Overview of Pilot Activities and Timeline

Protocol Design:
- May 2008: Meeting with BHPC Representatives – Received go ahead for pilot;
- September, 2008: Children QSR Design Team
- November, 2008: Adult QSR Design Team

Reviewer training:
- April, 2009: Children’s reviewers (13)
- June, 2009: Adult reviewers (13)

Piloted Protocol
- April, 2009: Silver City- LC 6- Children’s protocol
- May, 2009: Albuquerque, LC 2- Children’s protocol
- June, 2009: Santa Fe, LC 1- Adult protocol
- July, 2009: Las Vegas, LC 4 - Adult protocol

Feedback discussion for next steps:
- August 19, 2009  BHPC
- August 27, 2009 Purchasing Collaborative
Key Elements for System Transformation

**LEADERSHIP**: consistent focus, communications, problem solving, teamwork, frequent reinforcement of directions and efforts within and across agencies

**CLEAR EXPECTATIONS**: common understandings (a SHARED VISION by all levels of community) of an integrated, collaborative, system of care based on clear OPERATING PRINCIPLES AND PRACTICE MODEL.

**TRAINING, MENTORING, & COACHING OF PRACTICE**: building and sustaining adequate and consistent, practice support and supervision across all frontline units.

**FRONTLINE CAPACITY**: building effective community-based services, adequate/stable frontline staff and working conditions for conducting daily practice.

**PERFORMANCE MEASUREMENT WITH FEEDBACK LOOPS and ACTION STEPS**: providing FREQUENT FEEDBACK about frontline PERFORMANCE and RESULTS so that people can change from current performance levels to desired performance levels in improving practice and getting better results for people receiving services.

**FLEXIBLE FUNDING & UNIQUE SUPPORTS**: creating better, more timely ways of accessing what’s needed, when need, and where needed by people receiving services.
Spirit of Practice Development

We are partners in a shared community of practice
We are here to help our local partners succeed
We do this through collegial practice development
We, at each level of organization, address matters that affect frontline practices and working conditions
We focus on successful practices and results
We bring help and hope to frontline practitioners
Children’s QSR: A common language and framework to understand

How well our Children and Families Doing Now?

Who we succeed with and who we fail?

The Quality, Consistency and Effectiveness of our Services?

Are we working as a true team to maximize our impact?

Are Children making Progress and Achieving Goals?

Are Children active participants and satisfied with Services?

How We can Improve and Refine Our Practices and Results?

August, 2009

QSR Pilot Overview.
Each child and family served can be viewed as a unique and valid “TEST” of daily front-line practice.

Services should RESPOND appropriately to each child and family, ADAPT as circumstances change.

Services should improve a child’s FUNCTIONING and WELL-BEING while reducing RISKS of harm.

Service systems must have the capacity to LEARN and CHANGE to improve practices and results.
QSR: Focus on Practice & Results

Status of Child & Family
How is the child/family served
Doing on key status indicators?

Practice & Performance
How well are practices working
For children/families served?

Recent Results
Is the child/family served showing
Progress towards independence &
Meeting closure requirements?

Frontline Conditions
How are frontline working
Conditions affecting practice, Performance, and results?

QSR FINDINGS ARE USED FOR LEARNING & CHANGE
Findings are used to decide: WHERE ARE WE NOW? • WHAT TO DO NEXT?
Not to “ding” frontline staff. The purpose is Practice Learning and Change.

August, 2009 QSR Pilot Overview.
Core Functions in Practice

Key Functions in a Basic Practice Model

ELIGIBLE CHILD & FAMILY → ENTRY

ENGAGING
child/consumer/ Family
Members/ Assemble
Family Team/

OUTCOMES &
REQMTS MET →
STEP-DOWN or EXIT

ASSESSING &
UNDERSTANDING
Current Situation,
Strengths, Needs,
Preferences

PLANNING OUTCOMES
& STRATEGIES for
achieving the outcomes

RESOURCING Planned
Intervention Strategies,
Actions, and Supports

Implementation: Using
Intervention Strategies,
Supports, and Transitions

TRACKING Progress,
Results, What’s Working;
Maintaining Situational
Awareness

ADAPTING Services
Through On-going
Assessment and Planning

COORDINATING
Interventions, Data,
Decisions, Resources

8

7

6

5

4

3

2

1

August, 2009

QSR Pilot Overview.
How Does QSR Work?

- Uses in-depth child/Adult reviews to measure current status, recent progress, and adequacy of current practices in getting results for children and families and adult consumers.

