

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 2: Administration of Child Welfare</b>	<b>Effective Date: 11/1/10</b>
	<b>Section 16: Quality Service Review (QSR)</b>	<b>Version: 2</b>

**POLICY**

The Indiana Department of Child Services (DCS) Quality Service Review (QSR) protocol will use a thorough case review method and practice appraisal process to assess:

1. How children and their families are benefiting from services received; and
2. How well locally coordinated services are working for children and families.

**Note:** The central purpose of the QSR process is to encourage and support a successful change process leading to adequate, sustained daily functioning, safety, permanency, and well-being. The practice should be strength based, outcome-focused, and results-driven.

DCS will use an evidenced-based method (see Related Information for further details) to evaluate results in a specific service area at a given point in time, for the:

1. Status of the child receiving services;
2. Status of the parent/caregiver; and
3. Status of system performance based on evaluation of key practice indicator skills. See table (1) for further details.

The QSR will measure 22 specific Status Indicators

Child Status indicators	System Performance indicators
<ol style="list-style-type: none"> <li>1. Safety</li> <li>2. Behavioral Risk to Self/Others</li> <li>3. Stability</li> <li>4. Permanency</li> <li>5. Appropriate Living Arrangements</li> <li>6. Physical Health</li> <li>7. Emotional Status</li> <li>8. Learning &amp; Development</li> <li>9. Pathway to Independence</li> </ol>	<ol style="list-style-type: none"> <li>1. Role &amp; Voice of Family Members<sup>2</sup></li> <li>2. Team Formation &amp; Functioning<sup>1</sup></li> <li>3. Cultural Recognition<sup>3</sup></li> <li>4. Assessing &amp; Understanding<sup>3</sup></li> <li>5. Long-term View<sup>4</sup></li> <li>6. Child and Family Planning Process<sup>4</sup></li> <li>7. Planning Transitions &amp; Life Adjustments<sup>4</sup></li> <li>8. Intervention Adequacy<sup>5</sup></li> <li>9. Resource Availability<sup>5</sup></li> <li>10. Maintaining Quality Family Relationships<sup>5</sup></li> <li>11. Tracking &amp; Adjusting<sup>5</sup></li> </ol>
<p style="text-align: center;"><b>Parent/Caregiver Status indicators</b></p> <ol style="list-style-type: none"> <li>1. Parenting/Caregiving Capacities</li> <li>2. Informal Supports</li> </ol>	<p><b>Note:</b> As related to the Indiana Practice Model "TEAPI" - teaming<sup>1</sup>, engaging<sup>2</sup>, assessing<sup>3</sup>, planning<sup>4</sup>, and intervening<sup>5</sup>.</p>

**Table (1)**

**Note:** The review of each child and family served is a unique test of the service system. A random sample of cases of children are reviewed to determine child and parent/caregiver status, recent progress, related system practice, and performance results.

**[REVISED]** The initiation of the QSR process will occur every 30 months for every local office, and will include the participation of all DCS local offices. All QSRs initiated will be scheduled with:

1. The Director of DCS;
2. The Regional Manager;
3. The Regional Quality Assurance (QA) Lead;
4. The Deputy Director of:
  - a. Field Operations, and
  - b. Practice Support.
5. Performance and Quality Improvement (PQI) State Director; and
6. The DCS Local Office Director.

## PROCEDURE

### **Prior to the QSR:**

1. A maximum random sample of 24 cases and assessments will be selected per region. Each random sample will be reflective of the region's population<sup>1</sup> of cases. The sample selection should be distributed to reflect the population in the following areas:
  - a. Age of child,
  - b. Type of placement (e.g., congregate care, licensed foster care, etc.),
  - c. Case type (i.e., Informal Adjustment (IA) or Child in Need of Services (CHINS)),
  - d. Assessments, and
  - e. Length of time in care.

**Exception:** Marion and Lake Counties will each have a maximum random sample of 72 cases and assessments, due to the size of the regions. Region four (4) will have a maximum random sample of 36 cases and assessments, due to the size of Allen County within this region.

The sample pull will consist of one (1) case type (i.e., IA or CHINS) or assessment per worker. If insufficient staffing ratios causes more than one (1) case pull from the same worker, a second case type or assessment will be selected.

2. The Family Case Manager (FCM) will:
  - a. Complete two (2) duplicate information case files containing information specifically requested, as indicated in the following checklist about the child and family:

1) Interview Schedule,	9) Safety/Risks/Needs Assessment,
2) Directions to Interviews,	10) Case Plan/Child and Family Team Meeting Notes,
3) Release of Information,	11) Contact Logs,
4) General Information,	12) Court Reports,
5) Brief Case Summary,	13) Assessments (e.g., Parent, Medical, IEP, Psychological, etc.), and
6) 310 & 311 (include history),	14) Confirmation Letters.
7) Preliminary Inquiry (PI),	
8) Genogram,	

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<sup>1</sup> The term population denotes a statistical population (i.e., a set of entities concerning which statistical inferences are to be drawn, often based on a random sample taken from the population).

- b. Schedule and confirm interviews for the case, with the focus child and parent(s), along with the most significant people involved in the case (generally four (4) to eight (8) individuals). Individuals that reviewers may meet with include, but are not limited to the following:
  - 1) Relatives,
  - 2) Resource parents,
  - 3) Teachers,
  - 4) Mentors,
  - 5) Therapist,
  - 6) School Counselor,
  - 7) Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL),
  - 8) Child and Family Team (CFT) Members,
  - 9) FCM, and
  - 10) Service Providers.
  
