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Issue

A Quarterly Publication of the Administrative Review Division

# **Practice Matters**

### Administrative Review Division

Colorado, per Section 471 (a)(22), is responsible for developing and implementing standards to ensure that children are provided quality services that protect their safety and health. The Code of Federal Regulations (at 45 C.F.R. 1357.15 (u) and 45 C.F.R. 1355.34 (c)(3)) also requires a Quality Assurance (QA) System to of services provided to children and families. The State of Colorado, in the Child and Family Services Plan, identified the ARD as the entity responsible for implementing the Qualitative Case Review portion of this QA System. Within the QA System, the ARD combines information from the federally required Administrative Reviews and Case Reviews, as well as In-Home Reviews, to provide feedback on case practice and processes designed to improve outcomes for children and families.

The co-authors of Practice Matters this quarter are:

- Lindsey Gorzalski Hocking, ARD
- Eric Hoskins, ARD
- Lynette Overmeyer, ARD
- · Sara Peterson, ARD
- Tia Whitaker, ARD



### Introduction

regularly assess the quality of services provided to children and families. The State of Colorado, in the Child and Family Services Plan, identified the ARD as the entity responsible for implementing the Child and Family Case Review Division (ARD) routinely looks internally and externally at how administrative reviews can be a valuable change agent for the children served. The ARD recently adopted vision and mission statements that exemplify this dedication:

The Administrative Review Division's **vision** is to create a safe and promising future for children. Our **mission** is to strengthen the communities, families, and systems that work to make that future possible. As a neutral third party, we do this by facilitating reviews, gathering and analyzing data, publishing research, and providing training and technical assistance to effect change in practice, policies, and programs that lead to improved outcomes for Colorado's children.

This edition of "Practice Matters" focuses on reviews conducted for families receiving inhome services. These are the cases of children who remain in their parents' or other traditional or non-traditional kin/family members' custody. The ARD reviews a random sample of each county's open inhome services cases. The ten large counties are reviewed every six months and the balance of the state is reviewed annually. The size of the random sample allows for results that can be generalized at

Continuous Quality Improvement:

Understanding the impact of the Qualitative Case Review - In Home Reviews

a 90% confidence level, with a 10% confidence interval.

The ARD Management Team and In-Home Case Review Coordinator meet with county representatives subsequent to the review to discuss the county's performance and to review Areas of Strength and Areas Needing Improvement. Informative and collaborative discussions occur regarding the county's performance, with a focus on improving practice. When the data gathered from these reviews is analyzed and compared to performance on previous In-Home case reviews and statewide results, relative progress can be measured, hypotheses can be generated and tested, and strategies for improvement developed.

The overarching purpose of this article is to explore the question: "How do the In-Home case review results impact county practice?" To analyze this, the ARD reviewed and compared the In-Home case review data for all Colorado counties from 7/1/10 through 6/30/12 to examine trends in performance. The In-Home case review instrument contains a total of 25 questions, measuring the frequency of contact with the child and caregiver, the quality of contacts, engagement, quality of the Family Services Treatment Plan (FSP), the provision of needed services, management of barriers to progress, the quality of the 90-Day FSP Supervisory Review, and management of safety concerns.

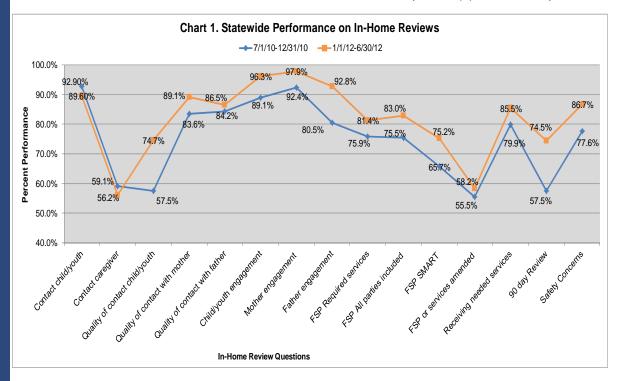
The complete ARD In-Home Review instrument and instructions can be found at: www.colorado.gov/cdhs/ard/instruments

### **Statewide Results Overview**

The following section presents an overview of statewide performance from the beginning of State Fiscal Year (SFY) 2011 to the end of SFY 2012 in 15 areas, including: frequency of contact with the child and caregiver, the quality of contacts, engagement, quality of the FSP Treatment Plan, the provision of needed services, management of barriers to progress, the quality of the 90-Day FSP Supervisory Review, and management of safety concerns.

