Quality Management Staff implemented the nationally recognized Quality Services Review (QSR) process for Big Bend Community Based Care’s System of Care Network for the first time in FY 11/12. The QSR process provided a framework for collecting new forms of qualitative information on key aspects of life for the families that we serve.
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QUALITY SERVICE REVIEW OVERVIEW

The Quality Management Team initiated the nationally recognized *Quality Services Review* (QSR) process for Big Bend Community Based Care’s Network in FY 11/12. The twenty QSRs our staff completed this year allowed us to capture new information on key aspects of life for the families that we serve. Using the QSR, we were able to assess real-time, detailed information on how children and their families were faring during our service provision. We were also able to determine how well our system of care was functioning in serving families. Florida’s QSR protocol addresses two domains: Child & Family Status and Practice/System Performance. Each domain is composed of a number of indicators used to assess status and success.

### Child & Family Status Indicators

Indicators of Child & Family Status include:

1. Safety from Exposure to Threats of Harm
2. Child Vulnerability
3. Stability
4. Living Arrangement
5. Permanency
6. Physical and Dental Health
7. Emotional Well-Being
8. Early Learning and Development
9. Academic Status
10. Pathway to Independence
11. Parent and Caregiver Functioning

### Practice/System Performance Indicators

Indicators related to child welfare practice and the functioning of the local system of care include:

1. Engagement Efforts
2. Voice & Choice
3. Teamwork
4. Assessment & Understanding
5. Planning for Safe Case Closure
6. Planning Transitions & Life Adjustments
7. Implementation
8. Maintaining Quality Connections
9. Evaluating & Adjusting
10. Psychotropic Medication Monitoring
QUALITY SERVICE REVIEW SCORING

Each of the 21 indicators is scored based on the following scale:

6 – Optimal Status/Practice
5 – Good Status/Practice
4 – Fair Status/Practice
3 – Marginal Status/Practice
2 – Poor Status/Practice
1 – Adverse Status/Practice

Scores can be interpreted by Range (Acceptable/Unacceptable) or by Zone (Green, Yellow, Red).

Case Level: For each case, Indicator scores were derived by synthesizing the information and data assessed on several key elements specific to the Indicator. An overall score was also calculated for each case.

Indicator Scoring: The aggregate data for each Indicator was also calculated to determine any trends indicating a need for quality improvement.

The indicator descriptions, the individual elements that comprise them and aggregate data for each are provided in the Appendices.
IMPLEMENTATION

All QAS completed the required QSR certification training provided by the Department of Children and Families (DCF) during the third quarter of FY 10/11 and piloted the process during the fourth quarter of that year. For FY 11/12, five QSRs were completed each quarter by pairs of agency Quality Assurance Specialists (QAS) with the assistance of QA staff from our sub-contracted case management agencies.

The review process consisted of QAS teams reviewing documentation in Florida Safe Families Network (FSFN) and case files, followed by interviews with key case participants. The review teams completed the QSR tool in the DCF web systems portal, documenting key factors contributing to each determination. Preliminary data for each review was provided directly to the Case Manager and Supervisor as a part of the debriefing process.

To conclude the QSR process, the information gathered was compiled, analyzed and synthesized by the QAS teams to create a child- and case-specific ‘Story’ focusing on the 21 QSR Indicators. These Stories were disseminated to our sub-contractors’ leadership, supervisory and quality assurance staff, as well as Big Bend’s internal management and training teams for further analysis and follow-up.

After completing the QSRs, the QAS collected information on the progress made in implementing recommendations through direct communication with the primary Case Managers and Supervisors assigned to the review cases. This process allowed BBCBC to assure that the recommended changes and improvements had been initiated and to identify any changes that had resulted within the families.
**Child & Family Status**

**Findings**

Year-end data for the 20 Quality Service Reviews completed indicates that 94.5% of the Child & Family Status Indicators scored within the ‘Acceptable’ range of Fair (4), Good (5) or Optimal (6) status and 75.3% achieved the targeted (green) range of Good or Optimal. See the Child & Family Status Indicators charts below. Overall scores for each of the 20 cases also fell within the Acceptable range of 4 to 6.

