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Introduction

Setting the DCFS Context

Through its 2012 Strategic Plan, DCFS is working to achieve the vision of ‘children thriving in safe families and supportive communities’. DCFS has set three major goals to achieve the practice of a uniform service delivery model that measurably improves child safety, permanency, and access to effective and caring services by 2015:

1. **Emphasize Child Centered Practices:** Provide children with integrated assessments and planning that promote the safety, permanency, and well-being of children under DCFS’ supervision.

2. **Pursue Workforce Excellence:** Ensure and support a well-trained, high-performing workforce capable of quality decision-making.

3. **Strengthen Organizational Operations and Systems:** Ensure an organization where all components operate as an integrative and supportive system.

In conjunction with completing a new Strategic Plan, DCFS also instituted a new *Strategy Management Model for Child Welfare* to improve outcomes for children and families involved in the system. This model encompasses three interrelated levers for systems change:

- **Strategic Directions**, which refers to articulation of clear goals, strategies and results-based action plans that are required to achieve DCFS’ mission and vision.

- **Stakeholder Engagement** that promotes the direct involvement of both staff and constituents, i.e., families and youth, in providing ongoing input and support that assists the department in the successful fulfilment of its mission.

- **Data-driven Decision Making (DDDM)** that is based on the coordinated collection, analysis and dissemination of key outcome measures that illustrate what is working well and what needs to be improved at each operating level of the department.

DCFS’s Primary DDDM Objectives Include:

1. Establishing and monitoring common measures for priority safety, permanency and well-being outcomes (via a ‘dashboard’) at all levels of the department;

2. Collecting, disseminating, and assessing quantitative and qualitative information on key outcome measures to better understand: a) what is working well, and b) what needs to be improved at each level of the department in order to achieve priority DCFS outcomes; and

3. Engaging DCFS staff and stakeholders in ongoing learning at all levels of the organization, thereby enabling them to craft, implement and refine strategies based on relevant and timely information.
Purpose of the Toolkit

The Data-driven Decision Making (DDDM) Toolkit is designed to support the consistent integration of DDDM principles and strategies into the department’s day-to-day operations. It is divided in two parts. Section one provides background on the context, purpose and lessons learned from the initial DDDM process. It also includes key information about how to understand and utilize the DCFS Data Dashboard and how to implement an Office Stat.

“Stat” meetings are standing meetings held at the department, bureau and office level to review priority department indicators, as well as to conduct an individual case review to highlight and improve practice and outcomes within DCFS. It is an opportunity for staff across the department to discuss best practices, key improvements and provide peer coaching to improve outcomes on behalf of children and families.

Section two contains practical tools for implementing Data-driven Decision Making. A primary guiding principle of DDDM is to promote continuous learning so this section of the toolkit is designed to be a living and deliberately evolving document that changes as new learning occurs.

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Purpose of the Toolkit

- To provide the materials needed for individuals or groups of staff at any level of the organization to conduct periodic formal or informal meetings and group brainstorming about data and results.

- To enhance all stakeholders’ facility with the dashboard and ability to think analytically about both practice and process.

- To facilitate and support analytical thought and learning so that DCFS can improve outcomes for families and children.
Acknowledgements

The Los Angeles County Department of Children and Family Services Office of Outcomes and Analytics would like to extend our deepest appreciation to all those who have so diligently and selflessly given of their time and expertise to the development and implementation of the DCFS Data-driven Decision Making Process.

We are especially grateful to our DCFS managers, the Data Partnership Work group Members, DCFS Data Champs and the Co-design Teams.

Additionally, we appreciate the support and partnership of the Western and Pacific Child Welfare Implementation Center (WPIC), the Center for the Study of Social Policy (CSSP), Casey Family Programs (CFP), and the National Resource Center for Child Welfare Data & Technology (NRC-CWDT).

To Larry Brown, independent consultant, whose work on this project was supported through the NRC-CWDT and CFP, and Chrissie Castro, Senior Consultant at CSSP: You have left your mark here in Los Angeles. You have enriched our lives and the lives of the children and families that DCFS serves.

The LA Systems Change Project was led by the Center for the Study of Social Policy and was one of several implementation projects that was supported by intensive technical assistance and training provided by the Western and Pacific Child Welfare Implementation Center.

More Information

For additional information about this toolkit or to request support for DDDM implementation please contact:

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It is critical to collect data in a manner (that allows us) to see where we have been, but more importantly to know where we are going. —PHILIP L. BROWNING, DCFS DIRECTOR

BACKGROUND

Within high performing organizations, the ongoing collection and analysis of performance data is fundamental to achieving success because it provides objective information about what is working well and what is not. This practice of self-assessment is essential to effective planning and program implementation because it promotes continuous learning and appropriate course corrections.

For DCFS, the need to demonstrate the efficacy and impact of its work took on even greater urgency after the *Los Angeles Times* published a series of investigative articles in 2009 that examined fatalities among children who had passed through the County’s child welfare system. The Los Angeles County Board of Supervisors responded to the media scrutiny by holding DCFS leadership and workers accountable while demanding better policies and practices to prevent such occurrences from happening. In the wake of subsequent leadership changes, the department was under intensive public pressure to demonstrate accountability and identify positive outcomes. Additionally, the engagement of over 3,000 internal and external stakeholders via Strategic Planning forums that DCFS held throughout the County in 2010 further reinforced the importance of using data to better understand and inform child welfare practice.

In order to strengthen the department’s data collection and analysis infrastructure, the Data-driven Decision Making Process was launched in 2011 after the adoption of a new Strategy Management Model. Within this model, Data-driven Decision-Making (DDDM) is designed to determine if stated department goals are being achieved and identify opportunities for improvement. It is intended to facilitate critical thinking, organizational learning, and continuous system enhancements that lead to better outcomes for children and families.

The Strategy Management Model also encompasses two complementary components that are equally critical to the effective operation of child welfare systems:

1. Strategic Directions, which establishes clear goals and success measures; and
2. Stakeholder Engagement, where both staff and constituents—including families and youth—are directly involved in providing input and support that assists the department in the successful fulfilment of its mission.

