

TN

Department of

Children's Services



Performance and Quality Improvement Program Guide

Tennessee Department of Children's Services Office of Quality Compliance, CQI Division | April 2026



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Philosophy of the Performance and Continuous Quality Improvement Program

Introduction

The Department of Children's Services (DCS) promotes excellence in child welfare practice through commitment to a Performance and Quality Improvement (PQI) program. This program engages all levels of agency employees and stakeholders in identifying and targeting opportunities to improve services, processes, and outcomes for at risk children and families in Tennessee.

The foundation of PQI is the belief that people truly care about the work they do and strive to learn from experiences. DCS seeks to empower staff to create, innovate, and improve outcomes for children and families through teamwork in the PQI program.

The purpose and intent of the PQI Program is to target improvements to key operations and outcomes by utilizing the strategic plan and measurable data sources as a guide to:

- Improve the quality of casework;
- Improve outcomes for children and families;
- Increase local problem solving, based on the principle that all staff are equipped to effect positive, ongoing and lasting organizational change;
- Improve processes towards efficiency;
- Track and monitor trends through more effective use of practice data and utilize identified trends to drive improvement initiatives and long-term planning in the region;
- Track and monitor client, community, and provider agency outcomes and partner with them to develop improvements;
- Improve employee morale and satisfaction within their work environment by providing staff with a voice and ability to impact organizational improvement.

PQI and COA

Council on Accreditation (COA) is made up of an array of standards under which a service organization may be reviewed:

- *Administration & Management* standards describe best practices in how the agency should be run by its leadership.

- *Service Delivery* standards describe best practices in how the agency should interact with its employees and consumers.
- *Service Standards* describe best practices in the specific areas in which the agency conducts business or provides services.

An essential set of Administration & Management standards is *Performance and Quality Improvement (PQI)*.

PA-PQI 1: PQI Infrastructure

The PQI system has an infrastructure that gives the agency the capacity to:

- Ensure the integrity of measurement practices, including data collection and analysis;
- Identify agency-wide and region and program-specific areas of strength and areas for improvement; and
- Identify, implement, and monitor improvement strategies.

PA-PQI 2: Roles and Responsibilities

Staff at all levels of the agency participate in, conduct, and sustain performance and quality improvement activities.

PA-PQI 3: Measures and Indicators

The agency identifies and utilizes measures and indicators for evaluating the following within the agency and with any contract providers:

- The impact of services on individuals and families;
- The quality of service delivery; and
- Management and operational performance.

PA-PQI 4: Case Review

The agency maintains case review processes for each of its services that inform performance and quality improvement activities by evaluating:

- the impact of service delivery on each program's service population;
- the quality and effectiveness of service delivery practices; and
- the quality of documentation and data entry.

PA-PQI 5: Gathering Data and Communicating Information

The agency's data management practices facilitate the collection, analysis, communication, and interpretation of data.

PA-PQI 6: Contracting Practices

The agency enters into contracts as a purchaser of services with due regard for practices that promote positive service recipient outcomes and efficient use of resources.

Note: While the Department does engage in practices to meet this standard, it is not applicable to the CQI Division as those practices and responsibilities are under the purview of another DCS Office of Quality Compliance Division.

PA-PQI 7: Contract Monitoring and Quality Improvement

The agency monitors, evaluates, and enhances the quality and effectiveness of services purchased from other provider organizations or independent contractors.

Note: While the Department does engage in practices to meet this standard, it is not applicable to the CQI Division as those practices and responsibilities are under the purview of another DCS Office of Quality Compliance Division.

PQI/CQI

The Department of Children's Services operates the *Performance and Quality Improvement (PQI)* program through its Continuous Quality Improvement program. Dedicated Central Office staff persons are assigned regions to provide support, consultation, and guidance to the agency regarding the assessment of current performance and the planning and implementation of improvement efforts. These individuals are referred to as CQI Consultants.