Indicators that scored exceptionally well (with more than 80% rated as ‘Good’ or ‘Optimal’) were those addressing Child Safety, Living Arrangement, and the Child Well-Being measures related to Physical Health, Emotional Well-Being, and Early Learning and Academic Status. These findings are consistent with Big Bend’s performance on the related contract measure (children are safe from harm in out-of-home care and during and after services) and with the agency’s ongoing focus on child well-being.

While overall scores were all in the Acceptable range, there were cases with individual Indicators that were not. They included: Permanency, Academic Status, Physical Health and Parent/Caregiver Status.

The Child & Family Indicator most commonly rated as Marginal (3) or Poor (2) was Permanency. Four (4) of the 20 cases were rated Marginal on the Permanency Indicator and 2 cases were rated Poor (2). The Marginal scores were evenly split between Circuit 2 and Circuit 14, however both of the Poor ratings were found in cases served by the same agency in Circuit 14. This pattern is mirrored in sub-contractor and Circuit-level contract performance on permanency-related measures over the past five quarters. Performance on reaching permanency within 12 months began to decline in Circuit 14 during the final quarter of FY 10/11 and remained below performance targets for three of four quarters in FY 11/12, while Circuit 2 surpassed the permanency target (≥ 75.2%) for three of the four quarters this fiscal year. Quality improvement activities focusing on partnering with CLS and the Court System in Circuit 14 are ongoing.
The only other Child & Family Indicator with more than one case rated in the Unacceptable range was Academic Status. Two (2) of 14 applicable cases were rated Marginal (3) on this item. One case involved a teen who recently exited a juvenile justice facility and is placed in a residential treatment facility outside our Network. The other involves a ten-year-old child who is currently excelling in school. The concern in this case was his upcoming transfer to middle school and the potential for emotional and educational difficulties anticipated. (Recommendations were offered to better prepare the child for this transition.)

Two other cases had one Indicator rated as Marginal – one related to Physical Health and one related to the Status of the Parent/Caregiver.

Each of these low-scoring items was addressed with the agency providing services and the assigned Case Manager and Supervisor for follow-up actions.

**Child & Family Indicator Elements Identified as Strengths**

Key elements of the Child & Family indicators that performed well included; assuring safety from exposure to threats of harm; living arrangement or placements meet children’s needs and maintain their social, educational, familial and cultural connections; children’s physical and emotional health; early learning status and academic achievement; and frequency and quality of visits.

**Identified Child & Family Gaps**

Progress toward reunification was identified as a Gap in 4 of 7 (57.1%) applicable cases.

Progress toward adoption was identified as a Gap in 2 of 3 (66.7%) applicable cases.

Gaps were also found in Father’s engagement, participation, understanding and capacity to serve as caregiver and protector for their children in 60% - 80% of the applicable cases (11).
Child & Family Indicators, FY11/12
Percent of Indicators by Scoring Range

- **1. Safety From Exposure To Threats Of Harm** (n=20)
  - Good or Optimal Range: 90%
  - Acceptable Range: 100%

- **2. Child Vulnerability** (n=20)
  - Good or Optimal Range: 75%
  - Acceptable Range: 100%

- **3. Stability** (n=20)
  - Good or Optimal Range: 65%
  - Acceptable Range: 100%

- **4. Living Arrangement** (n=20)
  - Good or Optimal Range: 80%
  - Acceptable Range: 100%

- **5. Permanency** (n=19)
  - Good or Optimal Range: 68%
  - Acceptable Range: 68%

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Child & Family Status Indicators, FY11/12
Percent of Indicators by Scoring Range

- **6. Physical Health** (n=20)
  - Good or Optimal Range: 75%
  - Acceptable Range: 95%

- **7. Emotional Well-Being** (n=20)
  - Good or Optimal Range: 85%
  - Acceptable Range: 100%

- **8. Early Learning Status** (n=7)
  - Good or Optimal Range: 100%
  - Acceptable Range: 100%

- **9. Academic Status** (n=14)
  - Good or Optimal Range: 86%
  - Acceptable Range: 86%

- **10. Pathway To Independence** (n=3)
  - Good or Optimal Range: 0%
  - Acceptable Range: 100%

- **11 Parent & Caregiver Functioning** (n=19)
  - Good or Optimal Range: 63%
  - Acceptable Range: 95%
**Findings**

The year-end data for the Practice Performance Indicators show that 91.0% of individual case Indicators received Acceptable ratings of 4 or higher; and 64.0% achieved the targeted (green) range of Good or Optimal. While nine of the ten Practice Performance Indicators scored within the Acceptable range, none of Indicators scored exceptionally well (with more than 80% of cases rated Good or Optimal). The one Indicator with an Unacceptable overall score was Psychotropic Medication Management. Of the 3 applicable cases reviewed, 2 were rated as achieving Optimal (6) status. The remaining case met criteria for rating as Adverse (1), thus the overall score for the measure was below target.

