United for Families

Community Based Care Annual Summary of Quality Service Review Findings

August 2012
**Introduction:**

This report provides findings from the Quality Services Reviews and the Quality of Practice Standards reviews that were conducted during fiscal year 2011-2012. Five (5) cases were reviewed each quarter utilizing the Quality Services Review (QSR) Protocol for a Child and Family for a total of twenty (20) cases reviewed. United for Families continued reviewing cases based on the Quality of Practice Standards (QPS) Protocol; twenty-nine (29) cases were reviewed during this fiscal year utilizing the Quality of Practice Standards.

The Quality Services Review (QSR) process helps child welfare and social services agencies assess the effectiveness of their practices and the interventions provided to the families they serve. The QSR is directly related to the core components of individualized practice and measures the degree to which true individualized and participatory practice is occurring with each individual family being reviewed. The Quality Services Review process includes the following elements that promote assurance for a thorough assessment of the case being reviewed: intensive training for all QSR reviewers, comprehensive pre-review planning and preparation for the review, the actual task of conducting the QSR review with a focus on interviewing all key case participants, clear understanding of the Interpretive Guide Rating Key when determining the overall ratings, case worker/supervisor debriefing, review of the case with those deemed appropriate and a Written Case Summary assessing practical steps to sustain success or overcome problems.

**Sampling Methodology:**

The Department of Children and Families Office of Family and Community Services data unit provides an extract for CBCs that lists all children who are eligible to be reviewed during the forthcoming review period. The sample represents a range of permanency goals as listed below:

1. Maintain and Strengthen
2. Reunification
3. Adoption
4. Permanent Guardianship
5. Permanent Placement with a Relative
6. Another Planned Permanent Living Arrangement (APPLA)

**Summary of Case Management Practice Trends:**

This section is a “Self Assessment” which addresses the agency’s strengths/promising practice trends and areas needing improvement based on data collected through the QSR reviews, QPS reviews and other sources of information that measure local performance.
In addition to the Quality Services Review protocol, United for Families uses the following practices and assessments to identify areas of strength and areas needing improvement as well as methods to continue improvements: daily collection and analysis of data related to the Scorecard, monthly/quarterly collection and analysis of data related to DCF contract performance measures, quarterly Quality of Practice Standards reviews, and monitoring of both subcontracted providers and CBC internal departments.

Strengths and needs identified through QSR and QPS reviews are addressed at quarterly Continuous Quality Improvement (CQI) meetings. Attendees include staff from the CBC, case management agencies, DCF, CLS, and community providers. Performance data and outcomes are discussed among the attendees and improvement strategies are developed.

Performance trends identified through analysis of contract performance measures data are addressed at quarterly meetings of a Performance Measures Workgroup which includes representatives from the CBC and both case management agencies. Again, data and findings are discussed, root causes identified, and improvement strategies developed.

The quarterly CQI meetings and performance measure workgroup meetings foster cohesion and partnership between the lead agency and the subcontracted agencies, giving participants a voice in ongoing quality improvement efforts. Other ongoing improvement efforts include system of care trainings in such areas as incident reporting, ICPC/OCS procedures, and protocol for missing children.

The United for Families Quality Management team partnered with the Quality Assurance Specialist from each case management agency when conducting the Quality Services Reviews. This gave the case management agencies the ability to address any findings during the review process immediately when applicable.

Quality Services Review outcomes indicated that when children could not be maintained in the home with a parent or placed with a non-custodial parent, efforts were made to place with relatives when available and to place siblings together. Interviewers consistently observed readily apparent bonds between children and their caregivers. Services were consistently found to be in place for the children and families when needed to address special needs.

Although it was obvious that services were being provided or at least offered to case participants, there was a lack of documentation to support this strength. Parents did not appear to be engaged by the case managers on a regular basis. While reviewing scorecard data, monthly contact with parents in cases with a goal of reunification has been a persistent gap. Poor performance indicators in this area were found to be partially due to improper or missing data but failure to make face-to-face contact at all was found to be a widespread issue. This lack of contact may be a major springboard to the breakdowns resulting in poor performance in the areas of teaming and voice and
choice, as the formation of a cohesive team is unlikely in the absence of a well-developed rapport with all key case participants, particularly parents and children.

