QUALITY SERVICE REVIEW

Organizational Learning for System Improvement

Philadelphia DHS Mission Statement

The Philadelphia Department of Human Services' mission is to provide and promote safety, permanency, and well-being for children and youth at risk of abuse, neglect, and delinquency

Performance Management and Accountability (PMA)

- Mission: The division of Performance Management and Accountability will support system improvement by monitoring and evaluating the efficiency, effectiveness, and availability of our services both internal and external

- Pillars: DIM, QI, PREP/PBC, and Research

- Methods of PMA performance measurement
  - Compliance-based Case File Review
  - Quality Visitation Review
  - Quality Service Review
  - Child Fatality Review
  - ChildStat

Quality Service Review

The Quality Service Review (QSR) is a practice improvement approach designed to assess current outcomes and system performance by gathering information directly from families, children and service team members

Quality Service Review History

- Mid 1990's: The first QSR protocol developed
- Other states that use the QSR process
  - Alabama
  - Utah
  - Wisconsin
- Fall of 2009: Pennsylvania and Philadelphia management observe Utah's QSR process
- January 2010: PA's Office of Children, Youth, and Families adopts the QSR process and selects Philadelphia to participate in the first QSR pilot process
- June 2010: Philadelphia begins internal QSRs

Philadelphia's Local QSR Process

□ Occurs bi-monthly

□ Small sample of randomly selected cases

□ Stratified by service area

- ◻ Congregate Care
- ◻ Children with Special Medical Needs
- ◻ Adoption
- ◻ General Foster Care (Foster and Kinship Care)
- ◻ Treatment Foster Care
- ◻ In-Home Service Array

QSR: Gathering Information

- Teams of reviewers
- Brief review of the case file
- Initial interview with DHS worker and supervisor
- Interviews with stakeholders and families
  - Focus child/youth and biological family
  - Foster parents and group home parents
  - Private provider workers
  - Attorneys/advocates
  - Mental health, educational, and medical personnel

Difference between Traditional Reviews and the QSR

Traditional Review

• Is there a current plan in the file?

• Did the parents sign the plan?

• Is there a written assessment?

Quality Service Review

• Is the plan likely to lead to permanence?

• Do the parents feel that the plan is their own?

• Does the assessment accurately identify underlying needs?

QSR: Scoring Process

- Pennsylvania QSR Protocol
  - 9 Child/Youth and Family Indicators
  - 11 Practice Performance Indicators

- Scoring Process
  - 6 – Optimal
  - 5 – Substantial   Acceptable Range
  - 4 – Fair
  - 3 – Marginal
  - 2 – Poor   Unacceptable Range
  - 1 – Adverse

QSR: Feedback

- Case specific feedback
  - Final interview with DHS worker and supervisor
  - Written Case Story
  - Debriefing

- Aggregate system-level feedback
  - Findings Present Report
  - Findings Present Meeting

Data Analysis

- Aggregate scores from all 12 cases

- Comparison of acceptable and unacceptable scores
  - With cases reviewed last year in the same service area
  - With cases reviewed over all the service areas last year

- Content analysis

- Trends and recommendations

Findings Present Report

- Demographic information

- Indicator ratings
  - Child/Family
  - Practice Performance

- Comparison with previous reviews

- Case Stories

- Recommendations

Findings Present Meeting

- All QSR reviewers

- DHS management

- Private provider representatives

- Leaders from the courts

- Child advocate and parent attorney offices

- Representatives from the mental health, educational, and medical systems

Tracking Recommendations

- Suggested improvements
  - Submitted to the Commissioner and her cabinet for approval
  - Assigned to a responsible person

- PMA tracking system
  - Used to track recommendations from all QI reviews
  - Recommendations entered into a database
  - Regular updates recorded to track individual implementation
  - Internal reports published to track overall implementation

- Status of QSR recommendations are reported at the Findings Present Meetings

Method of Analysis

- 124 cases
  - Reviewed using the QSR process from June 2010 – June 2012
  - From six service areas
    - In-Home Service Array
    - General Foster Care
    - Treatment Foster Care
    - Adoption Services
    - Special Medical Services
    - Congregate Care
  - Each service area reviewed twice
- Comparative analysis of quantitative scores
- Qualitative analysis of narrative case stories

Overall results

- Strengths
  - Safety
  - Physical health
  - Adoption cases

- Areas in need of improvement
  - Teaming/Engagement
  - Assessment
  - Congregate care cases

Percentage of Acceptable QSR Scores by Key Indicator

		Adoptions**	Congregate Care	In-Home Services***	Medical Services	PBC	TFC
	Number of cases reviewed*	20	20	19	22	23	20
Select Child Status Indicators	Safety in Substitute Care	100%	100%	NA	100%	100%	100%
	Permanency	85%	40%	84%	45%	57%	45%
	Stability	90%	60%	63%	82%	65%	50%
	Emotional Well-Being	80%	55%	79%	81%	78%	50%
	Physical Health	95%	95%	89%	91%	96%	90%
	Academic Status/Learning & Development	82%	50%	50%	70%	76%	58%
Select Practice Performance Indicators	Engagement of Child/Youth	85%	85%	70%	80%	88%	75%
	Engagement of Substitute Caregiver	75%	78%	NA	76%	87%	84%
	Engagement of Mother	NA	41%	79%	56%	38%	36%
	Engagement of Father	NA	27%	29%	33%	50%	33%
	Team Functioning	55%	40%	37%	36%	52%	35%
	Assessment of Child/Youth	89%	60%	68%	77%	74%	60%
	Assessment of Mother	NA	25%	58%	33%	43%	38%
	Assessment of Father	NA	43%	25%	40%	29%	33%
	Planning for Child/Youth	75%	50%	55%	69%	71%	47%
	Planning for Mother	NA	29%	58%	53%	52%	23%
	Planning for Father	NA	15%	25%	20%	47%	36%
	Maintaining Family Connections with Mother	NA	47%	NA	50%	65%	67%
	Maintaining Family Connections with Father	NA	20%	36%	44%	56%	60%
	Maintaining Family Connections with Siblings	73%	42%	NA	17%	67%	65%
	Timeliness to Permanency	50%	20%	NA	44%	45%	45%
	Intervention Adequacy	85%	50%	74%	68%	61%	55%
	Resource Availability	90%	80%	74%	95%	74%	85%

*Not every indicator was applicable for every case reviewed.

