



Continuous Quality Improvement (CQI) Self-Assessment

Introduction: This tool is completed by staff and other program partners¹ to help identify strengths and needs related to creating and/or maintaining a CQI environment. It is unrealistic to expect that your agency or program is doing all the activities identified in the tool. However, you will no doubt find that you are already practicing many CQI activities. The tool should help you identify what you are doing well and ideas for strengthening your approach to developing a CQI environment.

What is CQI? Continuous Quality Improvement is a process to ensure programs are systematically and intentionally increasing positive outcomes for the families they serve. It is an ongoing process that involves the *Plan, Do, Study, Act* cycle described in brief below.

The Plan, Do, Study Act Cycle

Plan: Planning evidence-informed or evidence-based programs and practices that meet the needs and desires of a targeted population

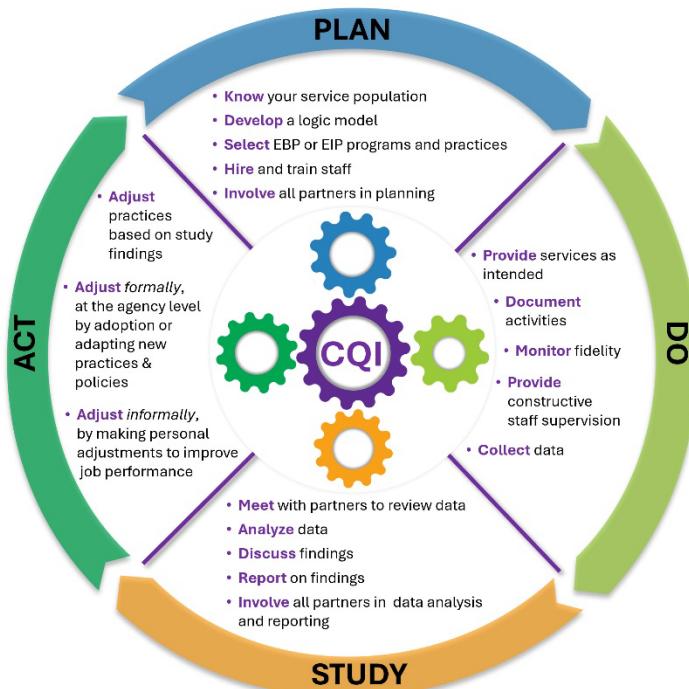
- This includes the development of a logic model and hiring and training staff that “fit” the requirements of the service model.

Do: Providing the services as intended

- Documenting activities
- Monitoring **fidelity*
- Ongoing constructive supervision
- Collecting data
 - ✓ formally, through outcome and implementation evaluation activities, focus groups, needs assessments, self- assessment, peer review and study of research findings, and
 - ✓ informally, through self- observations, direct or indirect feedback from participants, staff, funders and other stakeholders.

Study: Collecting and analyzing data

- reviewing and analyzing data
 - ✓ formally, in the course of staff supervision, full staff meetings, board meetings, and
 - ✓ informally, through daily discussions with staff and participants; self-assessment of job performance, observation of day-to-day participant progress and satisfaction



¹ In this document, “partners” includes program staff, management, funders, boards of directors and parent/consumer advisors.

*Terms marked with asterisks are defined in the glossary of terms, page 12.

Act: Adjusting practices based on findings

- Making decisions on practices
 - ✓ formally, by adopting new practices, programs, policies and procedures based on findings, and
 - ✓ informally, by making personal adjustments to improve job performance

CQI Self-Assessment Tool

Below are 9 CQI sections, each broken into related items. Please review the items with your team (be sure to always include parent participants and program partners as members of your team). Rate each item based on your discussions. The self-assessment team may choose to complete only a few sections at a time.

The version of this assessment tool was designed for the Continuous Quality Improvement Online Learning Course. The original assessment can be found within “Understanding the Role of Program Assessment in Child Abuse Prevention: Tools for Peer Review and Beyond”.

Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don’t Know

Section 1: Understanding of Participant Needs and Desires							
Items	SA	A	N	D	SD	DK	NA
Community needs are understood before services are planned.	<input type="checkbox"/>						
The target population and their needs and desires are clearly identified and a statement of their needs and desires included in a logic model and policy and procedure manual.	<input type="checkbox"/>						
Participant satisfaction is measured formally and informally (surveys, comment box, interviews, casual observations and discussions with participants) on a routine basis.	<input type="checkbox"/>						
Participants are actively involved in all aspects of the program, including program planning.	<input type="checkbox"/>						
Staff has empathy and understanding of families from different communities, and design services accordingly.	<input type="checkbox"/>						
Overall Understanding of Participant Needs and Desires.	<input type="checkbox"/>						
Comments							

Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Section 2: *Evidence Based and Evidence Informed Programs and Practices							
Items	SA	A	N	D	SD	DK	NA
All parents and other key partners understand what <i>*Evidence Based and Evidence Informed Programs and Practices</i> are.	<input type="checkbox"/>						
All parents and other key partners recognize the value/importance of using Evidence Based and Evidence Informed Programs and Practices.	<input type="checkbox"/>						
The target population's language, values, and backgrounds are considered in selecting Evidence Based and Evidence Informed Programs and Practices.	<input type="checkbox"/>						
The program is implementing Evidence Based and Evidence Informed Programs and Practices.	<input type="checkbox"/>						
The <i>*core components</i> needed to implement services have been identified and are being implemented and monitored for fidelity.	<input type="checkbox"/>						
<i>*Community-Based evidence</i> is shared at collaborative meetings with parents and others in the field such as networks or consortiums.	<input type="checkbox"/>						
Overall Evidence Based and Evidence Informed Programs and Practices	<input type="checkbox"/>						
Comments							

**Terms marked with asterisks are defined in the glossary of terms, page 12.*

Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Section 3: *Logic Model							
Items	SA	A	N	D	SD	DK	NA
The agency has a <i>*logic model</i> for each of the services it provides.	<input type="checkbox"/>						
The logic model includes well defined:	<input type="checkbox"/>						
• * <i>Vision</i>	<input type="checkbox"/>						
• Description of population served, including their needs and desires. This is based on a comprehensive needs assessment.	<input type="checkbox"/>						
• Clear <i>*outcomes</i> and <i>*indicators</i> that are directly linked to activities.	<input type="checkbox"/>						
• Services to be delivered, including the “dose” of services (duration and intensity) and the targeted number of participants.	<input type="checkbox"/>						
• Resources are identified and adequate to provide services.	<input type="checkbox"/>						
• The <i>*underlying theory</i> or <i>*theory of change</i> and/or evidence base to support services selected.	<input type="checkbox"/>						
The outcomes all relate to the agency's mission and values.	<input type="checkbox"/>						
The logic model is reviewed and revised as needed.	<input type="checkbox"/>						
Overall Logic Model	<input type="checkbox"/>						
Comments							

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Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Section 4: Evaluation Activities							
Items	SA	A	N	D	SD	DK	NA
An evaluation plan is developed in partnership with families, staff, and other partners.	<input type="checkbox"/>						
Evaluation tools are identified and adequately measure program indicators described in the logic model	<input type="checkbox"/>						
* <i>Process/implementation measures</i> have been identified and are included in the evaluation plan.	<input type="checkbox"/>						
A plan for data management is established (data entry and storage).	<input type="checkbox"/>						
Staff who will be administering the evaluation tools have been identified and trained to administer the tools.	<input type="checkbox"/>						
There are specified timelines for administering, reviewing and sharing evaluation findings.	<input type="checkbox"/>						
Some * <i>informal evaluation</i> is a daily practice.	<input type="checkbox"/>						
Both quantitative and qualitative data are collected.	<input type="checkbox"/>						
Case notes and attendance rosters are kept and reviewed as part of the evaluation plan.	<input type="checkbox"/>						
Data are analyzed by committee of staff, parents and other key partners.	<input type="checkbox"/>						
Evaluation reports are prepared, disseminated and reviewed with parents and other key partners' involvement.	<input type="checkbox"/>						
The evaluation plan is updated as needed.	<input type="checkbox"/>						
Overall Evaluation Activities	<input type="checkbox"/>						
Comments							