3. Three (3) to four (4) weeks prior to the review, the PQI Staff will contact each FCM to:
  - a. Review case preparation progress,
  - b. Address questions, and
  - c. Ensure that the reviewer's schedule is within allowable timeframes. See Related Information for further details.

**[REVISED] During the QSR week, the following tasks will occur:**

1. The PQI Staff will assign a team of two (2) reviewers to a child's case and this team will consist of:
  - a. A reviewer-in-training (i.e., Shadow or Lead), and
  - b. The Mentor Reviewer.

**Note:** The Mentor Reviewer will negotiate a working agreement with the reviewer-in-training as to who will conduct the interviews while the other reviewer serves as a scribe (i.e., documents the information obtained through the interviews).

2. Prior to any interviews, the Mentor Reviewer and the reviewer-in-training will review the file and meet with the assigned FCM. The status of the case will be checked in comparison to the information initially provided. The reviewers may request at any time that additional interviews be scheduled during the review process;
3. One (1) case will be assigned to each review team during the review. The case will be reviewed on Tuesday and Wednesday, unless the DCS local office is closed in observance of a holiday. Each review team will provide feedback (i.e., debrief) Wednesday afternoon with the assigned FCM and/or Supervisor. After this debriefing, review teams will present to other review team members the reviewed cases, and determine common trends across case findings in what is known as the "mini-round";

**Note:** After conducting all of the interviews, the reviewers are asked to rate each of the Child and Parent/Caregiver Status and System Performance Indicators. Ratings in the QSR protocol for Indiana are made on a scale from (1 to 6 with N/A as a possible choice):

One	–	Adverse Performance
Two	–	Poor Performance
Three	–	Marginal Performance
Four	–	Fair Performance
Five	–	Good Performance

- Six – Optimal Performance
- N/A – Not Applicable

4. The “grand round” meeting will be open to the regional staff under review and the regional stakeholders. At the “grand round” meeting, there will be a presentation and analysis of the preliminary data collected during the regional review. Those in attendance will be asked to participate in several small group discussions, focused on how to improve overall system performance in areas where the regional scores reflected concerted action needed. The small groups will then gather and report to other participants their suggestions for system reform; and
5. The PQI State Director will issue a finalized regional report of findings, within 30 days of the review, to the following:
  - a. The Director of DCS,
  - b. The Deputy Director of Practice Support,
  - c. The Deputy Director of Field Operations,
  - d. Executive Manager, and
  - e. The Regional Manager.

## **PRACTICE GUIDANCE**

N/A

## **FORMS AND TOOLS [REVISED]**

1. Electronic Copy of Protocol Listing
2. Roll Up Sheet
3. QSR Reviewer Workbook
4. General Information Document

## **RELATED INFORMATION**

### **Team Composition**

Nine (9) skilled professionals will staff the PQI team. The team assesses the quality of service to families and children, front line workers’ practice skills, and adherence to the practice model.

Regional Managers are responsible for the selection of additional reviewers from his/her region to be trained and to assist in year round reviews.

### **QSR Results**

The QSR examines recent results for a focus child and his/her parents/caregivers and the contributions made by local service providers in producing those results. Case reviews and other findings are used internally in an effort to improve practice skills. The QSR strives to stimulate and support skills needed to improve services for children and families who are recipients of the local community’s service providers. The service providers include, but are not limited to the following:

1. Child Welfare;
2. Health;

3. Mental Health;
4. Education; and
5. Juvenile Justice.

### **What is learned through the QSR**

The QSR process involves case reviews, data pattern reviews<sup>2</sup>, and interviews with key stakeholders. Triangulated results provide a rich array of well-focused lessons for skill refinements, next step actions and improvements, so that child/family independence from system involvement is achieved.

**Note:** The effectiveness of the key practice skills of Teaming, Engaging, Assessing, Planning and Intervening (TEAPI) can only be understood within the context of the status of the child and family progress being made. Thus, child/family status, recent progress, and performance of key practice functions together create a QSR case review.

### **[REVISED] Allowable Timeframes**

Time management issues should be considered by the reviewer before a case review begins. These issues include but are not limited to:

1. No interviews after 6:00 pm (i.e., if appropriate);
2. Travel time;
3. Scoring time;
4. Interviewing and debriefing with FCMs and/or Supervisors; and
5. Scheduled mini-round meeting.

### **[REVISED] Qualified Regional Reviewer**

To become a qualified regional reviewer workers will need to:

1. Complete a 2 day New Reviewer (protocol) training;
2. Shadow a Lead/Mentor Reviewer for one (1) case in a QSR;
3. Participate in two (2) QSRs as a Lead Reviewer in Training;
4. Complete one (1) day New Mentor training; and
5. Participate as a Lead/Mentor Reviewer.

### **Rating Scales**

The QSR protocol uses a six (6) point rating scale as a “yard stick” for measuring the situation observed for each indicator. Overall, scores are divided in to two (2) major action steps:

1. Refine/Maintain (4-6); and
2. Concerted Action Needed (1-3).

### **Evidence-based Practice**

Involves identifying, assessing, and implementing strategies that are supported by scientific research as being effective in improving outcomes for children and families. In child welfare practice, evidence-based practices are those that have strong research design, evidence of significant positive effects, sustained effects, and capacity for replication.

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<sup>2</sup> Data analysis review is an analysis of data that provides information on regional trends.