- Uses the power of story to deconstruct what is happening and working for persons served in the community.

- Uses aggregate quantitative patterns of qualitative indicators to reveal and describe the quality and consistency of local practice.

- Uses local focus group and key stakeholder interviews along with case stories, data patterns, and local working conditions to find and affirm what’s working now and to surface areas where even better results might be achieved in the future.
What is QSR?

• The Quality Service Review (QSR) is an organized way for a community to examine and improve the consistency and quality of services and interventions provided to children and families.

• QSR connects practice to results and results to frontline working conditions in local sites.

• QSR is a teaching process that clarifies expectations, provides feedback, and stimulates thinking and next step actions to improve practice and results.
QSR “Learning Products”

STORIES of practice and results with persons served

Recurrent PATTERNS observed across the review sample

Understanding of how contextual factors are affecting CONDITIONS of frontline practice and current results

DATA DISPLAYS of the persons’ status and practice performance results, based on key measures

Noteworthy ACCOMPLISHMENTS & SUCCESSES

Identification of CHALLENGES & OPPORTUNITES

NEW LEARNING for NEXT STEP ACTIONS

August, 2009  QSR Pilot Overview.  12
How Does QSR Bring Change?

- Applies the practice model to actual children served to measure adequacy based on progress and results.
- Finds and affirms good practice in real cases.
- Provides immediate feedback to frontline practitioners.
- Uses grand-rounds to teach from children reviewed about what’s working now and what to do next.
- Stimulates local supervisors and managers to take next steps and enables effective use of technical assistance.
- Identifies local and state level system barriers.
QSR Shifts the Focus

Compliance
- Policies & procedures
- Documentation
- Organizational structure
- Program requirements
- Funding & expenditures
- Compliance & control

Practice & Results
- Guiding principles
- Practice model in use
- Daily case-level practice
- Frontline conditions
- Adeq./flex. of resources
- Results & outcomes

Get & Keep $$$
Get Good Results

August, 2009  QSR Pilot Overview.
Effective Family Change Requires:

- Effective strategies & techniques for the child/family being served:
  - Successful family engagement
  - Assessment & understanding
  - Teamwork/shared decisions
  - Effective change strategies
  - Goodness-of-fit of the practice model to the actual child & family situations presented
  - Integrated/coordinated services
  - Effective tracking of change
  - Problem-solving and finding what works for the family

- Local conditions of practice that support the practice model:
  - Worker craft knowledge and retention of experience
  - Continuity of relationships
  - Adequate worker time and attention to change processes
  - Practice supervision/support
  - Timely access to key resources, effective providers of essential practice techniques
  - Dependability of the local system of care, service array, and provider network

A Practice Model that Works

Adequate Practice Conditions

August, 2009

QSR Pilot Overview.
The Positive Workplace

• Expectations are clear and tools are provided
• Workplace/employee fit - ability to use strengths
• Commitment to the mission and sense of belonging
• Opportunities to discuss progress and grow
• In human services, “we do what it takes to make a difference with our clients”.
• “My supervisor makes me feel inspired and motivated”
New Mexico

Sample Results
From QSR Pilots
Combined data from Silver City and Albuquerque
Total cases n=13

<table>
<thead>
<tr>
<th>Number of Interviews</th>
<th></th>
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<tbody>
<tr>
<td>Total number of interviews</td>
<td>102</td>
</tr>
<tr>
<td>Average number of interviews</td>
<td>7.8</td>
</tr>
<tr>
<td>Minimum number of interviews</td>
<td>3</td>
</tr>
<tr>
<td>Maximum number of interviews</td>
<td>13</td>
</tr>
<tr>
<td>Placement Type</td>
<td>Cases Reviewed</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Family bio/adoptive home</td>
<td>8</td>
</tr>
<tr>
<td>Kinship/relative home</td>
<td>2</td>
</tr>
<tr>
<td>Therapeutic foster home</td>
<td>1</td>
</tr>
<tr>
<td>Residential treatment center</td>
<td>1</td>
</tr>
<tr>
<td>Lives on their own</td>
<td>1</td>
</tr>
</tbody>
</table>

NM QSR Child PT Review
Combined Data 8/09
Child Educational Placement

- Regular K-12 education: 15%, 2 cases
- Part-time special education: 31%, 4 cases
- Adult basic/GED: 23%, 3 cases
- Alternative education: 8%, 1 case
- Work: 8%, 1 case
- Dropped-out: 8%, 1 case
- Other: 31%, 4 cases

