant with the specification?
3.7 Identified a process for when a youth can begin participating in the intervention.						When and how does the youth start participating in the intervention?

Priority Area 3: STRUCTURE Is the intervention operationalized to ensure consistency and coherence? Are processes and procedures documented?	Rate the items based on the level of implementation: 1 = We have not yet begun 2 = We have started to work on this 3 = We are about halfway complete 4 = We are almost finished 5 = We have accomplished this					Additional questions to ask as you are identifying at what level you have implemented each item.
	1	2	3	4	5	
3.8 Written facilitator materials (e.g. manual or lesson plans) exist for the intervention.						What written facilitator materials exist for the intervention?
3.9 Written participant materials (e.g. a workbook or written description) exist for the intervention.						What written participant materials exist for the intervention?
3.10 Identified rewards for participants to encourage attendance / participation?						What are the intervention rewards for participants to encourage attendance / participation?
3.11 Identified consequences for not attending / participating in the required number of sessions?						What are the intervention consequences for not attending / participating in the required number of sessions?
3.12 Rewards and consequences are explained to youth prior to beginning the intervention?						What is the process for explaining rewards and consequences to youth prior to beginning the intervention?
3.13 The purpose, strategy, and anticipated outcomes are explained to youth and caregivers prior to beginning the intervention?						What is the process for explaining the purpose, strategy, and anticipated outcomes of the intervention to youth and their caregivers prior to a youth's participation in the intervention?
3.14 Structured process for reviewing and updating risk and needs assessment.						How often is the risk and needs assessment reviewed and updated to keep current on the targeted factors?

Priority Area 3: STRUCTURE Is the intervention operationalized to ensure consistency and coherence? Are processes and procedures documented?	Rate the items based on the level of implementation: 1 = We have not yet begun 2 = We have started to work on this 3 = We are about halfway complete 4 = We are almost finished 5 = We have accomplished this					Additional questions to ask as you are identifying at what level you have implemented each item.
	1	2	3	4	5	
3.15 Structured process for reviewing and monitoring youth’s progress in the intervention (e.g. monthly reports, treatment plan, assessments).						How often is the treatment plan reviewed and updated to acknowledge progress on and completion of behavior change goals and to determine if other interventions are needed?
3.16 A team is in place to review and monitor the youth’s progress in the intervention and towards behavior change goals.						Has a team been identified to review and monitor the progress of youth behavior change?

Priority Area 4: DELIVERY Are staff appropriately prepared and supported through training and supervision to deliver the intervention as designed?	Rate the items based on the level of implementation: 1 = We have not yet begun 2 = We have started to work on this 3 = We are about halfway complete 4 = We are almost finished 5 = We have accomplished this					Additional questions to ask as you are identifying at what level you have implemented each item.
	1	2	3	4	5	
4.1 Minimum education requirements for individuals who wish to facilitate the intervention.						What is the minimum education that a facilitator needs to have to implement the intervention?
4.2 Formal facilitator training for staff to implement the intervention.						What types of training are facilitators offered to implement the intervention?
4.3 Formal facilitator training is mandatory.						What trainings for facilitators are mandatory?
4.4 Formal facilitator training processes have been developed.						What is the length of the formal facilitator training for this intervention? How often are facilitators trained? Is there a certification?
4.5 Documentation of the facilitators in your program/agency who have received formal training to deliver this intervention.						How many facilitators in your program/agency have received formal training to deliver this intervention?
4.6 Ongoing training/booster sessions are available for facilitators who deliver this intervention.						What types of booster sessions are facilitators offered to support their implementation of the intervention?
4.7 Booster sessions are mandatory for facilitators.						What booster sessions are mandatory?
4.8 Formal facilitator booster session processes have been developed.						What is the length of the booster sessions? How often are booster sessions available?

Priority Area 4: DELIVERY Are staff appropriately prepared and supported through training and supervision to deliver the interventions as designed?	Rate the items based on the level of implementation: 1 = We have not yet begun 2 = We have started to work on this 3 = We are about halfway complete 4 = We are almost finished 5 = We have accomplished this					Additional questions to ask as you are identifying at what level you have implemented each item.
	1	2	3	4	5	
4.9 Documentation of the facilitators who in your program/agency receive ongoing training/booster sessions for this intervention.						How many facilitators in your program/agency have received ongoing training/booster sessions for this intervention?
4.10 Supervisors who oversee facilitators are trained in the intervention.						What type of training specific to this intervention do supervisors who oversee facilitators receive?
4.11 Documentation of trainings that supervisors who oversee facilitators received.						How many supervisors who oversee facilitators have received training?
4.12 Process has been developed to ensure facilitators deliver the intervention as designed (e.g., case notes, group checklist).						What processes ensure that facilitators are delivering the intervention as intended?
4.13 An observation and feedback loop has been developed for supervisors to observe facilitators as they deliver the intervention and provide feedback on their performance.						What observation and feedback loop has been developed to provide facilitators feedback on strengths and areas of improvement?
4.14 Adequate funding has been allocated to implement this intervention as designed?						How is this intervention funded?
4.15 Adequate funding allocated to sustain this intervention as designed.						What funding is available to sustain this intervention as designed?