**The work with parents was scored as not applicable because most of the parents' rights were terminated prior to the period under review.

***Scores related to substitute care/caregivers were scored as not applicable, because these children/youth were not in substitute care. Most children/youth were living with their mothers and siblings, and so maintaining family connections was also scored as not applicable.

In-home service array

- ~ 925 families serviced in Philadelphia (point in time)
  - In-Home Protective Services (safety service)
  - Family Stabilization Services (non-safety service)
- Majority of children/youth in safe, permanent homes
- Lower scores for academic status
  - Possibly related to level of emotional functioning
  - Research supports a reciprocal relationship between school achievement and emotional functioning*
- Teaming challenges with mental health and school partners

*Roeser, R.W., Eccles, J.S., & Sameroff, A.J. (1998). Academic and emotional functioning in early adolescence: Longitudinal relations, patterns, and prediction by experience in middle school. *Development & Psychopathology*, 10, 321-352.

Petrides, K.V., Frederickson, N., & Furnham, A. (2004). The role of trait emotional intelligence in academic performance and deviant behavior at school. *Personality and Individual Differences*, 36, 277-293.

General level foster care

- Use of performance-based contracting (PBC) for general level foster care (~38% of DHS placement population)

- Strong scores for many of the Child Status Indicators

- Engagement practice
  - Effective engagement with children/youth and substitute caregivers
  - Inadequate engagement of non-custodial parents

- 2010 research study found that permanency outcomes significantly improved when family teamings occurred at the onset of a family's involvement with child welfare*

*Pennell, J., Edwards, M., & Burford, G. (2010). Expedited family group engagement and child permanency. *Children and Youth Services Review*, 32(7), 1012-1019

Treatment foster care

- TFC kids compose ~18% of DHS' placement population
- All children/youth in TFC homes were safe
- Nearly all of the children/youth were placed in the most appropriate, least restrictive settings with actively engaged substitute caregivers
- Lowest scores of all service areas for two indicators
  - Emotional well-being
  - Team Functioning
- Underutilization of available resources
  - Resources available in 85% of the cases
  - Interventions were not adequate in 55% of the cases

Adoption services

- Only service area to achieve acceptable scores of 80% or higher across all key Child Status Indicators
  - Safety
  - Permanency/Stability
  - Well-being (physical health, emotional well-being, academic status)
- Half of the adoption cases scored unacceptably for the timeliness to permanency indicator
  - Inconsistent licensing processes for kinship and adoptive homes
  - Inadequate engagement, assessment, and planning efforts toward birth fathers

Special medical needs

- Represents approximately 4% of DHS' placement population
- Includes kinship/foster and congregate care placements
- Scored well for safety, physical health, and living arrangement
  - Despite chronic illnesses and complex medical diagnoses
  - High quality service from medical providers
- Stability vs. Permanency
  - Acceptable stability for more than 75% of children/youth in special medical placements
  - Less than half of these children/youth were placed in permanent homes or had lifelong adult connections

Congregate care

- Roughly 25% of DHS' total placement population reside in congregate care settings
  - Compared to the national average of 15%
  - Approximately 90% of these youth are ages 13+
- Research
  - Youth in congregate care have fewer opportunities for ongoing family and adult connections
  - At risk for poorer outcomes
- Youth from the congregate care QSR sample
  - Poor outcomes related to permanency and stability, emotional well-being, and academic status
  - Lowest scores of all service areas for indicators measuring maintained family connections

System Reform:
Improving Outcomes for Children

- Achieving positive outcomes for children and families
  - Community-neighborhood approach
  - Single-case management system with clearly defined roles between county and provider staff
- Strong focus on Family Teaming
- Core values for services
  - Family-centered and community-based
  - Culturally competent
  - Integrated
  - Timely
  - Accountable for results

Child Welfare Demonstration Project

- Flexible allocation of federal funding from the Children's Bureau to test innovative approaches to child welfare service delivery

- PA's application approved by ACF in September 2012

- Core Components
  - Engagement
    - Family Team Conferences
    - Family Group Decision Making
  - Assessment
    - CANS
    - FAST
  - Intervention

Congregate Care Reduction Initiative

- Annie E Casey Foundation Partnership
  - Longitudinal data analysis
  - Rightsizing assessment
  - Levers of change
- Gatekeeping procedure
  - Monitor all referrals to congregate care facilities
  - Commissioner's approval required for all congregate care placements
- Congregate care teaming meetings
  - Review ongoing congregate care cases
  - Step down youth to family-based settings

Limitations and Future Opportunities

- Limitations
  - Qualitative review of a small number of cases
  - Information is not generalizable to the overall population
  - Challenges with inter-rater reliability
- Future Opportunities
  - Develop stronger links between quantitative outcomes and the QSR's qualitative indicators
  - Conduct a longitudinal analysis of general trends and system reform when more QSRs have been conducted over a longer period of time

QUESTIONS

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