Other includes: 1-preschool, 1-night school, 2-college

NM QSR Child PT Review
Combined Data 8/09
Psychotropic Medications

- No psychotropic medications: 54% (7 cases)
- 1 psychotropic medication: 23% (3 cases)
- 2 psychotropic medications: 8% (1 case)
- 3 psychotropic medications: 8% (1 case)
- 4 psychotropic medications: 8% (1 case)

NM QSR Child PT Review
Combined Data 8/09

Number of Cases Reviewed
Co-Occurring Conditions

- Mood disorder: 38% (5 cases)
- Anxiety disorder: 8% (1 case)
- ADD/ADHD: 38% (5 cases)
- PTSD/Adjustment to trauma: 31% (4 cases)
- Anger control: 23% (3 cases)
- Substance abuse/addiction: 31% (4 cases)
- Learning disorder: 8% (1 case)
- Communication disorder: 8% (1 case)
- Autism: 8% (1 case)
- Disruptive behavior disorder: 23% (3 cases)
- Mental retardation: 8% (1 case)
- Medical problem: 31% (4 cases)
- Other disability/disorder: 15% (2 cases)

NM QSR Child PT Review
Combined Data 8/09

Number of Cases Reviewed
**Co-Occurring Condition - Medical Problem**

1. Thyroid
2. pancreatitis
3. obesity
4. Eye injury

**Co-Occurring Condition - Other Disability/Disorder**

1. Sensory integration
2. Emotional & cognitive developmental delay, impulse control

**Other - Co-Occurring Condition**

1. Sex abuse victim and perp, educational neglect
2. Reactive attachment disorder
3. Adjustment disorder
Other: Night school, parenting classes, medical care coordination agency, charter school, court advocate, youth attorney
Child Level of Functioning (CGAF)

Level 1 - 5: 23% (3 cases)
Level 6 - 7: 62% (8 cases)
Level 8 - 10: 15% (2 cases)

Number of Cases Reviewed
NM QSR Child PT Review
Combined Data 8/09
Caregiver Challenges

- Limited cognitive abilities: 0
- Serious mental illness: 31% (4 cases)
- Substance abuse or addiction: 38% (5 cases)
- Domestic violence: 38% (5 cases)
- Serious physical illness or disabling condition: 8% (1 case)
- Unlawful behavior or incarceration: 15% (2 cases)
- Adverse effects of poverty: 15% (2 cases)
- Extraordinary care burdens: 15% (2 cases)
- Cultural/language barriers: 8% (1 case)
- Teen parent: 8% (1 case)
- Recent disruption/homeless: 0
- Other: 31% (4 cases)

NM QSR Child PT Review
Combined Data 8/09

Number of Cases Reviewed
**Other - Caregiver Challenges**

1. multiple children with serious mental behavioral issues
2. multiple children with behavior disorders
3. Failed adoption
4. 76-year-old Grandmother in decline and can't manage a 17-year-old male.
Barriers to Case Management or Services

- Caseload size: 15% (2 cases)
- Case complexity: 15% (2 cases)
- Inadequate parent support: 8% (1 case)
- Acute care needs: 8% (1 case)
- Refusal of treatment: 8% (1 case)
- Family instability/moves: 8% (1 case)
- Other: 54% (7 cases)

NM QSR Child PT Review
Combined Data 8/09

Number of Cases Reviewed
Other - Barriers Affecting Case Management or Services

1. youth continues use of drugs
2. unclear role definition
3. Transportation
4. Refusal to follow house rules
5. Part-time employee, school
6. No choice of services to offer, needed higher level of care from onset
7. Client motivation
Current Caseload Size

- Less than 10 cases: 33% (3)
- 10-15 cases: 11% (1)
- 16-20 cases: 22% (2)
- 21-30 cases: 33% (3)

NM QSR Child PT Review
Combined Data 8/09
n=9

Number of Case Managers
Overall Child/Youth Status

ADVERSE | POOR | MARGINAL | FAIR | GOOD | OPTIMAL

Level 1: 0%
Level 2: 8%
Level 3: 23%
Level 4: 38%
Level 5: 31%
Level 6: 0%

NM QSR Child PT Review
Combined Data 8/09

Percent of cases

IMPROVEMENT | REFINEMENT | MAINTENANCE

UNACCEPTABLE | ACCEPTABLE
Caregiver Status
Participation & Satisfaction

- Participation in decisions: 70% (n=10)
- Satisfaction: family parent: 75% (n=8)
- Satisfaction: substitute caregiver: 100% (n=2)