<p>Priority Area 5: QUALITY</p> <p>Are the implementation and results of the intervention – including participation, successful completion, and outcomes – documented over time and used to inform decisions as part of a continuous quality improvement process?</p>	<p>Rate the items based on the level of implementation:</p> <p>1 = We have not yet begun 2 = We have started to work on this 3 = We are about halfway complete 4 = We are almost finished 5 = We have accomplished this</p>					<p>Additional questions to ask as you are identifying at what level you have implemented each item.</p>
	1	2	3	4	5	
<p><i>Documentation is provided on the following for quality assurance:</i></p>						
<p>5.1 Participants who meet the eligibility criteria.</p>						<p>How is this documented? Where is this documented? What happens to the documentation?</p>
<p>5.2 Session attendance of youth involved in the intervention.</p>						<p>How is this documented? Where is this documented? What happens to the documentation?</p>
<p>5.3 Active participation of youth involved in the intervention</p>						<p>How is this documented? Where is this documented? What happens to the documentation?</p>
<p>5.4 Participant’s successful completion or termination.</p>						<p>How is this documented? Where is this documented? What happens to the documentation?</p>
<p><i>Documentation is provided on the following for Continuous Quality Improvement:</i></p>						
<p>5.5 Goals and objectives for service delivery of this intervention have been identified and documented (e.g. youth’s participation level).</p>						<p>How is this documented? Where is this documented? What happens to the documentation?</p>

Priority Area 5: QUALITY Are the implementation and results of the intervention – including participation, successful completion, and outcomes – documented over time and used to inform decisions as part of a continuous quality improvement process?	Rate the items based on the level of implementation: 1 = We have not yet begun 2 = We have started to work on this 3 = We are about halfway complete 4 = We are almost finished 5 = We have accomplished this					Additional questions to ask as you are identifying at what level you have implemented each item.
	1	2	3	4	5	
5.6 Data collection tools to measure service delivery goals and objectives have been developed.						How is this documented? Where is this documented? What happens to the documentation?
5.7 Processes for data collection for service delivery goals and objectives have been developed.						How is this documented? Where is this documented? What happens to the documentation?
5.8 Goals and objectives for changes or outcomes for participants have been identified and documented.						How is this documented? Where is this documented? What happens to the documentation?
5.9 Data collection tools to measure goals and objectives for outcomes have been developed.						How is this documented? Where is this documented? What happens to the documentation?
5.10 Processes for data collection for outcome goals and objectives have been developed.						How is this documented? Where is this documented? What happens to the documentation?
5.11 Processes for data utilization for intervention improvements have been developed.						Is the data collected from the intervention analyzed, reviewed, and shared with staff and management regularly? Are decisions about improvements based on data? Are improvement plans developed for continued quality improvements?

Quality Improvement Plan Template

Name of Organization:

Name of the Intervention:

Date:

For each priority area:

Develop action steps for the goals you plan to address OR check the box to indicate you are not addressing that priority area and provide an explanation.

Priority Area #1 - PURPOSE: Are the intended population’s specific risk and protective factors to be targeted clearly defined? What changes in attitudes, thoughts, behaviors, and/or skill deficits are anticipated as a result of youth participating in the intervention?

Will not address this Priority Area at this time. Please explain why:

Goal #1:

Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				

Goal #2

Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				

Priority Area #2 – STRATEGY: Does the intervention employ strategies, grounded in theories and based in research, that have been shown to be effective addressing the identified risk and protective factors?

Will not address this Priority Area at this time. Please explain why:

Goal #1:

Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				

Goal #2:

Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				

Priority Area #3 – STRUCTURE: Is the intervention operationalized to ensure consistency and coherence? Are processes and procedures documented?

Will not address this Priority Area at this time. Please explain why:

Goal #1

Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				

Goal #2

Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				

Priority Area #4 – DELIVERY: Are staff appropriately prepared and supported through training and supervision to deliver the intervention as designed?

Will not address this Priority Area at this time. Please explain why:

Goal #1:

Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				

Goal #2:

Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				

Priority Area #5 – QUALITY: Are the implementation and results of the intervention – including participation, successful completion, and outcomes – documented over time and used to inform decisions as part of a continuous quality improvement process?

Will not address this Priority Area at this time. Please explain why:

Goal #1:				
Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				
Goal #2:				
Action Steps	Resources Needed	Person(s) Responsible	Date Due	Date Completed
1.				
2.				
3.				

Data Collection Plan Template

Name:

Date:

Name of Organization:

Name of the Intervention:

Service Delivery	
Objective:	
Definition of Basic Measure	
Measurement Method	
Timeline of Data Entry	
Person Responsible for Data Entry	
Youth Outcome	
Objective:	
Definition of Basic Measure	
Measurement Method	
Timeline of Data Entry	
Person Responsible for Data Entry	

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