Immediate action was taken to rectify this situation. It involved a teen placed out of Big Bend’s service area in a residential treatment facility. During an interview with the teen, QAS discovered that the child’s medication had been changed from that documented on the Psychotropic Medication Medical Report Form on file and without seeking an updated court order for the new medication. Resolving this situation required diligent follow-up by the QAS, the Case Manager and the Supervisor and coordination with the facility and Out-of-County worker in the Northeast Region. The matter was successfully resolved in April, 2012.

The Practice Performance Indicator most commonly rated as Marginal (3) or Poor (2) was Teamwork. Three (3) of the 20 cases were rated Marginal on the Teamwork Indicator and 1 case was rated Poor (2). Each of these 4 cases was assigned to a different case management agency and they were evenly divided between Circuit 2 and Circuit 14. While the specific Indicator element on ‘team make-up’ was identified as a Strength, the ‘team functioning and effectiveness’ element was identified as a Gap in 9 of 17 cases (52.9%). Lack of consistent and ongoing communication (between case managers, service providers, Guardians-ad-Litem, attorneys and caregivers) was identified as a key issue. Time constraints and scheduling difficulties were noted most frequently as the cause.
The other two Practice Performance Indicators with more than one Unacceptable score were those related to Planning for Safe Case Closure – two cases rated *Marginal* and one case rated *Poor*; and Planning for and Supporting Transitions, also citing two cases as *Marginal* and one case as *Poor*.

Each of these low-scoring items was addressed with the agency providing services and the assigned case manager and supervisor for follow-up actions.

**Practice Performance Indicators Identified as Strengths**

Key elements of the Practice Performance Indicators that performed well included: engaging children and caregivers and their participation in assessments and goal setting; case manager and protective investigator demonstration of shared responsibility; and overall composition of the team working on families behalf. Please see the *Practice Performance* charts below for details.

**Practice Indicators Identified as Gaps**

Team functioning and effectiveness was identified as a Gap in 9 of 17 cases (52.9%).

Effective planning in preparation for case closure was identified as a Gap in 7 of 17 cases (41.2%).

Transition identification and planning was identified as a Gap in 5 of 11 applicable cases (45.5%).

The low scores on these Indicators, and their component elements, are key factors affecting the permanency scores discussed in the previous section. The QSR Summaries for a significant number of the cases reviewed gave recommendations regarding general communication issues between team members, particularly related to seeking permanency for the child. The follow-up on these issues is ongoing.
Practice Performance Indicators, FY11/12
Percent of Indicators by Scoring Range

- **20. Engagement (n=20)**
  - Good or Optimal Range (5-6): 65%
  - Acceptable Range (4-6): 100%

- **21. Voice & Choice (n=20)**
  - Good or Optimal Range (5-6): 50%
  - Acceptable Range (4-6): 90%

- **22. Teamwork (n=20)**
  - Good or Optimal Range (5-6): 65%
  - Acceptable Range (4-6): 80%

- **23. Assessment & Understanding (n=16)**
  - Good or Optimal Range (5-6): 56%
  - Acceptable Range (4-6): 94%

- **24. Planning Process (n=20)**
  - Good or Optimal Range (5-6): 75%
  - Acceptable Range (4-6): 85%

Practice Performance Indicators - FY 11/12
Percent of Indicators by Scoring Range

- **25. Transition Planning (n=15)**
  - Good or Optimal Range (5-6): 53%
  - Acceptable Range (4-6): 80%

- **26. Implementation (n=19)**
  - Good or Optimal Range (5-6): 79%
  - Acceptable Range (4-6): 100%

- **27. Maintaining Quality Connections (n=17)**
  - Good or Optimal Range (5-6): 71%
  - Acceptable Range (4-6): 100%

- **28. Monitoring & Adjustment (n=16)**
  - Good or Optimal Range (5-6): 69%
  - Acceptable Range (4-6): 94%