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Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Section 5: Standardized Policies and Procedures							
Items	SA	A	N	D	SD	DK	NA
Each program has a policies and procedures manual.	<input type="checkbox"/>						
The manuals include:	<input type="checkbox"/>						
• Administrative forms related to that program.	<input type="checkbox"/>						
• Program specific policies.	<input type="checkbox"/>						
• Policies related to community needs.	<input type="checkbox"/>						
• Policies related to parent leadership.	<input type="checkbox"/>						
• Staff initial and ongoing training requirements.	<input type="checkbox"/>						
• Precise description of how services are delivered.	<input type="checkbox"/>						
• Job descriptions.	<input type="checkbox"/>						
• The program's logic model and evaluation plan.	<input type="checkbox"/>						
Staff are knowledgeable about their program's formal policies and procedures.	<input type="checkbox"/>						
Parent participants have access to all program policies and procedures.	<input type="checkbox"/>						
Policies and procedures are supportive of the agency's program goals and objectives.	<input type="checkbox"/>						
CQI activities are defined and explained as an expectation in the policy manual.	<input type="checkbox"/>						
Manual is reviewed and updated as needed.	<input type="checkbox"/>						
Overall Standardized Policies and Procedures	<input type="checkbox"/>						
Comments							

Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Section 6: Trained and Supported Staff							
Items	SA	A	N	D	SD	DK	NA
Job descriptions include details of staff roles in implementing the program.	<input type="checkbox"/>						
Staff supervision time is set aside for informal and formal evaluation of staff performance and participant outcomes.	<input type="checkbox"/>						
The staff meets as a team on a weekly basis or as determined by team.	<input type="checkbox"/>						
Board meets regularly with program director monthly or as determined by team.	<input type="checkbox"/>						
All staff, including line staff and supervisors, receive adequate pre-service training related to unique implementation responsibilities.	<input type="checkbox"/>						
All staff, including line staff and supervisors, receive routine in-service training related to unique implementation responsibilities	<input type="checkbox"/>						
There is a grievance process in place for staff when they encounter conflict with supervisor or other staff.	<input type="checkbox"/>						
Overall Trained and Supported Staff	<input type="checkbox"/>						
Comments							

Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Section 7: Data-Driven Decision Making							
Items	SA	A	N	D	SD	DK	NA
After reviewing, analyzing and discussing data, suggestions for improvements are made.	<input type="checkbox"/>						
Decisions for change are based on all data including financial resources and agency capacity.	<input type="checkbox"/>						
Improvement plans are documented and prioritized.	<input type="checkbox"/>						
Program improvements are reflected in all relevant documents (logic models, policy and procedural manuals, etc.).	<input type="checkbox"/>						
Participants, staff, community members, funders and other partners are notified of program improvement plans and changes.	<input type="checkbox"/>						
Successes are reported and celebrated!	<input type="checkbox"/>						
Overall Data Driven Decision Making	<input type="checkbox"/>						
Comments							

Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Section 8: Safe Environment								
Items	SA	A	N	D	SD	DK	NA	
All staff, including line staff and supervisors, feel safe to and express their concerns and suggestions. This can be demonstrated through self-report and actual sharing of concerns and successes.	<input type="checkbox"/>							
Staff, including line staff and supervisors, feel supported by their colleagues.	<input type="checkbox"/>							
Families feel safe to and express their concerns and suggestions for improvements as demonstrated by self-report and their willingness to share concerns and successes.	<input type="checkbox"/>							
Overall Safe Environment	<input type="checkbox"/>							
Comments								

Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Section 9: System-wide support CQI							
Item	SA	A	N	D	SD	DK	NA
As needed, the agency's mission and values are reviewed and revised with input from all partners.	<input type="checkbox"/>						
The agency supports creating and maintaining a CQI environment, including providing the necessary resources and infrastructure.	<input type="checkbox"/>						
The agency models CQI in its administrative functions.	<input type="checkbox"/>						
Overall System-wide buy in to CQI	<input type="checkbox"/>						
Comments							

Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Overall self-assessment	SA	A	N	D	SD	DK	NA
1. Understanding of Families' Needs and Desires	<input type="checkbox"/>						
2. Evidence Based & Evidence Informed Programs & Practices	<input type="checkbox"/>						
3. Logic Model	<input type="checkbox"/>						
4. Evaluation Activities	<input type="checkbox"/>						
5. Overall Standardized Policies and Procedures	<input type="checkbox"/>						
6. Trained and Supported Staff	<input type="checkbox"/>						
7. Data Driven Decision Making	<input type="checkbox"/>						
8. Safe Environment	<input type="checkbox"/>						
9. System-Wide Buy in to CQI	<input type="checkbox"/>						
Comments							

Plan steps to build your CQI process. Based on the self-assessment, what 1 or 2 action steps will you take to strengthen your agency's CQI environment?