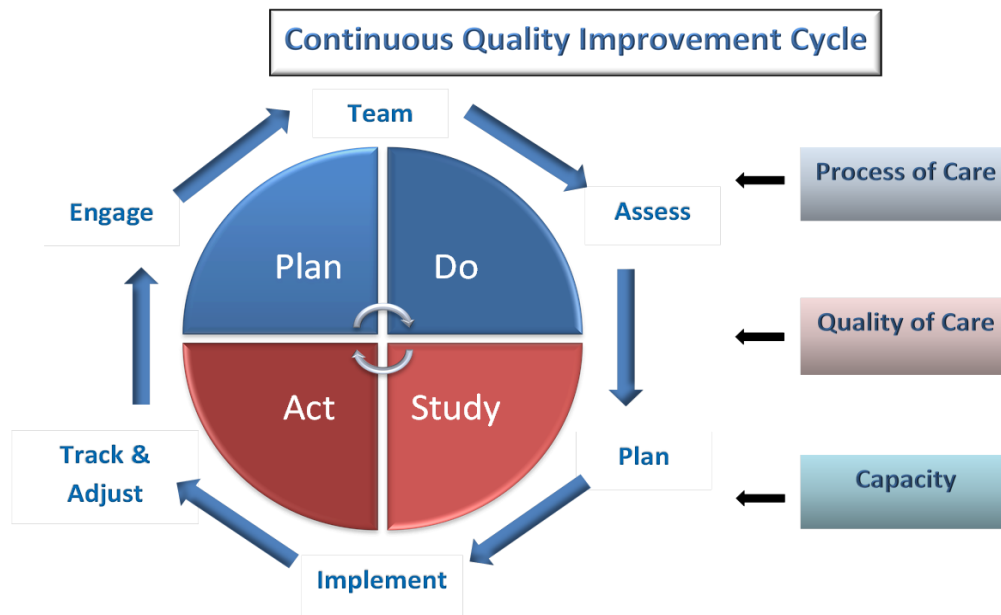
The work done by the CQI Consultants and through the CQI program is the crucial element necessary for DCS to meet the COA PQI standards.

Critical Elements

COA Standard	DCS Practice
Staff who are skilled and trained to provide guidance to the PQI process	CQI Consultants assigned to cover each region/facility who receive specialized training
Communication with stakeholders	Monthly QA/QI calls, meeting minutes, community partnerships
Education of stakeholders on the PQI process	Annual CQI training, CQI training for new staff, CQI meeting participation with internal and external stakeholders, including involvement with Community Advisory Boards (CABs), workgroups, and the Child and Family Service Review.
Quarterly review of a certain % of cases for practice according to policy	Case Process Reviews (Peer-to-Peer Review). Refer to the <u>Case Process Review Guide</u> for more information.
Review of cases for best practice implementation through outcomes	Child and Family Service Review (CFSR)
Involvement of key persons in the assessment and improvement process	Open CQI groups to all staff
Develop and implement action plans to address identified areas for improvement	Plan-Do-Study-Act process: Brainstorming in meetings, taking clear notes, assigning responsibilities, taking action, closing the loop
Review data associated with the logic models outputs and outcomes to address barriers in achieving the data goals.	Logic Model Data, Customer Focused Government Goals, and other data tracking measures.