90-Day FSP Supervisory Review meeting all requirements, which increased from 57.5% to 74.5%, and the quality of contacts with the child/youth, which increased from 57.5% to 74.7%.

There are two areas of performance that declined overall. The rate of performance with the frequency of required monthly contact with the child/youth fell slightly from 92.9% to 89.6%. The rate of performance egarding the required monthly contact with the caregiver fell from 59.1% to 56.2%. The caregiver in the in-home case population is defined as the person(s) who is the planned



The data was analyzed based upon six month increments rather than quarterly data to ensure that the ten large counties are fully represented across the time frames and the balance of the state is represented within the two time frames comparing progress.

During the period under analysis, the statewide performance rates improved across 13 of the 15 questions studied (see Chart 1). Engagement of the child/youth and the mother/guardian both improved and are now identified as Areas of Strength in the statewide data (per federal Children and Family Services Review guidelines items above 95% compliance rate<sup>1</sup>). The two most significant improvements were regarding the

permanent caregiver regardless of where the child/youth is currently residing. For example, if a child/youth is residing with a relative but the plan is for the child to return to the mother and father, this question is answered based upon the required monthly contact the mother and the father.

In the next section of this newsletter, we will review statewide progress and performance on the FSP Treatment Plan, 90-Day FSP Supervisory Review process, and managing barriers to progress.

## FSP Treatment Plan Improvements

Three questions on the In-Home case review instrument relate specifically to the **FSP Treatment** Plan. Question 16 measures whether the FSP Treatment Plan documents services for the child, youth, and family which have been identified through ongoing

assessment. Question 17 evaluates if all the required parties were addressed in the treatment plan, while Question 18 assesses the specificity, measurability and other SMART details of the FSP Treatment Plan.

According to Table 1, the state improved in performance on all three FSP Treatment Plan questions during the time period under analysis. The state has improved by 5.4 percentage points in documenting the services that need to be included in the FSP Treatment Plan to address the needs of the family. Specifically, 76% of the FSP Treatment Plans reviewed between 7/1/2010 and 12/31/2010 documented all the services needed by the family. For the remaining cases, 8% of the FSP Treatments Plans were expired<sup>2</sup>, 1% of the cases did not have an FSP Treatment Plan developed. and 14% of the FSP Treatment Plans did not include all services identified through ongoing assessment. For SFY 2012 the FSP Treatment Plans addressing all required services improved to 81%. During this time frame, the percentage of FSP Treatment Plans that were expired decreased from 8% to 5%. Data shows that the number of cases for which an FSP treatment plan was not developed changed from 1% to 2%. The percent of treatment plans that did not include all required services fell from 14% to 12%.

Table 1. Statewide Performance on the FSP Treatment Plan					
Question	7/1/10- 12/31/10	1/1/12- 6/30/12	Change		
Does the FSP Treatment Plan doc- ument services that are directed at the areas of need identified through assessment?	75.9%	81.4%	5.4		
Were all required parties addressed in the treatment plan?	75.5%	83.0%	7.5		
Does the FSP Treatment Plan include objectives and action steps that document clear expectations in order to achieve the permanency goal?	65.7%	75.2%	9.5		

The state's performance improved by 7.5 percentage points regarding the inclusion of all required parties in the FSP Treatment Plan. In SFY 2011, 7% of the In-Home FSP Treatment Plans reviewed did not contain tasks for the county. However, this number fell to 2% in SFY 2012, which is an improvement of 5 percentage points.