1) _____

2) _____

Glossary

Core Components: (sometimes referred to as key elements or active ingredients) These are the key services or activities of an Evidence-Based Program that have been demonstrated or are believed, based on program theory, to lead to the identified program outcomes. These components must remain intact during any implementation of that program.

Evidence-Based Practices: Approaches to prevention or treatment that are validated by some form of documented scientific evidence. This could be findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are valid as well. There are different types of evidence-based practices; these include “supported” or “well supported,” based on the strength of the research design.

Evidence-Based Programs: Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, have been validated by some form of documented scientific evidence. Different types of evidence-based programs include “supported” or “well-supported,” based on the strength of the research design.

Evidence-Informed Practices: Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation within context. This informed practice allows for innovation and incorporates the lessons learned from the existing research literature.

Fidelity: Implementation of an evidence-based program faithful to the core components of the original model and is implemented as it was intended.

Indicators: (sometimes referred to as performance objectives, performance targets, objectives) Indicators answer the question: What is it that tells someone that an outcome has been achieved? Indicators are concrete, specific descriptions of what will be measured to judge a program’s success. An indicator can include the number or percentage of participants projected to achieve the outcome. For more information go to <https://friendsnrc.org/evaluation/logic-models/>

Informal Evaluation Activities: These activities include self-observations, direct or indirect feedback from participants, staff, funders, and other stakeholders, debrief sessions, supervision observations, staff communication.

Logic Model: A logic model is a map of the program. It is a simple, logical illustration of what the program does, why the program does it and how observers will know if the program is successful. There is a wide variety of logic-model formats, but most have the same key components. The elements of a logic model will become clearer as you go through the logic-model building process. Although the process is laid out step by step, you will need to make sure that decisions made in later steps still match choices you made earlier in the process.

For more information go to <https://friendsnrc.org/evaluation/logic-models/>, and the FRIENDS Logic Models online course and builder at: <https://learning.friendsnrc.org/courses/logic-models/>.

Process/Implementation Measures: These measures examine the way services are conducted, allowing for quality evaluation between providers, locations, and fidelity to model issues.

Qualitative Data: Narrative pieces of data collected routinely and systematically through focus groups, interviews, opened ended questionnaire items, and other less structured situations.

Quality Assurance (QA): refers to activities intended to ensure that services reliably satisfy consumer needs requirements in a systematic, reliable fashion. QA is a part of the CQI process most related to the planning. It has a strong emphasis on consumer satisfaction, which is consistent with the CQI process.

Quality Improvement (QI): refers to activities for ensuring that the necessary resources and supports for providing a high-quality service are in place. It includes the ongoing enhancement of implementation processes to improve services. Its emphasis is on the Study and Act pieces of the Plan Do Study Act Cycle.

Theory of Change: A theory of change is an articulation of the steps or outcomes needed to bring about a given long-term goal. This set of steps is based on research and practice outcomes already proven and is often solidified through the logic model for a program. The concrete articulation of the theory of change through a logic model helps programs describe the types of services that will bring about the intended changes they seek.

Underlying Program Theory: The underlying program theory can be defined as a plausible and sensible model of how a program is supposed to work.

Vision: (sometimes referred to as long-term impact or a long-term goal) This is a brief statement about your hope for the future. What do you want for the families and community that you serve? A vision statement does not necessarily need to be measurable. Your program is not necessarily responsible for achieving it single-handedly. Rather, your program should contribute to its achievement.



FRIENDS National Center is supported by Discretionary Grant Number 90CZ0032 from the Office on Child Abuse and Neglect (OCAN), Children's Bureau (CB) within the Administration for Children and Families (ACF), a division of the U.S. Department of Health and Human Services. Neither the Administration for Children and Families nor any of its components, operate, control, are responsible for, or necessarily endorse this material (including, without limitation, its content and any services or tools provided). The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the view of ACF, OCAN, or CB.