The leadership transitions and intense media scrutiny that DCFS experienced created an increased sense of urgency around taking action and moving forward. Because we were looking for answers and trying to problem solve, there was a much greater willingness to learn, grow and change so that we could implement better policies, programs, and practices. —CHILD SERVICES ADMINISTRATOR II
Data-driven Decision Making first started as a result of the department’s Strategic Planning Process. When developing our strategic priorities, the importance of understanding what drives our performance better became evident. At the time, many DCFS initiatives were being carried out without the means to identify true outcomes. So DDDM presented an opportunity to coordinate across initiatives, identify specific outcomes that would guide us all, and help everyone get on the same page.

—CHILD SERVICES ADMINISTRATOR III

MAJOR MILESTONES ACHIEVED TO DATE

Development of the DDDM Framework:
A framework is defined as ‘an underlying set of ideas: a set of ideas, principles, agreements or guidelines that provide a ‘roadmap’ and supportive structure for achieving a specific goal.’ As a critical early step in the process, a Co-design Team – made up of representatives from DCFS’ Executive Team, regional office and Support Program Managers, internal and external technology management and external consultant partners – was established to develop the plans and implementation strategies for the DDDM Process. This team engaged in intensive pre-planning in order to clearly articulate the DDDM Vision, Goals, Outcomes, and Guiding Principles that would provide direction for the process, which together serve as the Los Angeles DCFS Data-driven Decision Making Framework.

Establishment of a DDDM Guiding Body:
To ensure broad-based support and the effective implementation of the DDDM Framework, a leadership team named the Data Partnership was created. This group, which meets monthly, is comprised of staff representing all areas of DCFS and serves as the primary guiding body for the DDDM Process. Administered through the Office of Outcomes and Analytics, the Data Partnership is responsible for overseeing the implementation and ongoing development of the DDDM Process. Specifically, the Data Partnership was created to help DCFS staff and partners understand how to use data to promote better practices and policies. Key work group functions include making recommendations, proposals, and adjustments to the DDDM Process in order to maximize impact on identified priority outcome areas.

Identification of a Common Set of Priority DCFS Data:
Prior to the implementation of the DDDM Process, the department was generating a wealth of varied and disparate data regarding its operations. However, a priority set of data and indicators that could be uniformly applied to identify trends, strengths, and gaps within DCFS, or inform systems performance strategies or strategic investments had not been established.

One of the first tasks of the Data Partnership was working with the Executive Team to identify priority indicators that would be included in the department-wide dashboard, which would be used to monitor key outcomes. A Data Partnership sub-committee was created to review how DCFS was currently collecting and utilizing data and to develop recommendations.

After creating a workflow chart that plotted key data gathering points, the sub-committee identified a multiplicity of unique and duplicative indicators across different programs – including Federal and State Measures. The Data Partnership held a retreat in February 2011 to collectively review all of the measures and systematically condense them into a much smaller, common set of priority DCFS data. Once the new data set was defined, it served as the basis for developing a ‘dashboard’ for monitoring key outcomes throughout the department. End users were also included in the dashboard planning discussions to help determine how data would be used in operations and to refine data collection methodologies.
Launched in October of 2011, the **DCFS Data Dashboard** captures outcomes for prioritized safety, permanency and well-being measures at all levels of the organization. Both process and outcome indicators were chosen based on an assessment of what data would best provide answers to the department's key performance questions. Through the Data Dashboard, DCFS staff can now track their ongoing progress with families and services in real-time based on common department-wide indicators. To date, two tiers of Dashboard Indicators have been established:

### Tier I Indicators

<table>
<thead>
<tr>
<th>Safety</th>
<th>No Recurrence of Maltreatment</th>
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</thead>
<tbody>
<tr>
<td>Permanency</td>
<td>Foster Care Entry (Removal)</td>
</tr>
<tr>
<td>Permanency</td>
<td>Exit to Reunification within 12 Months (Entry Cohort)</td>
</tr>
<tr>
<td>Permanency</td>
<td>Exit to Permanency (24+ Months in Care)</td>
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<tr>
<td>Permanency</td>
<td>Re-entry into Foster Care</td>
</tr>
<tr>
<td>Well-Being</td>
<td>Placement with Relatives</td>
</tr>
<tr>
<td>Self-Sufficiency</td>
<td>In Care 3 Years or Longer (Emancipated/Age 18)</td>
</tr>
</tbody>
</table>

### Tier II Indicators

<table>
<thead>
<tr>
<th>Safety</th>
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<tbody>
<tr>
<td>No Maltreatment in Foster Care</td>
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<tr>
<td>No Maltreatment in Home</td>
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<tr>
<td>Timely Response (IR)</td>
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<tr>
<td>Timely Response (5 Day)</td>
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<tr>
<td>Timely Contacts: Referrals</td>
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<tr>
<td>Timely Contacts: Cases</td>
</tr>
<tr>
<td>Timely Disposition: Referrals over 30 Days</td>
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<table>
<thead>
<tr>
<th>Permanency</th>
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<tbody>
<tr>
<td>Foster Care Entry (Removal) with Timely TDM</td>
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<tr>
<td>Median Days in Care</td>
</tr>
<tr>
<td>Exit to Permanency (Exit Cohort)</td>
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<tr>
<td>Exit to Reunification within 12 Months (Exit Cohort)</td>
</tr>
<tr>
<td>Exit to Guardianship within 24 Months (Exit Cohort)</td>
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<tr>
<td>Placement Stability 0 to 12 Months</td>
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<tr>
<td>Placement Stability 12 to 24 Months</td>
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<td>Placement Stability over 24 Months</td>
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<table>
<thead>
<tr>
<th>Well-Being</th>
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<tbody>
<tr>
<td>Timely Medical Exam</td>
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<tr>
<td>Timely Dental Exam</td>
</tr>
<tr>
<td>Sibling Placement</td>
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<tr>
<td>Mental Health Screening – Newly Detained</td>
</tr>
<tr>
<td>Mental Health Screening – Newly Opened Non-Detained</td>
</tr>
<tr>
<td>Mental Health Screening – Existing Open Cases</td>
</tr>
</tbody>
</table>
DEFINITION OF A DDDM BUSINESS PROCESS:

Data Partnership members also established common business processes to guide how the DCFS Data Dashboard will be used across the department. Their goal was to establish clear and consistent protocols for the collection and analysis of DCFS outcomes, sharing of best practices, and instituting feedback loops and accountability mechanisms. A recognized benefit is that DDDM Business Processes now enable the department to continuously assess and adapt both its strategic directions and various initiatives in order to achieve desired outcomes.