During the interview process it was clear that many case participants were often unaware of the other participants comprising the child’s team. Some teachers were not informed of the agency’s involvement and were unaware of the child’s special needs. Service providers were unaware of what other services were being provided to the family. As a result of these reviews and subsequent debriefings, case managers are now aware of the need to improve communication and establish well-informed, cohesive teams in order to successfully and expeditiously achieve permanency for the child.

Through conversation with the families, it became clearly evident that more focus must be placed on providing family members the opportunity to offer input and assist with case planning, and on fostering the feeling that they are being heard, that their input and concerns are validated, and that they are actively involved in case activities and decision-making. Concerted efforts in this area should contribute to an overall improvement in case practice and an observable increase in successful outcomes during future reviews.

Though it was consistently determined that the current placement appeared to be the most appropriate and most family-like setting for the focus child, the number of placements experienced is a cause for concern. Many cases revealed a number of placement changes which subsequently resulted in numerous changes in school setting and service providers. Most cases also revealed numerous changes in case manager throughout the life of the case. Studies have shown that such changes have a negative impact on the timely achievement of permanency.

Quality of Practice Standards reviews completed during the fiscal year indicated that family assessments are not being completed timely or adequately. Updated family assessments contained outdated information and assessments did not always provide a complete understanding of the child and family or their current circumstances.

The Quality of Practice Standards reviews also revealed shortcomings in the area of supervisory reviews. Supervisory reviews lacked qualitative assessment of all aspects of child safety, well-being and permanency and failed to provide follow-up on guidance and directives given in previous reviews. Supervisory reviews have been an ongoing area of need over the past several years; however, there has been some improvement since the last fiscal year. United for Families will continue to address this practice trend with case management agencies during Quarterly Performance Measure Workgroup and Continuous Quality Improvement meetings.
**Child and Family Status Indicators:**

The chart below illustrates the overall percent ratings for the Child and Family Status Indicators for the 20 Quality Services Case Reviews completed during Fiscal Year 2011-12.

![Child and Family Status Indicators](chart.png)

In reviewing the findings of the twenty (20) Quality Services Reviews that were completed during fiscal year 2011-2012, evidence was found that performance in the areas of safety from exposure to threats of harm, child vulnerability, living arrangements, and implementation was consistently strong. Strengths were seen in these areas during the interview process, observation of the families, and documentation review. Though engagement of the mother, father and caregivers in the planning process was not always documented, interviews revealed that services were being provided to ensure safety, well-being and permanency for the child.

With regard to safety from exposure to threats of harm, which ensures that the child is free from abuse, neglect and exploitation by others in his/her place of residence, school and other daily settings, there was clear documentation that the children were being provided with their basic needs to include, but not limited to; food, clothing, shelter, medical needs, and emotional needs. It was reported that the interviewers observed the relationships between the children and caregivers to be positive and appropriate. A clear bond between the children and their caregivers (including parents, relatives, non-relatives and pre-adoptive families) was also observed during the interviews. When documentation indicated an immediate concern existed, the concerns were handled quickly and appropriately. Clients were either participating in or had completed services which reduced the concern for exposure to threats of harm.
A large majority of the Quality Services Reviews revealed a strength in the area of child vulnerability. It was consistently documented that when age appropriate, the child avoided behaviors that could cause harm to self or others. When previous attempts to harm self or others were documented, services were in place to reduce the child's vulnerability. Most of the children were meeting developmental milestones; appropriate services were in place for those who were not.
When considering a placement for a child, the goal is to provide the child with the most appropriate and family-like setting. Findings indicate that this was consistently occurring. The cases reviewed included a wide variety of placement types. Living arrangements gave the children the opportunity to maintain connections with their parents, siblings, and relatives. It was reported consistently that the caregivers were able to appropriately provide for the children. When conducting the interviews it was reported that the case participants were in agreement with the living arrangements.

