Quality Service Review Facts

What is QSR?
The Department of Children and Family Services (DCFS) in partnership with the Department of Mental Health (DMH) are utilizing the Quality Service Review (QSR) to assess and evaluate current practices, based upon the Shared Core Practice Model (SCPM), throughout the 19 DCFS local offices and within the Countywide Mental Health community. QSR is an interactive learning process allowing Social Workers, Mental Health Providers, Administrators, and families to discover what is working and not working in practice, and why. The two primary areas of focus are the assessment of children and families involved with the Child Welfare system including Safety, Stability Pattern, and Permanency, and the level of implementation of the SCPM elements such as Engagement, Teamwork, Assessment and Understanding, and Planning. The QSR process, by default, also uncovers systemic barriers within DCFS, DMH, the courts, schools, and other entities. Currently, there are presentations and trainings which provide further QSR and SCPM education to those in DCFS and DMH agencies.

Why are we doing QSR?
The QSR is the tool that the County is utilizing to measure the implementation of the SCPM. The SCPM and QSR both came out of the Katie A. Lawsuit. In order for the County to exit the lawsuit, a certain level of SCPM implementation needs to be achieved; the QSR gives us a snapshot picture of whether or not that implementation is happening. The ultimate goal is to move practice forward for families and children so that they are always provided with quality services. In addition, the QSR presents opportunities for fundamental change to occur in the system of service provision.

How does QSR work?
• Cases are randomly selected from each of the 19, countywide DCFS Offices, one office at a time
• A final sample of cases (~12) is selected for review, which includes a combination of information gathered from interviews, DCFS records, observations, and deductions made from fact patterns and interpreted by reviewers regarding children and families receiving supportive services
• Interviews are conducted with the children, family members, and important people in each child’s life, including the Children’s Social Worker (CSW), Mental Health Service Providers, parents, caregivers, medical professionals, teachers, attorneys, coaches, clergy, and anyone else the family considers to be an important person in their life
• Case summaries are completed to report back what is working for families in terms of practice and areas of opportunities where practice can move forward
• Both DMH and DCFS staff, including Supervisors, Managers, and Directors, have a debriefing with the reviewers on the case that each respective providers were involved with
• Feedback is used to support practice development and capacity-building efforts leading to better quality practice

Updated 10/2017
• A larger group presentation, called Grand Rounds, is offered during the QSR review week that includes DCFS and DMH Administrators and community agency stakeholders. At this interactive meeting, information resulting from the QSR case reviews is presented and utilized to identify and discuss systemic strengths and challenges.

• Additionally, a Sum-Up Session is held at the DCFS office a couple of weeks after each review at which time a summary of the QSR findings and aggregate data is presented. At Sum-Up the office management has the opportunity to formulate immediate steps they plan to implement in an effort to advance practice.

• The overall aim is to improve child safety, permanency, well-being, and safe, timely case closure.

• QSR is not an audit. It is not a tool used for compliance enforcement.

The two domains to be evaluated are:

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Quality Service Review (QSR) – Who is to be interviewed?

Interviews with the following are typically scheduled. (Consents are gathered prior to scheduling interviews)

(On average, between 8-12 interviews are scheduled for each case)

• **Child** - if school age  
  o Preschool age children may be observed at the parent or foster parent’s home  
• **Parent(s)**  
  o Both mother and father  
  o Step parent and/or partner/significant other  
• **Foster parent(s)/Caregivers** – current and/or former
- Past foster parents/caregivers if the child has recently returned home or changed placement
- **CSW** – initial and debriefing interviews
  - Supervisor attends the debriefing interview
- **Mental Health Provider** – Current/or former
  - Include clinicians for children and families with mental health needs
  - Consider MAT Assessor, as indicated
- **Teacher** – and other school-reacted providers
  - Guidance Counselor, nurse, social worker, principal
  - Pre-school, Head-Start or Child Care provider
- **Other service Providers** – when numerous providers are involved
  Schedule interviews with providers who are:
  - most recently involved with the case or-
  - most knowledgeable of the family or-
  - providing primary services for the family may include staff from: Drug Treatment, Regional Center, Wrap-Around, FPP, Parenting, etc.
- **Medical Staff** – PHN, Physician and/or other medical staff for children with special medical needs or medically fragile children
- **Group home staff**, if the child is or has been in care
- **Guardian ad litem** or **Probation Office**, if applicable
- **Juvenile Court Officer**
- **Attorneys** for the child, parent(s), County Counsel
- **Other family members, community resources staff** who may have relevant information

QSR experience shows that most families and case principals – service providers, attorneys, etc. – are willing to be interviewed if they understand the purpose of the review and what is expected of them at the interview.