The below Managing for Results graphic illustrates a 5-Step Process that DCFS now utilizes to support the integration of Data-driven Decision Making into its daily work. It outlines a process for updating Dashboard data and statistics on the 10th of each month, and holding DCFS Stat meetings at the office, bureau, and departmental levels to discuss data, practice, and performance. Stat meetings focus on ongoing integration of data and practice as well as understanding the story behind the data. In addition, a Data Analytics Team made up of representatives from line staff and programs meets monthly to review departmental data in order to develop the DCFS Stat meeting questions and data book to be used in the regular meetings. The data book contains the graphs, charts and tables that display current performance outcomes that are discussed during each Stat meeting.

To facilitate broader information sharing and participation in DDDM efforts, DCFS Stat meeting attendees are responsible for reporting data findings, practice enhancements, and commitments to action during their respective unit, section and general staff meetings.

As a complement to the quantitative analysis that is conducted using Dashboard data, a monthly Case or Emergency Response (ER) Referral Review Process has also been instituted to determine actions and next steps to promote practice improvements. An office-level case or ER referral is selected for review based on the latest Dashboard report. The selected case or ER referral is then reviewed by office staff who report their findings for practice discussion during bureau and departmental Stat meetings.

“There is no doubt that the use of data has great value; trends create change of practice and we have learned a lot from the data dashboard process. The case review, in which the staff in the office engages, is the most useful.”

—ED SOSA, REGIONAL ADMINISTRATOR

“The Dashboard and the data are like a road map on what my workers and I need to accomplish. It feels like having a GPS.”

—EILEEN QUERUBIN, REGIONAL SCSW
DEPARTMENT-WIDE IMPLEMENTATION OF DDDM

Major progress has been achieved as of November 2013 toward the implementation of Data-driven Decision Making across the department.

• Bureau and department level Stat meetings have been fully implemented since November 2011. For **bureau level Stat meetings**, both Deputy Directors and their management teams are expected to hold data discussions on a monthly basis.

• **Monthly Office Stat** meetings at regional offices are in full implementation in some offices, and in initial implementation in others. The Office Stat Process consists of five steps: pre-planning and agenda development, logistical meeting preparation, facilitation, follow up, and completion of a feedback loop. In July 2013, the DCFS Executive Team shared a formal expectation that all offices would conduct Stat meetings on a monthly basis along with a new qualitative case review process.

• **Regional office managers** are expected to continue to solidify and refine DDDM Processes by holding monthly meetings that combine the review of DCFS Dashboard data with a group discussion about both their practice implications and the stories behind the data. In addition, Office Stat meetings are expected to adhere to the DDDM Guiding Principles and result in identified follow-up action to foster on going learning. The department has also identified the Office of Outcomes and Analytics as responsible for supporting regional offices in developing their capacity to hold quality and sustainable Office Stat meetings.

• **The Data-driven Decision Making Toolkit** has been completed. The toolkit is a comprehensive resource guide that contains handouts, worksheets, sample presentations, and background information that can be used to support DDDM implementation across the department.

• **Regional office representatives** have been engaged to serve as **Data Champions** since July 2012. Their role includes advocating for the DDDM process and knowledge resources while supporting ongoing implementation efforts, including the coordination of Office Stat meetings. Since completing an initial orientation, the Data Champions have participated in quarterly convenings that provide a forum for ongoing skill development around the use of data, and provide an opportunity for peer learning and networking.

> "With the Data Champions, we’ve been intentional about cultivating the development of a network of data specialists who continue to expand their skill set and share promising practices for supporting DDDM implementation at the office level." —CHILD SERVICES ADMINISTRATOR II

• **DDDM Implementation Questions** have been instituted to help to ensure that the initiative’s rollout process occurs in alignment with the principles set forth by the Data Partnership and Co-design Teams. The Implementation Questions are meant to serve as guidance for a) establishing an explicit structure that creates consistency in roles, agenda, participants, meetings, etc., across offices and bureaus; and b) creating a learning environment for all participants in the DDDM Process at the offices and bureaus and department levels.

> "Integrating the Data-driven Decision Making Processes (such as “case reviews”) in regional leadership and staff meetings, is becoming an effective way of staff learning the significance of data and its relationship to improving services for our children and families." —CHILD SERVICES ADMINISTRATOR III
Embracing Collaboration, Teaming and Stakeholder Engagement

In order to successfully implement DDDM, initiative leaders realized that the work had to involve not only the executive level, but also management, supervisory, and line staff from throughout the department -- including those who would be most directly responsible for implementing new practices.

As a principle, co-design enables multiple internal stakeholders to actively engage in crafting protocols and systems they will help to support and strengthen over time.

In preparation for full implementation, two data forums were held in June and October of 2011 for the purpose of engaging all senior DCFS Managers in an exchange about the DDDM Process. More than 200 staff members attended each session, during which they were introduced to the DDDM Vision, Guiding Principles, Data Dashboard concept and DDDM Business Processes. Participants also discussed utilizing outcomes and performance assessment as an essential business strategy. As an added benefit, the data forums helped to demonstrate executive team commitment to DDDM, demystify the use of data, uplift the importance of building capacity to achieve DDDM Goals, and reinforce the department’s intentions around creating a learning environment.