![Bar chart showing living arrangement percentages](chart)

Though the status indicators yielded an overall strength in the measurement of the child and family's current status, stability was found to be a weakness. Change of placement was a consistent factor in the lack of stability for the children in the cases reviewed. Placement disruptions often appeared to result from a lack of resources of the caregiver; financial difficulties were a common theme contributing to risk of placement disruption. Some children experienced instability in educational settings and providers despite maintaining placement with one caregiver due to the caregivers moving multiple times. Additionally, there was instability in assigned case managers. In the twenty (20) cases reviewed, there were as many as five (5) case managers assigned during the period under review. There was also clear evidence that risks to stability were not managed appropriately. Some of these risks included child vulnerability, caregiver health, service provider changes and a failure to staff cases at critical junctures.
3. Stability

<table>
<thead>
<tr>
<th>3.1 Stability in living arrangement</th>
<th>3.2 Stability in school setting</th>
<th>3.3 Stability in case management</th>
<th>3.4 Stability in service provider</th>
<th>3.5 Risk of disruption to living arrangement</th>
<th>3.6 Risk of disruption to school setting</th>
<th>3.7 Management of risks to stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>80%</td>
<td>75%</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>40%</td>
<td>40%</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>50%</td>
<td>60%</td>
<td>50%</td>
<td>60%</td>
<td>75%</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Practice Performance Indicators:

The chart below illustrates the overall percent ratings for the Practice Performance indicators for the twenty (20) Quality Services Case Reviews completed during Fiscal Year 2011-12.

The practice performance indicators for the Quality Services Review indicate that improvement is needed in the area of measuring certain core practice functions of working with children and families.

In reviewing the twenty (20) Quality Services Reviews that were completed during Fiscal year 2011-2012, evidence was found that engagement efforts, voice and choice, and teaming were inconsistent throughout the cases reviewed. Gaps were seen in both documentation and case management's inconsistent efforts to engage all case participants, particularly the children, parents, and caregivers. Productive working partnerships did not appear to be in place and participants advised that they were not always engaged and did not have a strong relationship with the case manager or child. There is evidence to suggest that the child was not always engaged during home visits and was not actively involved in case planning even when age appropriate. Evidence also indicates that the parents and caregivers were not always actively engaged in the case planning process.
With engagement efforts persistently at a minimum through the Quality Service Reviews, voice and choice of participants was also seen as a consistent gap. With case managers not engaging participants; children, parents and caregivers were not given the option to assist in making the decisions necessary to successfully move the case forward. A review of case notes and interviews with participants indicated that the case managers' failure to actively engage participants resulted in the participant's inability to share their "voice and choice". Parents were often not seen on a monthly basis by case management, and case notes provided minimal documentation of case planning discussion with participants, including the child. Participants indicate that they were not given options regarding their case plan tasks or service providers.
Additionally, there was a consistent lack of teaming in the cases reviewed. Participants indicated that there was not ongoing communication and that information was inconsistently shared among team members. There also appears to be a lack of a clearly defined team as a whole. Participants reported that they would hear information from one source, such as a provider, and not from case management and vice versa. There is clear evidence of miscommunication and misunderstanding of who was involved in the case.

Though the practice performance indicators revealed an overall weakness in core practices, implementation was found to be a strength. Implementation is the degree to which planned and accessible intervention strategies, services and supports being provided to the child and family have sufficient power and beneficial effect to produce results necessary to meet needs and achieve outcomes that fulfill the long-term view of safe case closure. Overall services are being provided to the children and their families that facilitate successful changes that meet the family's needs and as a result achieve child safety, well-being, and permanency while supporting and sustaining the family or permanent caregiver for the child. In addition, the services being provided to the families appear to be helping the child and his/her family to reach good and substantial levels of functioning when necessary for them to make progress and improve functioning and well being.
Addressing Findings:

United for Families will continue to address the issues identified by analysis of findings through quality improvement systems currently in place. These include the following processes for analyzing, tracking and trending performance: ad hoc reviews, high risk case reviews, and Independent Living File Reviews. Performance Measures Workgroup and Continuous Quality Improvement (CQI) meetings are held quarterly and work to identify root causes and formulate performance improvement initiatives. The Quality Management Plan, Annual Evaluation and the local Systems Improvement Plan (SIP) will help to guide future improvement initiatives.

Russell Kline, MS
Director of Quality/Data Management