NM QSR Child PT Review
Combined Data 8/09

Percent acceptable cases
Overall Caregiver Status

<table>
<thead>
<tr>
<th>Level</th>
<th>ADVERSE</th>
<th>POOR</th>
<th>MARGINAL</th>
<th>FAIR</th>
<th>GOOD</th>
<th>OPTIMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Level 2</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Level 3</td>
<td>29%</td>
<td>33%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
<td>67%</td>
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<tr>
<td>Level 4</td>
<td>29%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Level 5</td>
<td>29%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Level 6</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

NM QSR Child PT Review
Combined Data 8/09

- Family Parent, n=7
- Substitute Caregiver, n=3

IMPROVEMENT
REFINEMENT
MAINTENANCE
UNACCEPTABLE
ACCEPTABLE
Child/Youth Progress
Relationships/Well-being

- Relationships: Family/caregiver: 73% (n=11)
- Relationships: peers: 75% (n=12)
- Relationships: other adults: 75% (n=12)
- Well-being/Quality of life: 54%

NM QSR Child PT Review
Combined Data 8/09

Percent acceptable cases
Overall Child/Youth Progress

- Level 1: 8% ADVERSE
- Level 2: 0% POOR
- Level 3: 38% MARGINAL
- Level 4: 23% FAIR
- Level 5: 31% GOOD
- Level 6: 0% OPTIMAL

NM QSR Child PT Review
Combined Data 8/09

Percent of cases

- IMPROVEMENT
- REFINEMENT
- MAINTENANCE
- UNACCEPTABLE
- ACCEPTABLE
Practice Performance
Engagement & Teamwork

Engagement: 54% Improvement Zone, 46% Refinement Zone, 0% Maintenance Zone

Teamwork: formation
- Improvement Zone: 15%
- Refinement Zone: 46%
- Maintenance Zone: 38%

Teamwork: functioning
- Improvement Zone: 38%
- Refinement Zone: 46%
- Maintenance Zone: 15%

Percent of CasesReviewed

NM QSR Child PT Review
Combined Data 8/09
Practice Performance
Engagement & Teamwork

- Engagement: 85%
- Teamwork: formation: 69%
- Teamwork: functioning: 38%

NM QSR Child PT Review
Combined Data 8/09

Percent acceptable cases
Practice Performance
Assessment & Outcomes

Assessment: child 54%
Assessment: family 64%
Outcomes & goals 62%

Percent acceptable cases

NM QSR Child PT Review
Combined Data 8/09

n=12
Practice Performance
Intervention Planning

- Symptom/SA reduction: 55% (n=11)
- Behavior changes: 58% (n=12)
- Sustainable supports: 67% (n=12)
- Crisis response: 71% (n=7)
- Recovery/relapse: 20% (n=5)
- Transition/independence: 40% (n=10)

NM QSR Child PT Review
Combined Data 8/09

Percent acceptable cases
Practice Performance
Resources/Intervention/Tracking

Resources: 85%
Adequacy of intervention: 46%
Tracking & adjustment: 38%

Percent acceptable cases

NM QSR Child PT Review
Combined Data 8/09
Overall Practice Performance

- ADVERSE
- POOR
- MARGINAL
- FAIR
- GOOD
- OPTIMAL

Percent of cases

Level 1: 0%
Level 2: 0%
Level 3: 46%
Level 4: 38%
Level 5: 15%
Level 6: 0%

NM QSR Child PT Review
Combined Data 8/09

IMPROVEMENT | REFINEMENT | MAINTENANCE
---|---|---
UNACCEPTABLE | ACCEPTABLE |
Outcome 1: Good status for child/family, ongoing services acceptable. 46% (6 cases)

Outcome 2: Poor status for child/family, ongoing services minimally acceptable but limited in reach or efficacy. 8% (1 case)

Outcome 3: Good status for child/family, ongoing services mixed or unacceptable. 23% (3 cases)

Outcome 4: Poor status for child/family, ongoing services unacceptable. 23% (3 cases)

Acceptability of Service System Performance in Individual Cases

Acceptable System Performance

Unfavorable Status

Status of Child/Family in Individual Cases

Favorable Status

Outcome 1: Good status for child/family, ongoing services acceptable. 46% (6 cases)

Outcome 2: Poor status for child/family, ongoing services minimally acceptable but limited in reach or efficacy. 8% (1 case)

Outcome 3: Good status for child/family, ongoing services mixed or unacceptable. 23% (3 cases)

Outcome 4: Poor status for child/family, ongoing services unacceptable. 23% (3 cases)