Early DDDM planners were also intentional about creating a Data Partnership structure and Business Process that had the right mix of stakeholders to ensure sustainability. As the group evolved over time, membership broadened to include: a) those that had the formal authority to make decisions regarding the implementation of DDDM, b) those that were directly impacted by the DDDM Process, including bureau and office level representatives, and c) content experts with technical expertise needed to successfully implement DDDM strategies. For example, a subset of the Data Partnership comprised of Supervising Children’s Social Workers (SCSW) was engaged as a co-design team to help identify and implement DDDM strategies in Office Stat meetings.

Moreover, the engagement of Data Champions as local DDDM resources who provide critical support for integrating best practices at the operational level is another example of building shared ownership of the initiative. The Data Champions are viewed as an extension of the Data Partnership and have been trained to support local offices in utilizing DDDM language, addressing questions, and adopting data practices.

In public bureaucracies, we tend to work in huge silos and aren’t experienced in teaming well across those lines. However, we knew that DDDM would require extensive collaboration and support. So we had to try doing things differently because this isn’t just about how we work with children and families…it’s about how we work internally with each other and our partners.

---CHILD SERVICES ADMINISTRATOR III
Creating a Continuous Learning Environment

From the start of the DDDM initiative, continuous learning and improvement has been upheld as a primary guiding principle. Given the scope and breadth of the DDDM Process, it was always understood that initial protocols and systems would be strengthened throughout the various phases of the implementation process. Therefore, the Data Partnership and its leaders have sought to create communication channels and learning opportunities that support increased knowledge and improvement with each new set of offices that implement DDDM Processes. As the DDDM implementation has progressed, the feedback and practice enhancements that are now emerging from local DCFS offices have become vital sources of information for ongoing planning at the executive and bureau levels.

Just as importantly, the emphasis placed on leading with a learning intention during DDDM implementation has encouraged greater receptivity to new protocols and systems among DCFS staff. Initiative leaders recognized the challenges posed by past efforts to integrate shared data reporting and review as a department-wide practice, which gave rise to persistent concerns about potential punitive consequences. The development of clear Guiding Principles for DDDM helped to establish shared understanding about why and how new data processes were being introduced, thereby mitigating staff concerns.

**Cultivating Leadership Support**
Engaging leaders at all levels of DCFS has been integral to the development of a shared DDDM Vision and effective Business Processes. Vesting decision making authority in the DDDM initiative to apply stakeholder input into the use of common outcomes metrics and to develop internal infrastructures that inform executive level decision making have also been key to moving the work forward. To support both aims, initiative leaders have made a concerted effort to regularly seek out opportunities to communicate DDDM goals and accomplishments while soliciting ongoing input from those who oversee and directly lead various department operations.

Building Knowledge and Capacity
Increasing the department’s capacity to develop and implement Data-driven Decision Making Processes continues to be a critically important strategy. To date, this has been accomplished through two primary strategies: 1) the provision of support from other Los Angeles County agencies, including the Department of Mental Health (DMH) and the Department of Public Social Services (DPSS); and 2) the engagement of national child welfare and strategy management experts.

Local county agencies were instrumental in providing applicable examples and feedback to assist DCFS in the development of DDDM Business Processes. As example, DPSS designated liaisons to meet with department staff who were leading DDDM efforts on a regular basis. With respect to national experts, DCFS was able to obtain technical assistance and strategic support for implementing DDDM through the Western and Pacific Child Welfare Implementation Center (WPIC), which included resources form the Center for the Study of Social Policy, the National Resource Center for Child Welfare Data & Technology (NRC-CWDT) and the University of South Florida. Casey Family Programs (CFP) also provided significant support – all of whom worked together as collaborative and mutually supportive consultants.

> This work is about refining and enhancing as the DDDM Process grows. Part of learning is allowing the process to move organically... to start where people are at, be flexible, and be willing to try something new.  

—C H I L D S E R V I C E S A D M I N I S T R A T O R II

> Every month, about 90-100 people—including managers at a broad level, up and down the chain—meet to discuss department performance and strategies. We now have a forum that didn't exist before to talk about cases and practices using quantitative and qualitative data in a way that aligns with DCFS' Core Practice Model.  

—C H I L D S E R V I C E S A D M I N I S T R A T O R III
Major Technical Assistance Team
Contribution Include:

• Co-design of the DDDM Framework and Toolkit as well as the provision of corollary training and coaching;

• Supporting the development of the DCFS Data Dashboard in collaboration with the department’s Business and Information Systems staff. Larry Brown, a senior consultant for the NRC-CWDT and CFP, was pivotal in strengthening DCFS's data analytics capacity. WPIC also supported Betsy Reveal, a data consultant, in helping staff understand the difference between a compliance driven culture versus one focused on learning and development in order to improve child and family outcomes;

• Providing consultation on how to effectively implement the DDDM strategy throughout the department, utilizing stakeholder engagement best practices, and ensuring consistency with the department’s strategic direction;

• Sharing of best practices and knowledge resources for integrating quantitative and qualitative performance assessments to improve child welfare practice, including relevant case studies; and

• Facilitating peer-to-peer exchanges for DCFS staff with ‘best practice’ jurisdictions, including an on-site engagement with New York’s Child Protective Services, New Jersey’s Department of Youth and Family Services, as well as exchanges with Georgia, Illinois, and Pennsylvania child welfare systems.

“Having the consultant team’s support with developing clear and consistent language, creating a guiding body, honoring timelines, and bringing the DDDM message to all different parts of the department was invaluable. Because the consultants were viewed as objective and well-intentioned content experts, their involvement in communicating the value and importance of Data-driven Decision Making to the Executive Team, Regional Administrators, and supervisory groups was particularly effective. Without them, it would have been much harder to build broadly vested interest in the process.”

—CHILD SERVICES ADMINISTRATOR II

“It took two years of building skill sets across the board, but we are becoming more knowledgeable and intentional about how we look at our outcomes, and what it really requires to address them in our practice and performance. Now, there’s an actual verbalized desire to use data and measure desired outcomes based on what’s needed to do good work – and that signifies major growth.”