Strategic Tools

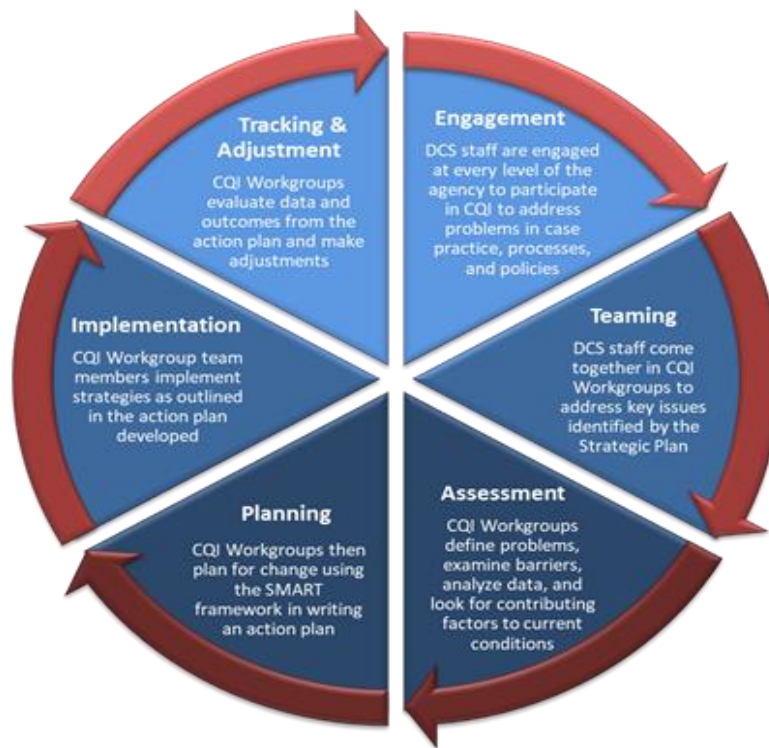
The Tennessee DCS Office of Quality Compliance, CQI Division, uses quality improvement business strategies and various tools to achieve better outcomes. Using evidence-based practices in quality improvement has proven beneficial in non-profit and government agencies. The PQI program will utilize tools from Six Sigma, Lean, Driver Diagrams, PDSA, and theory of change, and embed them into the Practice Wheel process of Engagement, Teaming, Assessment, Planning, Implementation, and Tracking.



Quality improvement Tools and Processes

CQI uses different tools, such as the DCS Practice Wheel, and processes to help solve problems through a solution focused approach. These processes include Root Cause Analysis, Plan-Do-Study-Act (PDSA), and Lean principals. PDSA provides a straightforward, iterative approach to quality improvement in your practice. The framework is easy to adopt regardless of practice size or resources. As ongoing quality improvement becomes part of TN DCS practice's culture, we will continue to find opportunities to make existing and "improved" processes better. The focus will be on what are we trying to accomplish. How will we know a change is an improvement? What changes can we make that will result in an improvement?

The DCS Practice Wheel, seen below, is the foundation of the Department's work with families, and principles from the Practice Wheel are applied across the agency.



Staff at all levels of the agency are **engaged** in and given the opportunity to participate in the CQI process with the assistance of the CQI Team. All staff may participate in CQI workgroups to identify known or potential issues/problems agencywide, at a regional level, and/or at the local level. Staff are encouraged to **team** with their peers, regional and local supervision, and high-level management staff to **assess** the identified issue/problem, suggest possible resolutions, and formulate a **plan** of action. Upon determining the plan of action, the plan is then **implemented** in an attempt to mitigate the issue/problem being addressed. Using available data tracking measures, the implemented plan will be monitored and **tracked** for progress. **Adjustments** to the plan or the development of a new plan will be completed, if needed; however, once the intended result is received, the plan will be fully implemented and distributed to all agency staff.

The Plan-Do-Study-Act focuses on three main areas, as noted below.

Process of Care

- Improving the flow of work in processes is an important way to improve the quality of services provided.
- To benefit from improvements in the quality of services, the customer must recognize and appreciate the improvements.

Quality of Care

- Although many organizations focus on ways to improve processes, it is also important to address the improvement of quality services/practices.
- Reducing variation improves the predictability of outcomes and helps reduce the frequency of poor results.
- Organizations can reduce errors by redesigning the system to make it less likely for people in the system to make errors.

Capacity Issues

- Look for ways of eliminating any activity or resource in DCS that does not add value to our customers.

Lean is a philosophy and a set of tools that help us focus on our processes to maximize customer value, minimize roadblocks, and engage our workforce in process improvement. Lean is actually not an acronym, but a description of a framework for process improvement. Lean organizations have figured out the simplest and most direct way to deliver services with the most value added to those services. When utilized, Lean can accomplish the following:

- Dramatically reduce backlogs
- Reduce lead times
- Decrease the complexity of processes
- Improve the quality and consistency of work
- Free up more staff time for "mission critical" work
- Improve staff morale
- Standardize processes for repeatable outcomes

Stakeholder Involvement

Stakeholder involvement in the CQI process is a critical component toward achieving targeted agency improvements. The Department is constantly seeking new and innovative ways to enhance collaboration with external stakeholders.

Stakeholders include:

- DCS Employees, Foster Parents, and Volunteers;
- Children and Families served by DCS;
- Performance Based Contract Providers;
- Contract Providers;
- Tennessee Commission on Children and Youth;
- Community

- Courts,
- Law Enforcement,
- Child Advocacy Centers,
- Community Advisory Boards,
- Mental Health Centers,
- Hospitals, Health Departments, and Medical Community,
- Court Appointed Special Advocates (CASA),
- Foster Parent Advocates,
- Children's Bureau.

Measures and Outcomes

DCS intends to create a stronger link between the agency's strategic plan through activities within the PQI Program. The agency's goals, funding, and objectives are, to a degree, driven by Tennessee Code Annotated, and Federal Title IV-E and IV-B requirements. The PQI Program will seek to further these goals by being sensitive to these driving entities. DCS seeks to maintain and refine its accreditation through the Council on Accreditation (COA). DCS will set clear measures toward achieving long-term strategic goals and desired outcomes that will be laid out in the Strategic Plan and Customer-Focused Government goals.

Statewide Targets/Use of Data

Client and program (system-level) key performance indicators and outcomes will be distributed to each region and Performance Based Contract Providers. In addition, heavy emphasis will be placed on the annual outcomes from Child and Family Service Reviews (CFSR) and Case Process Reviews (CPR). All levels of CQI teams will be charged with the responsibility of using data provided and any results from reviews to assist with making improvements through strategic planning and activity. The CFSR Child and Family Service Plan (CFSP) and strategic plan will be integrated into existing CQI activities.

Data Quality

The DCS Electronic Record System is a tool that supports caseworkers and other staff in their work with children and families. It is crucial that data in the Electronic Record System be as accurate and up to date as possible as DCS staff and leadership use this data to support decision-making that has significant consequences for children and families.

Achieving high data quality results in:

1. Accurate, reliable, and trusted data
2. Reduced confusion

3. Improved decision making
4. Accurate management reporting such as Key Performance Indicators (KPI)

The TN DCS Office of Quality Compliance, CQI Division, team assists STS and Central Office in data quality. Data quality is achieved by applying consistent procedures and processes, monitoring for compliance, and taking action corrective action. This process is completed on an on-going basis.

DCS's quality plan consists of three components:

1. Data Validation
2. Monitoring Data Quality
3. Data Improvements

Some of the activities related to the Data Quality Plan include:

Agency Monitoring through CQI - Monthly. The agency has an established workgroup through the Office of Data Governance and Analytics (ODGA) as a mechanism for monitoring and addressing deficiencies and troubleshooting solutions. Concerns or requests are submitted to the ODGA through an online referral form that is utilized by both CQI Consultants and the ODGA. Agency staff utilize CQI processes to enact needed adjustments to data quality deficiencies and inconsistencies from the monthly and quarterly reporting and case reviews. The CQI process can make recommendations for improvements to other program divisions.

Case Reviews – Monthly and Quarterly. Upon completion of a CPR quarter, the CQI Program Manager is responsible for pulling regional and program results from Formstack for distribution to regional leadership and case manager staff. The CQI Program Manager compiles data for each region on quality case documentation, case worker interaction with children and families, and compliance to federal standards. This data is then reviewed in regional meetings with CQI consultants. For more information on data, refer to the [DCS Office of Data Governance and Analytics](#) and DCS policy [1.33, Data, Research, and Survey Requests](#).

Logic Models:

Logic models are tools used in program planning, implementation, and evaluation to help DCS and stakeholders understand the components of a program and how they are expected to work together to achieve the desired outcomes. The logic model also helps DCS to monitor progress and evaluate the effectiveness of the program over time. Key stakeholders developed a logic model for CPS-Non-Custodial,

Foster Care and Adoption, and Juvenile Justice Custody and Probation programs. These logic models are listed below. The logic models show the key inputs, activities, outputs, and outcomes that leadership has identified as critical for DCS. The ODGA team compiles and shares data for each logic model for staff to review monthly. The PQI structure of DCS provides the platform for staff at all levels to become familiar with activities and develop ideas to assist DCS meet the outputs and outcomes identified in the logic models. Logic models for each program area are located on a shared drive (Regional Operations Data Hub) and are available upon request from the ODGA.

CQI Practices

Roles:

CQI Participants in Meetings:

CQI meetings include all staff. CQI meetings can include unit team meetings or CQI circles/workgroups that meet no less often than quarterly. These meetings should utilize agency and other data available whenever engaging in problem solving or engaging in discussions regarding outcomes for children and families.

The CQI Consultant:

- Acts as a consultant and liaison to help relay information and data for the area they serve (i.e., Region, or Central Office);
- Attends and provide technical assistance to Leadership Workgroups monthly and sub-workgroups routinely (at least quarterly);
- Provides specialized facilitation of various quality improvement tools;
- Ensures that referred items are received by the appropriate team and addressed timely, and feedback is provided to workgroups timely. This also includes referrals shared through the statewide virtual suggestion box;
- Posts minutes and related materials to the Statewide CQI Drive in advance of the next scheduled meeting;
- Maintains a CQI team folder on the Statewide CQI Drive that includes all minutes and related materials.

The Facilitator will:

- Develop the meeting agenda and send it to team members in advance of the meeting;
- Keep the agenda manageable and keep the overflow of issues in a “parking lot” where they can be added to the agenda as the process allows;
- Start on time and end on time;
- Facilitate the meeting;

- Ensure that discussion is meaningful and that everyone has the opportunity to have their voice heard and respected;
- Serve as the point of contact for that workgroup;
- Prepare and submit referrals for any issues that need to be sent to another CQI Workgroup.

The *Scribe* will:

- Schedule the date and time of meetings;
- Schedule meeting space and/or virtual platform-as needed;
- Send reminders and/or agenda to all participants about the meeting;
- Document on the Meeting Minutes ([CS-0987](#)) form;
- Make certain that all action steps have initiation and completion dates documented and responsible parties assigned;
- Send minutes out to all workgroup members and CQI Consultant within 10 working days from the date of the meeting;
- Arrange for flip charts, projectors, any supplies, etc. needed for meetings.

A **Team Member** is an individual who commits to attend CQI workgroup meetings. Team Members actively participate in discussion and decision-making. Facilitators and Scribes are also considered Team Members.

A **Team Member Liaison** is any Team Member on a CQI Workgroup who sits on a Leadership CQI Workgroup or CQI Workgroup at another level. Liaisons are expected to serve as experts on the CQI efforts of the teams they participate in and are recognized as strong collaborators.

All DCS employees are **Participants** in the CQI process and can interact with CQI Workgroups on an informal basis by discussing issues of concern with Team Members and referring issues for teams to consider for improvement. Participants are not actively involved with a CQI workgroup but understand that they can access information and provide information to the CQI process as desired. They are also welcome to join CQI Workgroups at any time.

CQI Workgroup Meeting Process

Introductions

- Ensure all members are familiar with one another.

Review of Previous Minutes

- Address any clarification in past minutes,
- Accept minutes as final.

Review of Current Agenda Items

- Discussion amongst team members of each agenda item,
- Ensure that each item receives adequate time during the meeting,
- Ensure associated data, policy, people, etc. are consulted accordingly for the discussion,
- Take Action:
 - Make final decisions,
 - Identify action steps,
 - Identify responsible person/people for action steps,
 - Determine completion dates for action steps,
 - Make referrals to other levels of CQI.

Meeting Closure

- Brief overview of action steps from all agenda items,
- Announcement of next meeting date and time.

Agenda Development

As the team develops an agenda or seeks to add a new agenda item, they will consider what data, policies, people, or other key drivers may need to be considered or consulted. The CQI Consultant will be used for assistance by obtaining needed resources, data sources and trends, or collaboration efforts. Other CQI Workgroup's minutes should be reviewed to seek and consider other agency successes for use or adaptation.

Minutes

Meeting minutes for all CQI Workgroups will be kept on the DCS Meeting Minutes ([CS-0987](#)) form. Minutes will be maintained on the Statewide CQI Drive, which all staff have access to view. The Statewide CQI Drive will be divided into subfolders according to the CQI program structure as outlined in Figure 1 and Appendices A-M so documentation can be easily located.

Follow Up

Issues can be addressed in the following ways:

1. The first is through referrals or problems that can be addressed by a local team through their team meeting, CQI circle, or workgroup by brainstorming ideas, developing suggestions, or action steps. These are "quick wins" that the team can take on without assistance from higher levels within the agency. An example of this is a region that identifies that timely EPSD&Ts have fallen below the target goal. This team can identify barriers and develop action steps to improve outcomes in the coming months.

2. Next are issues that require assistance from a higher level within the agency. A referral can be made to obtain assistance once the team works through the issue and demonstrates that the issue cannot be resolved without additional assistance. A referral can be made, through the Virtual Referral Box, or by discussing it with the CQI Consultant. An example of this is a team identifying a problem with a policy that impacts daily work. The team has clarified details as to what could be amended in order for the policy to be more effective but needs to partner with the executive level to make the needed changes. The CQI Director, CQI Program Manager, or CQI Program Coordinator will assist with this to help reach out to that level for input on the policy to determine if it needs to be revised, rewritten, or if more training is needed. Once a decision is made, this will be relayed back to the referent or referring team to help close the loop and ensure a decision is made.
3. All referrals are closed within 90 days to ensure a timely decision is made.

Guest Collaboration

When CQI teams identify an issue that members of the current CQI team cannot resolve, the team can seek assistance from others by inviting key subject matter experts, other staff from another program areas, or stakeholders to the meeting to participate in problem-solving before sending an issue by referral to another CQI team. When inviting guest collaborators to participate in CQI teaming, the team should prepare a detailed explanation of the issue the CQI team is working on and identify what the team hopes to accomplish through the collaboration.

Referrals

When a CQI Workgroup or Circle decides to send a referral to another CQI Workgroup, Circle, or Level, they will follow these steps:

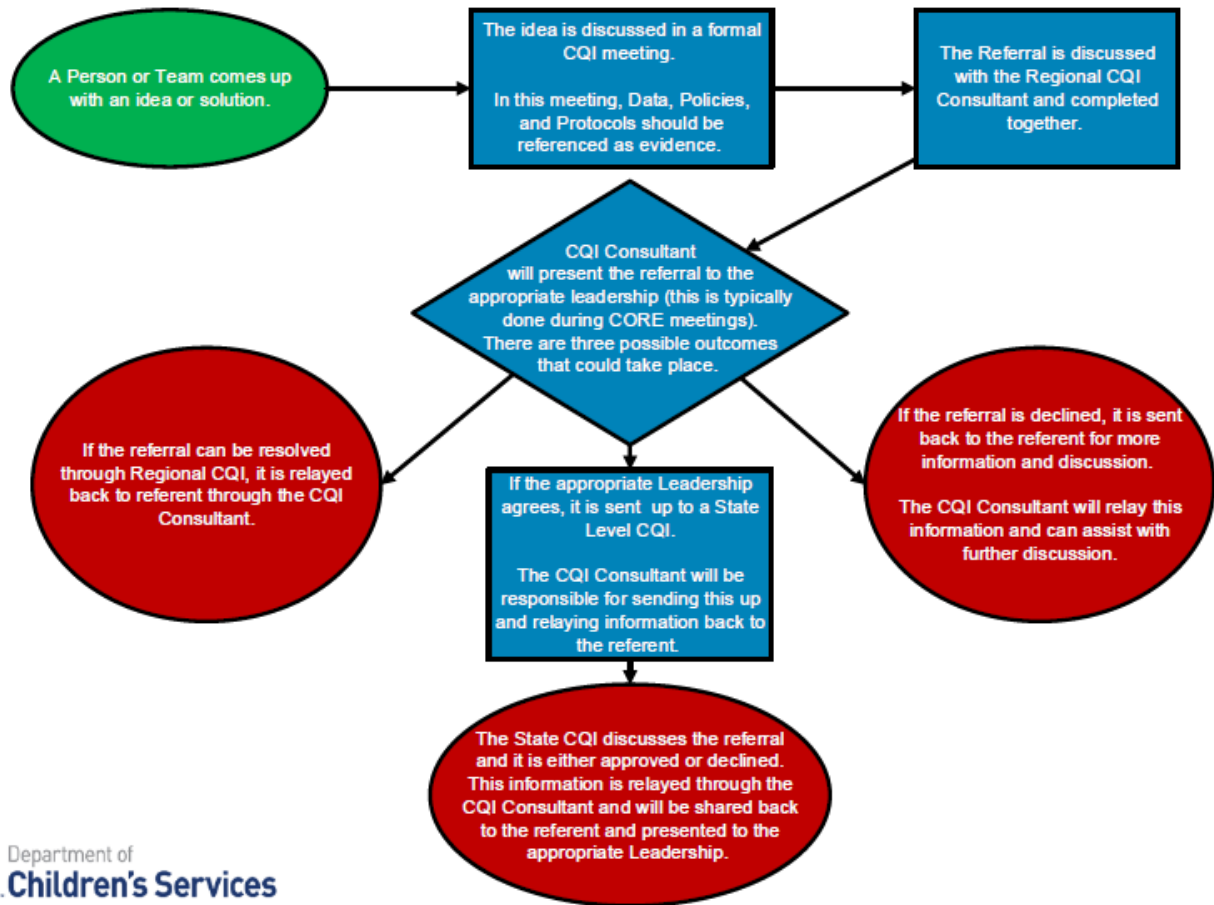
1. Confer with the CQI Consultant on strategies attempted and to receive guidance/assistance with the next steps needed to make a referral;
2. Complete a referral using the CQI Virtual Referral Box that identifies the problem, specific details on the problem, and actions for consideration to determine the desired outcome.
3. All referrals are required to be discussed with Regional Leadership either through the region's Quality Practice Team (QPT), Leadership Team, or permission from their Regional Director;
4. Referrals may also be submitted through the Virtual Referral Box link which allows for a quick way for staff to submit an idea or solution.
5. The Facilitator will complete and submit the referral. Any related data elements or proposals will be included to help demonstrate the need;
6. The CQI Consultant will send the referral to the CQI Director and CQI Program Manager
7. The referral will be logged on the Regional/Central Office CQI Referral Tracker

8. All referrals will have a decision made within 90 days to allow for a quick turnaround on referrals and not delay the referent knowing a decision. At a minimum, monthly communication with the associated referent will take place to keep them updated on progress will occur.
9. The CQI Consultant will communicate the decision once it is reached and share it back with the referent and/or referring team. This will ensure the loop on that referral is closed and shared with others, so they are aware.
10. If there is a question as to where the CQI referral would be best addressed, the CQI Director will be consulted for the final direction of the referral.

Tracking

The CQI team monitors the tracking and continued work of all referrals monthly. All improvements made in each CQI workgroup will be tracked by the CQI Consultant and ensure each region is made aware of active referrals and outcomes. Referrals are also tracked through minutes to ensure follow ups are discussed in each meeting until resolved. A statewide CQI Referral Tracker is available in the CQI drive that all staff have access to view. This is monitored by the CQI Director, CQI Program Manager, and CQI Program Coordinator.

CQI Program Framework



Helpful Links:

[Case Process Review Guide](#)

CQI Minutes – Follow this path on the regional shared drive to find the associated documents: [CQI Minutes and Associated Documents](#)

To make a referral use the following link:
[CQI Virtual Referral Box](#)

State CQI Referral Tracker – Follow this path on the regional shared drive to find the associated documents: [CQI Referral Tracker](#)