The FSP Treatment Plans reviewed between January 1, 2012 and June 30, 2012 improved by 9.5% for the number of plans meeting the state criteria for the SMART format. SMART treatment plans include objectives and action steps that document clear expectations in order to achieve the permanency goal. The largest performance issue in SFY 2011 was a 22% "No, measurable," indicating that the FSP Treatment Plans outcomes of success did not include observable behavioral changes to clearly identify progress. However, in SFY 2012, this was identified 15% of the time, an improvement of 7 percentage points. The next significant performance area for SFY 2011 was the lack of specificity, which was identified 12% of the time. Yet, in SFY 2012. this was identified in 9% of the cases, an improvement of 3 percentage points.

Table 2 further evaluates the FSP Treatment Plan results for the in-home case population, taking into account the three

Several In-Home review questions are included as part of Colorado's Performance Plan. Two questions in particular are the focus of this report, questions 16 and 17. These two questions relate to PIP items that measure services provided to the family to protect children in the home.

Question #16 on the In-Home review instrument "Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment?" improved from 75.95% to 81.39%.

questions that address the FSP Treatment Plan (Questions 16, 17 and 18) and looks at performance on either one, two or all three of the auestions for individual cases. In the first half SFY 2011, statewide performance showed that the FSP Treatment Plan did not meet the three requirements to the three FSP Treatment Plan questions 14.5% of the time. For the same time

Table 2. Statewide Performance related to the FSP Treatment Plan					
	7/1/10-12/31/10		1/1/12-6/30/12		Change
	n	%	n	%	Change
All three FSP areas did not meet state requirements	88	14.5%	47	8.20%	-6.3
One of the areas on the FSP met requirements	52	8.6%	51	8.9%	0.3
Two of the areas on the FSP met requirements	137	22.6%	97	16.9%	-5.7
The FSP met state requirements	330	54.4%	380	66.1%	11.7
Total number of reviews	607		575		-32

period statewide performance indicated performance on one of the three questions 8.6% of the time, and performance on two of the three FSP Treatment Plan questions 22.6% of the time. For the identified period of SFY 2011, the statewide performance indicated that all three FSP Treatment Plan questions were identified as meeting requirements on all three questions 54.4% of the time.

When comparing these results to SFY 2012, there is clear improvement. Performance improvement was reflected by only 8.2% of the FSP Treatment Plan questions not meeting requirements in all three areas, an improvement of 6.3 percentage points. The most significant improvement from the first six month of SFY 2011 to the last six months of SFY 2012 was that statewide, the FSP Treatment Plan met requirements in all three areas 66.1% of the time, an improvement of 11.7%, indicating that an increase in number of FSP Treatment Plans are meeting all requirements.

Table 3 includes the most frequent barriers to progress on the FSP Treatment Plan, as

addressed by Question 20 on the In-Home case review instrument. It appears that in the first half of SFY 2011 the largest barrier to progress on the FSP Treatment Plan was that the parent or guardian was not integrating services provided, such as mental health or substance abuse therapy. It appears that this was identified 38.4% of the time. In the second half of SFY 2012 this barrier was identified 47.8%, indicating that the parents' ability to integrate the services being provided was a larger barrier to progress on the FSP Treatment Plan.

Likewise, for the first half of SFY 2011, 21.7% of the time a barrier to progress was that the parents refused to participate in the services that were assessed as needed. This percentage climbed to 24.1% for the last half of SFY 2012. The two largest barriers to progress on the FSP Treatment Plan are directly related to the parents' lack of participation or integration in services, despite the county's provision of the needed services.

Table 3. Most frequent barriers to progress on FSP Treatment Plan					
	7/1/10-12/31/10		1/1/12-6/30/12		01
	n	%	n	%	Change
Parent or guardian not integrating	122	38.40%	117	47.80%	9.4
Parent or guardian refused services	69	21.70%	59	24.10%	2.4
Child or youth not integrating	51	16.00%	32	13.10%	-2.9
No barriers were identified	289	47.60%	330	57.39%	9.8

Table 3 shows improvements on two areas regarding Question 20. For the beginning half of SFY 2011, the child or youth not integrating treatment was a barrier 16.0% of the time, while this decreased by 2.9% for last six months of SFY 2012, to 13.1% of the time. The largest improvement was in cases in which no barriers were identified. For the aforementioned part of SFY 2011, this was identified in 47.6% of the cases which improved to 57.4% of the cases in the latter half of SFY 2012. This indicates that the state has improved by 9.8 percentage points in identifying and addressing barriers to progress on the FSP Treatment Plan.