—CHILD SERVICES ADMINISTRATOR III
Coordinating a Gradual Rollout of DDDM

The initial implementation of DDDM began with a soft launch within four regional offices that each represented one of the department’s service bureaus, followed by the continued engagement of four regional offices at a time. All regional offices reviewed their data at the DCFS Stat meeting within five months time. This gradual rollout strategy was designed to allow for an increased focus on capacity building. The decision to implement DDDM protocols and systems gradually across regional offices also enabled the Data Partnership to gain a better understanding of their strengths and areas of needed improvement. Both the Data Partnership and regional office representatives were able to apply lessons learned to improving DDDM protocols and systems via the development of new materials, training, and coaching. As an added benefit, the soft launch and gradual rollout helped to build staff capacity for engaging in productive, meaningful planning discussions and collaborative actions to support DDDM. Regional office debrief sessions that took place immediately following DCFS Stat meetings facilitated real-time learning and process improvement.

As local offices continue to implement DDDM, more recommendations and helpful questions about methodology are coming from the ground up. We see this as an encouraging sign that the use of data as an essential business practice is gaining strong interest and being accepted more broadly.

—CHILD SERVICES ADMINISTRATOR II

Process Documentation

The documentation of the DDDM Process via the development of the written framework, practice protocols, and a toolkit of handouts, power points, and other materials have helped to promote clarity and shared understanding across DCFS regarding initiative goals and performance standards. These materials also will help to ensure the preservation of institutional knowledge and capacity that has increased as a result of the DDDM implementation process.

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Recommended Process Steps for Using Data to Improve Child Welfare Outcomes

1. **Identify Key Questions**: What are most important questions that need to be answered?
2. **Select Data and Measures**: What data will best answer those questions? (i.e. quantitative/qualitative, longitudinal/point in time)
3. **Build/Select Reports**: How will users best assimilate data?
4. **Define Business Process**: How will Executive Team, Managers, and Line Staff use data to drive towards better outcomes?
5. **Monitor/Continuous Quality Improvement**: How will systems track effectiveness of data business processes?
LESSONS LEARNED AND IMPLICATIONS FOR CONTINUING DCFS WORK

The implementation of a Data-driven Decision Making Process across DCFS represents an important step toward building a more effective and coordinated effort to ensure the safety and well-being of children living in Los Angeles County. From its inception, the DDDM Process has illustrated the potential for integrating thoughtful approaches to co-design, stakeholder engagement, continuous learning and adaptation, and the use of technical assistance to successfully achieve department-wide improvements.

Key Lessons for Strengthening a Wide Range of DCFS Operations and Programs:

Facilitating Shared Learning, Teaming and Capacity Building

• Building in sufficient time and resources to carry out the preparatory work of building the department's readiness to implement DDDM helped to ensure the initiative's success.
• Creating learning opportunities and communication channels that enable DDDM leadership and stakeholders to collaborate in meaningful and effective ways has increased department-wide commitment to improving data practices.
• Maintaining a consistent learning stance that is supported by clearly defined Implementation Questions has allowed for the continued strengthening of DDDM protocols and practices.
• Cultivating and building the capacity of internal champions helped to build momentum around DDDM efforts despite changes in department leadership.

Defining Clear Outcomes & Business Processes

• Defining a guiding DDDM vision together with the collaborative development of internal infrastructures to support its realization demonstrate the importance of aligning department goals with realistic operational strategies.
• The formulation of a common metrics system for gathering and using DCFS data allowed for increased collaboration, consistency of reporting, and resource sharing across regional offices and at the micro-operational level.

Utilizing Technical Assistance & Established Best Practices

• Access to content experts and peer learning opportunities was integral to the development of a viable DDDM implementation plan and framework, as was the opportunity to obtain support with assessing and adapting internal and external data practices to ensure sufficient alignment with established initiative goals.
• The ability of DDDM consultants to work in a cohesive manner across individual organizations when identifying and leveraging resources helped to strengthen communication and decision making within the Data Partnership. Duplication of effort and the use of potentially conflicting strategies were routinely avoided as a result.
• Providing opportunities to learn from the perspectives and experiences of other jurisdictions, such as in-person site visits and information gathering from other systems using data for decision making in child welfare was integral to the development of effective implementation strategies.
GROWING AND SUSTAINING THE DDDM PROCESS

The following recommendations for sustaining and expanding upon the DDDM Process were provided by those who are actively involved in its implementation:

1. **SEEK** ways to formally align Data Partnership activities with those leading the Strategic Plan, Core Practice Model and Stakeholder Engagement efforts to ensure consistency across policies and practices. This work could be carried out via the re-establishment of a consolidated Strategy Management Group.

2. **DEVELOP** a broader, more coordinated communication infrastructure that facilitates the sharing of Stat meeting and case review findings during regularly scheduled regional and office staff meetings. As envisioned, staff meetings are designed to help keep attendees apprised of new organizational developments and can provide an excellent forum for uplifting new learning that emerges from the DDDM Process.

3. **UTILIZE** stakeholder engagement strategies to carry out integration and implementation of DDDM with support programs and regional offices poised to implement a Stat process, including reinforcing Stakeholder Engagement and DDDM principles and practices.

4. **INSTITUTE** a formal documentation and regular review of lessons learned from the multi-level Stat meeting processes. As part of this effort, DCFS should continue to administer the DDDM Implementation Survey Instrument that was developed by WPIC to assess implementation progress, and determine key areas for continued growth.

5. **DEVELOP** and tie-in additional dashboard indicators that relate outcomes to the experiences of line workers. By examining how worker turnover and attrition rates impact performance, management has greater opportunity to provide the tools and supports that are needed to improve outcomes for children and families.

6. **ENSURE** that the commitment to Data-driven Decision Making is institutionalized at the Executive Leadership and Strategic Planning level over the long-term. This could be demonstrated through the establishment of core leadership competencies that can be integrated into the department’s performance measures, management training, and hiring/promotion policies. This is critical to maintaining continuity across bureaus and offices, and will help to uphold the use of data in improving outcomes for children and families as department-driven and valued.
The Data-driven Decision Making (DDDM) Process at the Los Angeles Department of Children and Family Services (DCFS) has engaged staff at all levels of the department, as well as external stakeholders, to create a continuous learning environment, and use data to improve practice and outcomes for children and families. This section describes the DCFS DDDM Framework and methodology, developed collaboratively, which are the foundational backbone of the process and are used to ensure consistency in data usage and analysis across the department.