Acceptable System Performance

Unfavorable Status

NM QSR Child PT Review
Combined Data 8/09
Six-Month Forecast

- Maintain: 1 case (8%)
- Improve: 1 case (8%)
- Continue: 7 cases (54%)
- Decline: 4 cases (31%)

NM QSR Child PT Review
Combined Data 8/09
New Mexico Adult QSR

Combined Data, n=12
Overall Person Status

- **ADVERSE**
- **POOR**
- **MARGINAL**
- **FAIR**
- **GOOD**
- **OPTIMAL**

Percent of Cases Reviewed:

- Level 1: 0%
- Level 2: 8%
- Level 3: 17%
- Level 4: 50%
- Level 5: 25%
- Level 6: 0%

Overall Person Status:

- Adverse: 0%
- Poor: 8%
- Marginal: 17%
- Fair: 50%
- Good: 25%
- Optimal: 0%

**Imrovement**, **Refinement**, **Maintenance**

- Unacceptable
- Acceptable
Overall Progress

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
<th>Level 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERSE</td>
<td>POOR</td>
<td>MARGINAL</td>
<td>FAIR</td>
<td>GOOD</td>
<td>OPTIMAL</td>
</tr>
<tr>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>50%</td>
<td>25%</td>
<td>0%</td>
</tr>
</tbody>
</table>

NM Adult QSR PT Review
Combined Data 8/09

Percent of Cases Reviewed

IMPROVEMENT
REFINEMENT
MAINTENANCE
UNACCEPTABLE
ACCEPTABLE
Overall Practice Performance

- **Percent of Cases Reviewed**

- **Level 1**: ADVERSE (0%)
- **Level 2**: POOR (0%)
- **Level 3**: MARGINAL (17%)
- **Level 4**: FAIR (67%)
- **Level 5**: GOOD (17%)
- **Level 6**: OPTIMAL (0%)

NM Adult QSR PT Review
Combined Data 8/09

- **IMPROVEMENT**
- **REFINEMENT**
- **MAINTENANCE**
- **UNACCEPTABLE**
- **ACCEPTABLE**
## Acceptability of Service System Performance in Individual Cases

<table>
<thead>
<tr>
<th>Status of the Participant in Individual Cases</th>
<th>Favorable Status</th>
<th>Unfavorable Status</th>
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</thead>
<tbody>
<tr>
<td>Acceptable System Performance</td>
<td><strong>Outcome 1:</strong></td>
<td><strong>Outcome 2:</strong></td>
</tr>
<tr>
<td></td>
<td>Good status for the participant, ongoing services acceptable.</td>
<td>Poor status for the participant, ongoing services minimally acceptable but limited in reach or efficacy.</td>
</tr>
<tr>
<td></td>
<td>67% (8 cases)</td>
<td>17% (2 cases)</td>
</tr>
<tr>
<td>Unacceptable System Performance</td>
<td><strong>Outcome 3:</strong></td>
<td><strong>Outcome 4:</strong></td>
</tr>
<tr>
<td></td>
<td>Good status for the participant, ongoing services mixed or unacceptable.</td>
<td>Poor status for the participant, ongoing services unacceptable.</td>
</tr>
<tr>
<td></td>
<td>8% (1 case)</td>
<td>8% (1 case)</td>
</tr>
</tbody>
</table>

84% 16%

NM Adult QSR PT Review
Combined Data 8/09
Six-Month Prognosis

<table>
<thead>
<tr>
<th></th>
<th>Number of Cases Reviewed</th>
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</thead>
<tbody>
<tr>
<td>Maintain</td>
<td>0</td>
</tr>
<tr>
<td>Improve</td>
<td>2 (17%)</td>
</tr>
<tr>
<td>Continue</td>
<td>7 (58%)</td>
</tr>
<tr>
<td>Decline</td>
<td>3 (25%)</td>
</tr>
</tbody>
</table>

NM Adult QSR PT Review
Combined Data 8/09
Outcomes of the Pilot

The QSR review protocol provided useful information about persons status, progress and system performance. The results were reflective of the consistency of current practice. Persons felt comfortable reviewing as a result of the training and mentoring. The need for better communication and team development in the local community was clearly demonstrated.
Recommendations

The QSR is useful and should be used as a practice development tool:
Small local reviews should be conducted as a coaching and teaching process:
Outside support will continue to be needed for the next year or two:
Practitioners on Teams serving individual should get detailed feedback on strengths and challenges of each person reviewed:
Local communities should set two to three refinement goals after each review: