Agency Name: Reporting Period:

Count of new staff and staff turnover by program type, identify counties served *(a duplicated count):*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Crisis Family Intervention (CFI) | Functional Family Therapy (FFT) | Family Preservation Services (FPS) | Incredible Years (IY) | Parent Child Interaction Therapy (PCIT) | Promoting First Relationships (PFR)  | Positive Parenting Program (Triple P) | SafeCare (SC) |
| New |  |  |  |  |  |  |  |  |
| Turnover |  |  |  |  |  |  |  |  |

Total number of new staff: Total number of staff leaving agency:

Total staff working at agency at end of reporting period:

|  |
| --- |
| **Staff leaving the agency** |
| Initials | Length of time working under CIHS contract |
|  |  |
|  |  |
|  |  |

Please identify activities (e.g. audits, trainings, or support) provided to professional and paraprofessional providers in the following areas:

| **QA Elements** | **QA tracking/monitoring activities in the last quarter** | **Continuous Quality Improvement Activities (what activities were completed to improve practice around QA elements and how were QA data shared with staff/subcontractors?)** |
| --- | --- | --- |
| Cultural humility approach to serving families | ***Example:***Reviewed 5 of 15 client files from last 90 days, looking at:-Family Plan for Change - therapist case notes - supervision notes for evidence of:-efforts of practitioner to understand the traditions and values of the family. - practitioner referencing family culture during service-efforts of supervisor to support practitioner in developing their approach of cultural humility.   | ***Example:***Of the 5 client files reviewed, 2 where found with case notes on family culture. The rest did not. The supervisor notes consistently asked about using family culture in engagement and strength building. QA data was shared with staff at a team meeting. It was identified that staff would benefit from a training on asking families to share about their culture. A training will be offered where all staff are expected to attend. This is a repeat finding for one staff. The staff will review the next 5 cases specifically on family culture with the supervisor. Will reassess 90 days later.  |
| Family assessment and use of family voice in the intervention | Example:Reviewing x number of CANS-F assessments and Family Plan for Change and found x number of cases reflected the family’s voice and the assessment directly corresponded with the FPC.100% of CANS items scored 2 or higher were addressed on the FPC as either a treatment target, anticipated outcome, or additional treatment targets addressed by other providers. |  |
| Engagement and motivation of families served, as measured by the number of families that successfully engage in the Family Plan for Change | Example:X number cases with payments at step 2 have a completed FPC. Internal monitoring of PBC measure.  |  |
| Timeliness of service delivery and reports submitted to DCYF Social Service Specialists |  |  |

**Directions:** Send one electronic report per agency July 1st and January 1st to the following:

|  |  |  |
| --- | --- | --- |
| Region 1: FIN | jessicaH@familyimpactnetwork.org | 509-309-3454 |
| Region 2: FIN | jessicaH@familyimpactnetwork.org | 509-309-3454 |
| Region 3: Valkyrie Cole | valkyrie.cole@dcyf.wa.gov  | 425-599-5944 |
| Region 4: Anne Snook | anne.snook@dcyf.wa.gov  | 206-639-6257 |
| Region 5: Tanajah Mims | tanajah.mims@dcyf.wa.gov | 253-753-8407 |
| Region 6: Amber Salzer | amber.salzer@dcyf.wa.gov  | 360-580-9352 |

**Intent and Guide:**

* The intent of this effort is about a detailed look at practice for evidence of the goals and values identified in the Combined In-Home contract. An element of that work may include confirmation of standing policy/practice (e.g. supervisor review of all plans).
	+ Reviewing files (a.k.a. case review) is a key strategy to identifying strengths and needs of the work force in fulfilling the objectives of the work. Through a file review, it is anticipated agency leaders will be able to identify dynamics such as:
		- Specific family culture integrated into service goals
		- Connection between DYCF’s goals and the intervention goals
		- Therapist use of FPS library
		- Connection to community resources
	+ DCYF Child Welfare understands firsthand the effort needed to make this successful. The major rationale behind the hourly rate increase was acknowledgment of the extra work needed to engage in continuous quality improvement activities.
* The information provided also helps capture regional and statewide trends in service capacity and training needs.

**FAQs** – updated 3-14-19

1. Do I have to follow the examples?
	1. No, those are there to help guide the work. Please make sure the monitoring activities you are doing and reporting on support the work you do within your agency to meet the contract requirements for Quality Assurance. If it feels you are creating work that won’t help improve quality of programs, but instead just to satisfy a contract requirement, please stop and contact your Regional Lead or HQ Manager.
2. I'm wondering if DCYF has come up with any concrete examples or ideas of how you are wanting providers to be documenting the use of cultural competency/humility?
	1. The idea is to look for evidence in the records (clinical supervision notes, service notes, reports) that the core elements of cultural humility are discussed and addressed.  For example, is there evidence that the practitioner is approaching each encounter with the knowledge that what they bring includes assumptions and prejudices? Does the supervisor check in with the practitioner on this to help keep an open mind and remain respectful of the family in front of them.
	2. There are many wonderful videos on YouTube about cultural humility.
3. How does this work if I’m a sole proprietor?
	1. We understand this work to be an extension of the Clinical Supervision requirement. The Quality Improvement efforts takes a deeper look within cases to ensure key elements of the service are being delivered. We understand this work to be effective when done by someone other than the practitioner. Similar to the Clinical Supervision discussions, forming a collaborative with other contracted providers to support high quality practice is likely a minimum method to fulfill this requirement.