LA DCFS DATA-DRIVEN DECISION MAKING (DDDM) FRAMEWORK

DDDM Vision:

“Support practice improvement, critical thinking, and organizational learning for better outcomes for children and families.”

Goals

1. Create a Data Dashboard and ongoing processes at all levels of the department to support Data-driven Decision Making and continuous improvement in a learning environment.

2. Create integration and alignment of initiatives, contracts, and programs, through data driven planning, implementation and timely adaptation of strategies.

Outcomes

- Establish and monitor key measures (via a ‘scorecard’ or ‘dashboard’) for each priority outcome at all levels of the department.
- Collect, disseminate, and assess quantitative and qualitative information on key outcome measures to understand what is working well and what needs to be improved at each level of the department to achieve the system’s outcomes.
- Engage in ongoing learning at all levels of the organization to craft, implement, and refine strategies based on relevant and timely information.

Guiding Principles

1. Create a continuous learning environment for quality improvement.

2. Quality improvement requires a continuous learning environment.

3. Analysis must include the rigor to know the story behind the data. Numbers alone are not sufficient.

4. Success requires willingness to learn, grow, and change.

5. Divisions and regions must be unified, and address data cohesively.

6. Senior managers should advocate for the children, families, and communities their offices or divisions are responsible for serving.

7. Data should be transparent and shared with internal and external stakeholders.

8. Accountability requires an expectation to know your data, be prepared to explain and take action, and demonstrate active follow through.

9. Trend data is necessary, not just point in time data.
Glossary of Terms:

**Framework:** An underlying set of ideas, principles, agreements or guidelines that provides a ‘roadmap’ and supportive structure for achieving a specific goal.

**Practice Model:** A set of model behaviors that are directly related to improving service quality and outcome indicators as well as reflecting the values and mission of DCFS.

**Data Dashboard:** A tool for staff to be able to see in real time their progress according to the department-wide indicators. It also allows data to come alive, and demonstrate that we are making progress with our families, our services, and our mission.

**Data Partnership:** The guiding body for the DDDM Process where recommendations, proposals and adjustments are made by engaging representative staff from all areas of the department.

**Data Champions:** Regional office representatives who are advocates for the process, knowledge resources and support DDDM implementation.

**DCFS Stat:** The department-wide review of the Data Dashboard, key indicators, and a case review to highlight and improve practice and outcomes within DCFS. It is an opportunity for staff across the department to discuss best practices, key improvements, and provide peer coaching to improve outcomes.

**Office Stat:** The regional office or division review of their specific data to improve practice and provide a venue for peer learning and action at the local level. This allows line staff to have more regular interaction with the data, and strategies to improve outcomes.

**Indicator:** An indicator provides evidence that a certain condition exists or certain results have or have not been achieved. Indicators enable decision-makers to assess progress towards the achievement of intended outputs, outcomes, goals, and objectives. As such, indicators are an integral part of a results-based accountability system.

**Measure:** How an indicator or other data are assessed for success.

**Qualitative Data:** Data that relies on observation and interpretation as opposed to numbers, and may be depicted using a variety of media.

**Quantitative Data:** Data based strictly on numerical measurements.
The Data-driven Decision Making (DDDM) Process uses data to help inform decisions related to practice, policy and other critical areas within DCFS. The process begins with the use of the Data Dashboard, which displays information pertaining to DCFS priority outcome areas, and integrates use of qualitative practice indicators through monthly meetings to discuss the data, practice, and policy, as well as to surface learning and actions that hold promise in improving outcomes for children and families.

Each month, once the Dashboard is refreshed, DCFS convenes a department-wide DDDM Stat meeting where the DCFS Executive Team and senior managers come together in a forum to discuss data outcomes and practice. In addition to monthly department-wide meetings, regional offices, divisions, programs and bureaus hold monthly Stat meetings. It is recommended that Office or Program Stat meetings be inclusive of general staff, and Bureau Stat meetings be inclusive of Assistant Regional Administrators (ARAs).
THE DDDM STEP-BY-STEP PROCESS

Step 1: Data Review (Monthly)
1. Data refreshes on dashboard on the 10th of each month.
2. Drill down into Tier I and Tier II dashboard measures.
3. Pull office reports for manager.
4. Discuss and analyze dashboard measures.

Office Case/Referral Review (Monthly)
1. Drill down into dashboard measures.
2. Select dashboard indicator for case/referral review.
3. Determine case/referral from dashboard drill down for office case/referral review.

Step 2: Office Stat Meeting (Monthly)
2. Develop agenda and data book, best practice and progress kudos, commitments, actions and next step follow-up, practice enhancements or best practice grapevine sharing.
3. Discuss data with staff during unit and section meetings and general staff meetings.

Office Case/Referral Review (Monthly)
1. Conduct case/referral review.
2. Determine actions and next steps to address practice.

Step 3: Deputy Director Bureau Stat Meeting (Monthly)
1. Schedule Bureau Stat meeting on monthly basis.
2. Managers to discuss office stat and case/referral review findings and analysis with Deputy Directors (DD).
3. Include Assistant Regional Administrators (ARAs) on at least a quarterly basis with DD’s.
4. Discuss with Executive Team during Executive Operations meeting.

Step 4: Department DCFS Stat Meeting (Monthly)
1. Report findings and data analysis to Executive Team and senior managers DCFS Stat Case/Referral Review.

Step 5: Follow Up: Continuous Quality Improvement
1. Follow through with identified actions and/or practice and policy improvements from each step above.
2. Track progress, and prepare to report on findings.
Effective implementation of DCFS Office Stat meetings within all regional offices is one of the most important aspects of the Data-driven Decision Making Process. Conversations in regional offices about outcomes are needed to identify changes in practice and policy strategies that will eventually lead to improved outcomes for children and families. Regional offices that have implemented the Stat process have reported improved communication, teaming, and process improvements in a relatively short time.

KEYS FOR EFFECTIVE IMPLEMENTATION INCLUDE:

- Commitment from office leadership
- Workers’ understanding of the ‘value add’ of the process
- Adequate preparation and follow through
- Consistent meetings on a monthly basis
- Support from the Office of Outcomes and Analytics
- Leveraging DDDM Data Champions
- Upholding the DDDM Guiding Principles, with special focus on creating an environment that promotes continuous learning (versus a punitive environment)

Glendora Regional Office Stat

The Glendora Regional Office has held monthly "Office Stat" meetings since 2012, where staff are engaged at all levels of the office to craft, implement, and refine practice strategies based on relevant and timely information. As a result of holding Office Stat, the Glendora Regional Office was able to vastly improve its percentage of Foster Care Entry (Removal) with Timely Team Decision Making (TDM). They reviewed the data and noted it was not meeting the standard. They have since increased the measure from 0% to 75% -- 25% above the department standard -- by identifying the barriers, such as data entry issues, availability of the TDM facilitator to prioritize TDMs at the time of removal, and the need to accommodate the family with after-hours and in-home meetings.

In addition to improvements in measures, benefits of Office Stat have included increased teaming and collaboration, improved communication and understanding between supervisors and line workers about expected outcomes, and an increased sense of shared accountability.

For example, Supervising Case Social Workers (SCSW) identified losing staff to leave of absence as a major barrier to managing caseloads. To problem solve, other SCSWs offered to divide caseloads in those instances amongst their units. Also, TDM facilitators developed a call-in protocol for social workers to set up TDMs from the field, improving TDM usage. Peer learning and coaching also occurs during these meetings regarding a variety of practice and operation issues.
A STEP-BY-STEP OVERVIEW OF IMPLEMENTING OFFICE STAT

Step 1: Pre-Planning
  a. Create a small planning group, and together fill out the Office Stat structure and process planning worksheet (See Appendix A), that includes how you plan to organize the meetings, your plan for follow up actions, and logistical planning. The group should use all of the relevant materials contained within the toolkit as a resource. Note: If you create new tools that you think will have cross-department applicability, please share them with the Office of Outcomes and Analytics for inclusion in the next iteration of this toolkit.
  b. Before the first Stat meeting, the small planning group should also determine their communication strategy, meaning how they help their colleagues understand why the Office Stat is important, and expectations regarding reviewing data daily, weekly, etc. This might include distributing the Office Stat Fact Sheet, providing a brief presentation at a staff meeting, and/or asking all supervisors to discuss with their workers. (See Appendix F, G and H)

Step 2: Preparing for the Office Stat
  a. The small planning group will develop the agenda, the data book, which is the PowerPoint that contains all of the data metrics, charts and figures, and actions and strategies sheet. (See Appendix E)
  b. The small planning group will discuss how the conversation will be facilitated, and by whom.
  c. The small planning group will ensure logistics are coordinated.
  d. The small planning group will invite participants.

Step 3: Facilitating the Office Stat
  a. Create a welcoming environment, and ensure the DDM Guiding Principles are displayed and referred to.
  b. The small planning group should provide context regarding why the department has decided to begin implementing DDM at the office level, and not just the department level (See Appendix H). Discuss how quantitative and qualitative data will be used.
  c. Facilitate meeting.
  d. Debrief meeting, with special emphasis on follow up action items.

Step 4: Following Up
  a. Within one week of the meeting, send a follow up email to the office that lists key highlights, lessons learned, practice model reinforcements, and/or follow up actions. (See Appendix E)

Step 5: Completing the Feedback Loop
  a. The small planning group convenes at least two weeks prior to the next Office Stat to develop an agenda, coordinate logistics and ensure follow up actions are in motion. At the next Office Stat, include the follow up actions from the previous meeting to promote accountability and ensure there is a consistent feedback loop.
# Implementation Questions for Use by Regional Offices

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
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</thead>
<tbody>
<tr>
<td>An explicit structure helps ensure there is consistency in roles, agenda, participants, meetings, etc., across offices and bureaus. For example:</td>
<td>A clear, thoughtful process helps create a learning environment for all participants at the office, bureau and department levels. For example, it would be helpful if the leads at each level have a common approach to the following:</td>
</tr>
<tr>
<td><strong>1. Lead:</strong> Who takes the lead at each level (i.e., office, service bureau, and department)?</td>
<td><strong>1.</strong> How do you begin a conversation on data? What are the essential questions you want to pose?</td>
</tr>
<tr>
<td><strong>2. Support:</strong> Who supports the office, services bureau and/or department in preparing for these sessions?</td>
<td><strong>2.</strong> How do you respond to questions about the indicators? How do you facilitate divergent views regarding the data?</td>
</tr>
<tr>
<td><strong>3. Agenda:</strong> What are the key items on the agenda for each of these levels? What are the key outcomes for these sessions?</td>
<td><strong>3.</strong> How do you integrate quantitative and qualitative information (for instance, a case review) to advance a deeper understanding?</td>
</tr>
<tr>
<td><strong>4. Participants:</strong> Who are the participants at each level?</td>
<td>In addition, the process should also have ways to gauge the following:</td>
</tr>
<tr>
<td><strong>5. Meetings:</strong> Are meetings stand-alone sessions? Are they embedded in other standing meetings? How much time is dedicated to these discussions?</td>
<td><strong>1.</strong> How do we know that participants understood the data?</td>
</tr>
<tr>
<td><strong>6. Materials:</strong> What quantitative data and what qualitative information are provided to participants? What other materials do participants receive? When do they receive such materials? Who produces these materials?</td>
<td><strong>2.</strong> How do we know that the space was safe for questions (i.e., non-punitive)?</td>
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<tr>
<td><strong>7. Follow Up:</strong> What happens to the information and/or content of the discussions?</td>
<td><strong>3.</strong> How do we know that participants had a meaningful discussion pertaining to their roles?</td>
</tr>
<tr>
<td><strong>8. Structure and Process:</strong></td>
<td><strong>4.</strong> How do we know if follow up action was taken?</td>
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INTRODUCTION

The DCFS Data Dashboard is a compilation of the department priority measures and a critical component to effective implementation of Data-driven Decision Making.