- **29. Psychotropic Medication Management (n=3)**
  - Good or Optimal Range (5-6): 67%
  - Acceptable Range (4-6): 67%
QUALITY IMPROVEMENT

Big Bend will incorporate the information gathered from the Quality Service Review process with other data sources (other case file reviews, performance measure findings, DCF Contract Oversight results, scorecard performance and findings from other quality assurance activities) and use it to guide our System of Care quality improvement efforts. These data are addressed with partner agencies in a variety of formats including individual agency meetings, monthly Circuit management meetings, quarterly Network performance meetings and workshops, as well as within weekly data management reports and tools.

Big Bend’s quality management system, including improvement activities, are defined in the agency’s annual Quality Management Plan and Operating Policies, both of which are available for review at http://bigbendcbc.org/resources.php.
The In-Depth Service Review (ISR) Protocol provides reviewers with a specific set of qualitative indicators to use when examining the status of the child and caregiver and analyzing the responsiveness and effectiveness of the core practice functions prompted in the core practice model. Indicators are divided into two distinct domains: status and practice performance.

**Status indicators** measure the extent to which certain desired conditions are present in the life of the child and the child’s parents and/or caregivers—as seen over a recent time. Status indicators measure constructs related to well-being (e.g., safety, stability, and health) and functioning (e.g., the child’s academic status and the caregiver’s level of functioning). Changes in status over time may be considered the near-term outcomes at a given point in the life of a case.

**Practice indicators** measure the extent to which core practice functions are applied successfully by practitioners and others who serve as members of the child and family team. The core practice functions measured are taken from the team and provide useful case-based tests of performance achievement. The number of core practice functions and level of detail used in their measurement may evolve over time as advances are made in the state-of-the-art practice.

### Child & Caregiver Status Indicators

1a. **SAFETY - From Exposure to Threats of Harm:** Degree to which: • the child is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings. • The child’s parents and/or caregivers provide the attention, actions, and supports necessary to protect the child from known threats of harm in the home and in other settings.

1b. **SAFETY - Child Vulnerability:** Degree to which the child: • is able to avoid self-endangerment. • Is able to refrain from using behaviors that may put others at risk of harm. *For a child age three years and older*

2. **STABILITY:** Degree to which: • The child’s daily living, learning, and work arrangements are stable and free from risk of disruptions. • The child’s daily settings, routines, and relationships
are consistent over recent times. • Known risks are being managed to achieve stability and reduce the probability of future disruption. \[Timeframe: past 12 months and next 6 months\]

3. **LIVING ARRANGEMENT**: Degree to which: • Consistent with age and ability, the child is living in the most appropriate/least restrictive living arrangement, consistent with needs of the child for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. • [If the child is in temporary out-of-home care] the living arrangement meets the child’s needs to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group.

4. **PERMANENCY**: Degree to which: • The confidence level of those involved (child, parents, caregivers, others) that the child is living with parents or other caregivers who will sustain in this role until the child reaches adulthood and will continue onward to provide enduring family connections and supports in adulthood.

5. **PHYSICAL & DENTAL HEALTH**: Degree to which: • the child is achieving and maintaining positive health and dental status. • And, if the child has a serious or chronic physical illness, the child is achieving his/her best attainable health status given the disease diagnosis and prognosis.

6. **EMOTIONAL WELL-BEING**: Degree to which: • Consistent with age and ability, the child is displaying an adequate pattern of: • Attachment and positive social relationships, • Coping and adapting skills, • Appropriate self-management of emotions and behaviors.

7a. **EARLY LEARNING STATUS**: Degree to which: • the child’s developmental status is commensurate with age and developmental capacities. • The child’s developmental status in key domains is consistent with age- and ability-appropriate expectations. \[For a child under the age of 6 years\]

7b. **ACADEMIC STATUS**: Degree to which: • The child [according to age and ability] is: (1) regularly attending school, (2) placed in a grade level consistent with age or developmental level, (3) actively engaged in instructional activities, (4) reading at grade level or IEP expectation level, and (5) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent. \[For a child age 5 years or older, except 6 and not attending school\]
8. **PATHWAY TO INDEPENDENCE:** Degree to which the child [according to age and ability] is: • Gaining skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of agency services, as appropriate to age and ability. • Developing long-term connections and informal supports that will support him/her into adulthood. *For a child age 14 years or older and in foster care*

9. **PARENT & CAREGIVER FUNCTIONING:** Degree to which: • The parent or caregiver, with whom the child is currently residing and/or has a goal of permanency, is able to provide the child with the assistance, protection, supervision, and support necessary for healing from trauma and/or achieving emotional well-being. • If added supports are required in the home to meet the needs of the child and assist the parent or caregiver, the added supports are meeting the needs.