### Progress Related to the 90-Day FSP Supervisory Review

Question 22 specifically addresses the content of the most recent 90-Day FSP Supervisory Review. There are numerous response options for this question that align with Volume 7 requirements regarding what is required to be documented in each 90-Day FSP Supervisory Review. Table 4 compares statewide outcomes for the first six months of SFY 2011 to outcomes for the last six months of SFY 2012. This table presents data regarding performance issues that are most prevalent in Question 22. Important to note is that improvements in performance actually appear as a negative (-), or as a decrease in

Table 4. Reason the 90-Day FSP Supervisory Review/Court report in Trails does not meet Volume 7 requirements

Question	7/1/10- 12/31/10	1/1/12- 6/30/12	Change
No approval	13.01%	4.52%	-8.49
No, child/youth services and progress	11.86%	7.13%	-4.73
No, child/youth services appropriateness	3.95%	0.70%	-3.26
No, timely provision of mandated services	0.16%	0.70%	0.53
No, task time frames	5.60%	9.91%	4.31
Yes	57.50%	74.46%	16.96

Question #17 on the In-Home review instrument "Were all required parties addressed in the treatment plan? (Check all no responses that apply)" improved from 75.95% to 81.39%. Coming up in the next issue of Practice Matters: Highlighting the ARD's annual case practice award winners performance, when actually a reduced number of "No" responses is a positive improvement in practice.

The greatest improvement on the 90-Day FSP Supervisory Review was in approved reviews, as indicated by an improvement of 8.5 percentage points. This indicates that supervisors are improving in reviewing and approving 90-Day FSP Supervisory Reviews. The next largest improvements regarding the 90-Day FSP Supervisory Review were in regard to addressing child/ youth services and progress as well as child/youth service appropriateness. This indicates that more of the 90-Day FSP Supervisory Reviews discuss what services the child or youth are receiving and whether or not they are making progress, such as showing a decrease in aggression due to anger management therapy, and if the services being provided address the child or youth's needs. Regarding child/youth services and progress, statewide there was an improvement of 4.7 percentage points from the first half of SFY 2011 to last half of SFY 2012. The state showed an increase of 3.3 percentage points on the addressing child/youth services appropriateness.

In general, there was an improvement on twelve of the fourteen requirements on the 90-Day FSP Supervisory Review. There was a slight decrease regarding documenting timely provision of mandated services (0.5 percentage points) and on verifying current task time frames (4.3 percentage points). However, the performance on the 90-Day FSP Supervisory Review from the fist six months of SFY 2011 to the last six months SFY 2012 improved, as evidenced by an increase in performance with the most recent 90-Day FSP Supervisory Review, from 57.5% in SFY 2011 to 74.5% in SFY 2012 meeting state requirements. This indicates that statewide, the quality of 90-Day FSP Supervisory Reviews have improved.

### Conclusion

The results of the statewide data analysis for the SFY 2011 and SFY 2012 In-Home case reviews demonstrate that the quality assurance review process of the ARD is positively impacting county practice. The statewide overview shows improvement in 13 of the 15 areas analyzed. The only areas that showed a decrease in performance was in documentation of the required contact with caregivers and the child/youth. Performance related to the FSP Treatment Plan indicated that there has been progress in the quality of the plans in all three areas measured by the ARD. The data also reveals a decrease in identified barriers to progress on the FSP Treatment Plans. The most significant improvement was in the

#### References

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<sup>2</sup> The response option of "No, all task time frames expired, impacts all FSP questions 16-21 on the In-Home Case Review Instrument

Administrative Review Division Marc J. Mackert, Ph.D., Director

4045 S. Lowell Blvd.
Denver, CO 80236
Phone: 303.866.7160
http://www.colorado.gov/cdhs/ard