The DCFS Data Dashboard Scorecard is a representation of performance on important measures across the department. The best performance is green; mid-level performance that is below the desired level is yellow, or cautionary; and low performance is red. These types of charts are often referred to as “heat maps.” The idea is that problems, i.e., low performance areas, are readily discerned by the hot color, red.

The heat map is often confusing to people, but there is important diagnostic information in this picture. Following are basic tips (as listed on the next page) for using this type of scorecard.

---

**Table: DCFS Stat – Cohort 27 Meeting**

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<th>Indicator</th>
<th><strong>1. No Recurrence of Maltreatment (31.1)</strong></th>
<th><strong>2a. No Maltreatment in Foster Care (32.1)</strong></th>
<th><strong>2b. No Maltreatment in Home</strong></th>
<th>3a. Timely Response (IR)</th>
<th>3b. Timely Response (6 day)</th>
<th>4a. Timely Contacts: Referrals</th>
<th>4b. Timely Contacts: Cases</th>
<th>5. Timely Disposition: Referrals Over 30 Days</th>
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~ Data Frozen as of 12.10.13
*Denotes = State Measure  ** Denotes= Federal Measure

*= Five or > green sections  Total # of Stars 13
**DCFS DATA DASHBOARD SCORECARD TIPS**

**Purpose:** The scorecard is intended to readily identify where performance variation exists. It does not provide information about why performance occurs or whether performance is good or bad. That determination occurs only after discovering where the variation is. Identifying performance as high or low does not instantly equate to good or bad. Noting variation merely says that something is making the outcome different. There may well be good reasons for low performance (e.g., a worker carrying specialty cases) and there may be bad practice that appears to be good performance by one measure (“cherry picking” easy cases).

**Rows:** The indicators on the scorecard are roughly linear, so rows correspond to the way cases flow through the child welfare system. It flows from safety on the left of the chart, through permanency and then to well being. Rows, therefore, tell the performance story of the entity (bureau, office, unit or worker) highlighted on the left of the chart. You can easily scan performance across all the measures. If an office, for example, is mostly red on all indicators, the focus might be on systemic issues that contribute to consistent low performance on all measures. Caseloads, worker tenure and service array may deserve attention. If the office has uneven performance, green in some, yellow in others and red, too, the scorecard identifies where to start looking more critically.

**Columns:** Tracking down a column on any single variable shows whether performance on that particular measure varies by bureau, office, unit or worker. You should compare the performance of the entity to other similar entities, e.g., one office to all other offices, or one Unit to other Units. You may want to look closely at entities that are more similar to see if performance is the same or different (e.g., Vermont Corridor, an urban, inner-city office should be compared to similar offices). The question of interest, always, is: “What is it about my practice that is giving me the performance that is observed?”

**Single Variables:** It is useful to focus on one single indicator at a time in order to think deeply about the practice associated with that element. Are there technical aspects that staff are doing according to plan? That is, does practice conform to policy? These technical aspects lend themselves to strong management solutions. Examples include completing actions in a timely way, filling out forms completely, or meeting deadlines. Conversely, aspects of an indicator may be adaptive, that is, the solution is not well specified, and requires staff skills and abilities that involve judgment. Solutions for these aspects are more aligned with practice changes, and as such, practice behaviors (engagement, future view, etc.) are what require deeper examination.

**Across Variables:** While some information can emerge by examining individual indicators, examining performance across a range of variables can also produce powerful information. It is useful to know if your system performs well at intake, but slows down as cases move through, or whether focused work on one part of the system affects other parts, whether intentionally or not.

**Through Levels:** The search for variation moves up and down the department. From the departmental level, one should look at bureau performance, then down to office performance, unit and then worker.

Finally, remember that large variation can exist behind any indicator, regardless of the color. A green indicator only means that, on average, performance is at the level it should be. A high degree of individual office, unit or worker variation can exist behind it. Additionally, it is equally instructive to learn what behaviors produce high performance as it is to search for root causes of low performance.

Examining the Scorecard is only the beginning of improving outcomes in complex systems. Once variation is observed, explanation of what created that performance is needed. Solutions to address root causes come next, and then a period of monitoring and performance improvement leads to another cycle of performance improvement.
Observation:
It starts with simple observation. In DCFS’ process, that’s the data included in the Scorecard. By itself, the observed data is simply a collection of facts. The attachment of a color to any of the cells on the Scorecard is just another piece of information. While it might suggest that something deserves attention, it does not imply good or bad, nor does it explain how one got there.

Explanation:
The critical piece of work that must be done is to then look at the observed data and move to the next phase to try to understand the underlying conditions, or root cause, that yield the results you observe. This step is the lynchpin of the process. If you don’t understand what you are trying to change, you are unlikely to develop effective or efficient solutions. This is a critical developmental step. If you don’t do this right, you will find yourself coming back to this step over and over again. Re-work is a symptom of not identifying the root cause to the problem.

Intervention:
Once the root cause is understood, one stands a far better chance of developing interventions that will actually solve the problem, and move the data indicator. The point is that no one wants to simply move the data. Making decisions simply because it will result in measurable change is short sighted, and dangerous. The intention is to focus on practice changes that promote positive dynamics in families. That, in turn, will move the indicators.

Outcomes/Track and Adjust:
When an intervention has been decided on, thinking about how that work will impact the outcomes you are trying to change is the final step. You should anticipate over time how much and how quickly change might occur. Then, track your data and hold it up to that expectation to decide if movement is happening, and whether it is happening quickly enough. In the cycle of hypothesis testing, that new piece of data -- an observation -- takes you back to the top of the wheel and leads you back around to ask why you are or are not getting the change you expected.