



Lessons from the Field

Using Continuous Quality Improvement to Refine Interventions for Youth at Risk of Homelessness

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The Children's Bureau, within the Administration for Children and Families (a division of the U.S. Department of Health and Human Services), is funding a multi-phase grant program referred to as Youth At-Risk of Homelessness (YARH) to build the evidence base on what works to prevent homelessness among youth and young adults who have been involved in the child welfare system. YARH focuses on three populations: (1) adolescents who enter foster care from ages 14 to 17, (2) young adults aging out of foster care, and (3) homeless youth/young adults with foster care histories up to age 21.

Eighteen organizations received funding for the first phase of YARH, a two-year planning grant (2013–2015). Six of those organizations received funding for the second phase of YARH, a four-year initial implementation grant (2015–2019). These organizations are refining and testing comprehensive service models to improve outcomes for youth in housing, education and training, social well-being, and permanent connections.

This brief is part of a series that shares strategies used by organizations that serve youth and young adults who have been involved in the child welfare system and are at risk of homelessness. Collecting and sharing these lessons with organizations that have similar missions is one step in developing evidence on how to meet the needs of this population.

In this brief, local evaluators working with two YARH grantees, Alameda County, California, and the Colorado Department of Human Services, describe how their teams used continuous quality improvement (CQI) to learn from the initial implementation of their model interventions and refine them. CQI is a process for enhancing the operation and performance of a program or practice through regularly collecting and analyzing data and identifying and testing change strategies (Poes et al. 2018). As YARH grantees implemented their model interventions, CQI helped them to identify components that needed to be refined and assess whether adjustments to the intervention were producing intended results. The experience of the two grantees highlights the importance of thoughtful reporting, strong partnerships, and a willingness to apply CQI findings to improve program operations and outcomes.

The YARH grantee partnership in **Alameda County, California**, includes the Alameda County Social Services Agency (the county child welfare agency), First Place for Youth (a nonprofit youth services provider), and Chapin Hall at the University of Chicago (an independent policy research center and the local evaluator). The intervention Alameda County is implementing under YARH features intensive case management and case coordination with a coach and individualized supports including Dialectical Behavioral Therapy (DBT). DBT is an evidence-based cognitive behavioral therapy, practiced in a group setting, which focuses on mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness.

The grantee partnership in **Colorado** includes the Colorado Department of Human Services (the state child welfare agency), the Spark Policy Institute (an implementation partner for the grant), the Center for Policy Research (a provider of research and evaluation services and the local evaluator), as well as county child welfare agencies and local providers of youth services in the state. The intervention that Colorado is implementing under YARH features a “navigator” who engages youth in a coach-like way to help youth develop individualized goals and a plan to achieve them while actively connecting youth to an array of existing services and supports.

1. How did you design your CQI process? What are its key features?

Alameda County:

Our team from Chapin Hall at the University of Chicago created the CQI process for the Youth Transitions Partnership (YTP) intervention in partnership with the Alameda County Social Services Agency and the YTP provider, First Place for Youth. Three key features of YTP’s CQI process have been its strong partnerships, reliable data, and connection to YTP’s logic model and theory of change. With the presence of involved, thoughtful partners and well-developed data evidence, an iterative CQI process has enabled us to build meaningful knowledge about program performance and support the changes that are often essential for a successful implementation.

The main activity of our CQI process is a one-hour monthly call where the partners meet to review a dashboard of key metrics and discuss programmatic issues. We transform data extracts from the service provider into data sets that summarize each youth’s participation in the YTP program and provide inputs for the dashboard metrics. As the program has matured, the questions the dashboard addresses have evolved from “Are youth successfully enrolled?” to “Are services delivered?” and “Are services delivered with fidelity?” to “What short-term outcomes are we observing?” The links among YTP’s theory of change, logic model, and the dashboard are important. CQI measures need to be linked to the program’s theory and logic model to ensure that the team can assess whether the YTP intervention is being implemented as intended. Furthermore, the CQI process ensures that data necessary to support formative evaluation are available for that purpose.

In addition to reviewing the dashboard, the evaluation team brings one or two other topics of interest to the group each month to explore and consider further. This approach enables all partners to have in-depth, data-informed discussions about issues and challenges of program implementation as they arise. The topics usually come from discussions in previous CQI meetings about particular program challenges or dashboard data. For example, during one CQI meeting, questions arose when reviewing the summary statistics of the timing of key YTP assessments. For the next CQI meeting, the evaluation team prepared a visual representation of each youth’s assessment trajectory to illuminate youth-level variances, and the group participated in a deeper discussion of this issue.

Colorado

The Center for Policy Research developed the CQI process for Colorado’s intervention, Pathways to Success, with input from the project leadership team, the project advisory board, and supervisors in local sites. We designed an online management information system, the Pathways Management Information System (PMIS), with the dual purpose of collecting data and managing cases. Tools to support CQI are embedded in PMIS. The system produces monthly reports that detail the number of screenings and enrollments by site and target population and that summarize metrics such as the

type and frequency of staff members' contacts with youth, the number and amount of "flex fund" payments distributed, and the participation and graduation rates of youth who are enrolled in the intervention. Every month, we run a monitoring report from PMIS, which includes the most recent data on youth served in the program. We present this report to key stakeholders at the State Division of Child Welfare and discuss it at meetings with site representatives (including supervisors and direct service staff) and the project management team.

Our CQI process ensures the intervention is implemented with fidelity to the model and allows the evaluation team to report regularly on short-term outcomes as defined in the program's logic model. For example, to monitor fidelity of implementation, the monthly report details the number of youth meeting with their navigators weekly, a key fidelity measure. To provide information on short-term outcomes, the monthly report includes indicators such as the number of youth who are enrolled in school and/or employed and the current housing situation of participating youth.

The monthly report also aims to answer questions stakeholders have about program operations. For example, the report shows the number of youth within the target population that are identified each month, the number and type of risk factors youth are identifying during the screening process, and the active caseload size for Pathways Navigators (who provide case management and coaching to youth).

2. How has your CQI process affected the development and operation of your intervention?

Alameda County:

YTP's CQI process has provided the monitoring necessary to identify areas for program improvement and assess the results of program adaptations. For example, a core component of the YTP intervention is weekly attendance at a dialectical behavior therapy (DBT) group. (DBT is an evidence-based cognitive behavioral therapy, practiced in a group setting, which focuses on mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness.) The CQI dashboard presents the number of youth attending DBT groups and the average attendance rate. Using these measures, the group observed that DBT attendance was not meeting the benchmark presented in the program's logic model. This observation prompted discussions about why youth might not be attending. In response, the evaluation team surveyed all youth in the program to help identify barriers to attending DBT sessions. The findings from these surveys were reported to the CQI group, which made changes to address barriers the youth reported. Specifically, in response to a finding that access to transportation was a key concern for youth, the partners decided to offer DBT sessions in an additional location more convenient to many youth. The CQI group continues to monitor the attendance metric.

Colorado:

The CQI process has helped the team refine the model intervention. As an example, early on, the CQI data showed that Pathways Navigators were not using a key component of the intervention, the enhanced permanency roundtable (PRT), which is a structured meeting and case consultation process that aims to identify and remove barriers to legal permanency for youth in out-of-home placements. Ultimately, the enhanced PRT was deemed redundant with current practice, and the team adjusted the model to reflect that the PRT was already offered at the child welfare agency—and therefore not a necessary core component of the model intervention. The CQI process also helped the team make informed decisions about appropriate caseload size, define the typical length and intensity of intervention services, and specify criteria for graduating from the program.

3. What advice do you have for other organizations that may use CQI for interventions serving youth at risk of homelessness?

Alameda County:

Our best advice for others is to bring all partners to the table early, generate reliable data, and use a CQI process to encourage regular, evidence-driven discussions among the partners from the start.

Although the data resources and CQI dashboard are essential to the CQI process, the real backbone is the strong relationship among the partners. Having all partners understand the importance of CQI, able to identify the pertinent information in the client database, and invested in working through the answers to basic questions have been key. This foundation has enabled us to move from exploring basic questions about how youth enter the program toward a shared understanding of more complex issues, such as what it means for youth to be engaged, how to know when a youth is ready for graduation, and how service trajectories vary by risk profiles.

Colorado:

When developing the intervention and throughout implementation, it's important to anticipate and communicate needs for reporting to key stakeholders. Also, share findings with project partners and have ongoing discussions about what the results mean. This process provides concrete evidence to support changes to initial designs, which may be helpful for securing buy-in, and ultimately should lead to a more targeted and effective intervention.

Don't be afraid to make changes to the intervention based on CQI findings. Early on, one of our project leaders said that to create the best program possible, "we must all be comfortable working in the gray [area]"—where the intervention is fluid and being adapted as we learn what works through monitoring and reporting on the data. The CQI process requires that agency partners be willing to adjust the program design in response to the data.

Reference

Poes, Matthew, Mallory Quigley Clark, Kassie Mae Miller, and Lance Till. "Continuous Quality Improvement Toolkit: A Resource for Maternal, Infant, and Early Childhood Home Visiting Program Awardees." Arlington, VA: James Bell Associates, 2018. Available at <https://www.acf.hhs.gov/opre/resource/cqi-toolkit-a-resource-for-miechv-awardees>.

To learn more about the YARH grantees, including the work they completed in Phase I, please visit: <https://www.acf.hhs.gov/opre/research/project/building-capacity-to-evaluate-interventions-for-youth-with-child-welfare-involvement-at-risk-of-homelessness>.

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