**Practice Performance Indicators**

1a. **ENGAGEMENT:** Degree to which those working with the child and family (parents or other caregivers) are: • Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child and family. • Focusing on the child and family’s strengths and needs. • Sensitive and responsive to traumas experienced by the child and family. • Engaging children in a developmentally appropriate manner. • Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning. • Offering transportation and child care supports, where necessary, to increase family participation in planning and support efforts.

1b. **VOICE & CHOICE:** Degree to which: • The child, parents, family members, and caregivers are active ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child and family strengths and needs, goals, supports, and services.

2. **TEAMING:** Degree to which: • Appropriate family members and providers have been identified and formed into a working team that shares a common “big picture” understanding and long-term view of the child and family. • Team members have sufficient craft knowledge,
skills, and cultural awareness to work effectively with this child and family. • Members of the family team have a pattern of working effectively together to share information, plan, provide, and evaluate services for the child and family.

3. **ASSESSMENT & UNDERSTANDING:** Degree to which those involved with the child and family understand: (1) their strengths, needs, preferences, and underlying issues. (2) What must change for the child to function effectively in daily settings and activities and for the family to support and protect the child effectively? (3) What must change in order for the child and family to achieve timely permanence and improve the child/family’s well-being and functioning? (4) The “big picture” situation and dynamic factors impacting the child and family sufficiently to guide intervention. (5) The outcomes desired by the child and family from their involvement with the system. (6) The path and pace by which permanency will be achieved for a child who is not living with nor returning to the family of origin.

4. **PLANNING PROCESS:** Degree to which the planning process: • is individualized and matched to the child and family’s present situation, preferences, near-term needs, and long-term view for safe case closure. • Provides a combination and sequence of strategies, interventions, and supports that are organized into a holistic and coherent service process providing a mix of services that fits the child and family’s evolving situation so as to minimize potential results and minimize conflicts and inconveniences.

5. **TRANSITION PLANNING:** Degree to which: • The current or next life change transition for the child and family is being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change occurs. • Plans and arrangements are being made to assure a successful transition and life adjustment in daily settings. • There are well-planned follow-along supports provided during the adjustment period occurring after a major change is made in a child’s life to ensure success in the home or school situation.

6. **IMPLEMENTATION:** Degree to which: • Planned and accessible intervention strategies, services, and supports being provided to the child and family have sufficient power (precision, intensity, duration, fidelity, and consistency) and beneficial effect to produce results necessary to meet near-term needs and achieve outcomes that fulfill the long-term view for safe case
7. **MAINTAINING QUALITY CONNECTIONS:** When a child is placed out of the home, the degree to which the child’s important family connections are maintained through appropriate and good quality visits and other means -- unless compelling reasons exist for keeping certain family members apart.

8. **TRACKING & ADJUSTMENT:** Degree to which: • The team routinely monitors the child and family’s status and progress, interventions, and results and makes necessary adjustments. • Strategies and services are evaluated and modified to respond to changing needs of the child and family. • Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child and family.

9. **PSYCHOTROPIC MEDICATION MANAGEMENT:** Degree to which: • Any use of psychiatric medications for this child is necessary, safe, and effective. • The child and parents/caregivers understand the benefits and risks of each medication. • The child and parents have a voice in medication decisions and management. • The child is routinely screened for medication side effects and treated when side effects are detected. • New atypical/current generation drugs have been tried, used, and/or appropriately ruled out. • The use of medication is being coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, obesity).

These core practice indicators, reflecting the agency’s practice model, define the focus and scope of inquiry into case practice for a child and the child’s parents and/or caregivers.
APPENDIX II – AGGREGATE NETWORK SCORES

Quality Service Reviews
Child & Family Indicators
(Number & Percent of Indicators by Score)

Quality Service Reviews
Practice Performance Indicators
(Number & Percent of Indicators by Score)