

WHAT'S WORKING

APA's Quarterly Bulletin on Promising Practices

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CHECK POINT

Below please find a list of data that has been sent to agencies recently. If you are missing any information, please contact your APA Monitor/Consultant.

Foster Care:

- FY09 Year End Complementary Measures
- FY09 Adoption Finalizations
- FY09 Frequency of NYS Indicated Cases
- FY09 OSI Frequency and CAP Timeliness
- FY09 PAMS Final Scores
- FY09 Foster Parent Recruitment and Retention
- FY09 Foster Home Recertification

Preventive:

- Quarterly Status Report (PROMIS)

Dear Provider Agency Leaders:

We are pleased to provide you with the Fall Edition of "What's Working," APA's promising practices newsletter. Inside you'll find thoughtful approaches to safety and risk assessments, clinical skills development, family court practice, and quality improvement in residential care.

We appreciate all of the efforts providers have made to implement Improved Outcomes for Children this summer. We look forward to continuing to identify and share "What's Working" each quarter in our collective effort to keep children safe and families strong.

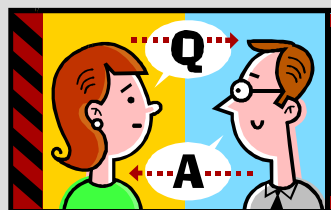
Sincerely,

Valerie Russo and Susan Fojas



Ask APA!

Agencies are welcome to send questions to "What's Working" for APA to answer. Think of it as the performance management version of Dear Abby. Please email your questions to: erin.mccann2@dfa.state.ny.us



NYC ADMINISTRATION FOR CHILDREN'S SERVICES
DIVISION OF QUALITY ASSURANCE

Agency Program Assistance
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New York, NY 10038

SAFETY AND RISK AT HARLEM'S CHILDREN ZONE

By Debbie Feliciano Gonzalez, LCSW
Senior Manager, HCZ

Webster's Dictionary defines safety as, "the condition of being safe from undergoing or causing hurt, injury, or loss" and risk as, "possibility of loss or injury;" In child welfare that translates into the difference of urgency and response time. *Safety* reflects imminent harm while *Risk* focuses on potential future harm. In our work, this can be a hurdle for staff when documenting assessments as the definitions are erroneously interchanged. To help improve this area, we provided our team with a desk reference which contains the exact definitions of safety and risk. We created posters of the definitions and keep them prominently displayed in the work station area of the caseworkers.

During intake, we expanded the number of assessment tools to provide more concrete examples that may be completed and compared over the progression of the case. These informal tools are adopted from forms received from Children's Services in the past. We extended the time our intake coordinators have with the family from an intake session to the first 30 days of the case after signing for services. This provides more time to complete the psychosocial and other assessment tools without rushing. Orientation to the program, initial referrals and advocacy are completed by the intake coordinator as well. As part of the transition to the caseworker, a joint visit is held.



Our philosophy is that the more often we meet with a family, the sooner we build rapport and the sooner we can help the family reach their goals. We are also committed to home visits as entering the family's home provides tremendous insight to what is taking place. This concept aids in the assessment of safety and risk. However, the challenge is to support staff, through training and supervision, to make the visits meaningful. We shared the assessment tools from intake with caseworkers and expect them to be completed at different intervals to guide the determination of the family's progress. But all this is not effective unless it is inspected regularly and routinely. Therefore, supervision is critical.

We practice a culture of reviewing data to inform practice. Program Directors lead this effort by sharing with each other the lessons learned. There are case presentations during unit meetings to model this effort with staff. With the implementation of IOC, we added a Quality Assurance Team. The QAT periodically reviews cases with a guide developed from the PAMS Case Record Review. This additional level helps us to identify concerns whether at the caseworker level indicating training needs or revisiting systemic practices. Yet, best laid plans do not always go as desired. We try hard and respond quickly. We are always assessing how we might improve so that we may provide a quality product to our families and help to keep the children free from harm.

LOWER EAST SIDE FAMILY UNION – INCREASING PROFESSIONAL DEVELOPMENT THROUGH CLINICAL SKILL REVIEWS

The *Clinical Skill Review* instrument was developed by Lower East Side Family Union (LESFU) to assess various clinical skill areas that case planners utilize in preventive services, with the aim of identifying skill strengths and deficits. Each Case Planner completed the instrument which consists of 45 questions rating each item on a three-point scale. Topics covered include Counseling Skills and Competencies, Assessment and Case Conceptualization, Participation in Supervision/Professional Development, Paper Work and, finally, Professional and Ethical Behavior. Case Planners then met for a first meeting with the Clinical Consultant to discuss their self-assessments. Skill strengths and deficits were identified and discussed in the context of casework practice. Trainings to address and remediate the particular deficit skill areas were then discussed and identified. Finally, each Case Planner met a second time with his/her supervisor, the Program Director, and the consultant for further input regarding skill strengths and deficits. An individualized "Staff Training Assessment and Needs" was created for each case planner targeting three areas of training to be addressed in the coming year.

A different instrument was developed for Supervisors in order to assess their training needs, but the process and procedure was the same as was done with the Planners. If any agencies are interested in hearing more about LESFU's Clinical Skill Reviews, please contact Jon Frankel, Director of Manhattan Programs: 212-260-0040 x217 or jfrankel@lesfu.org

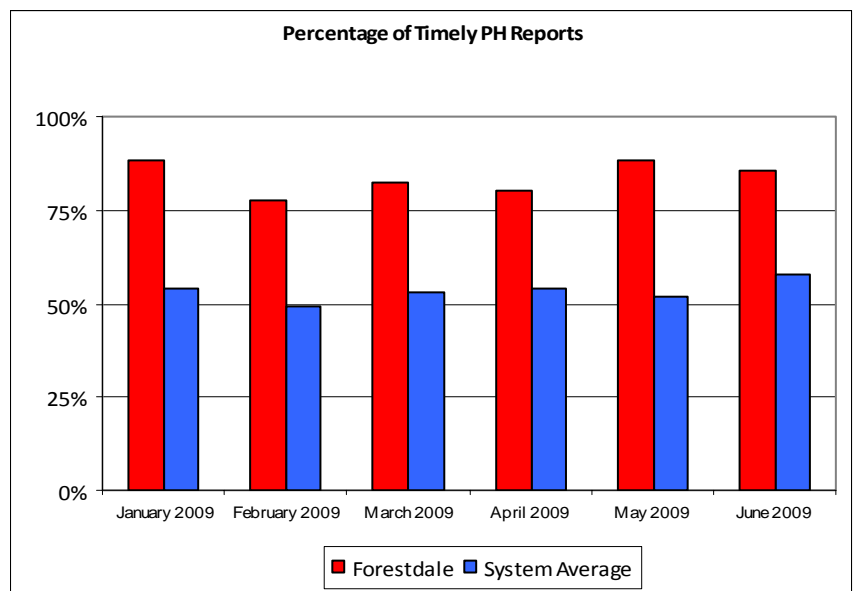
FORESTDALE FOSTER CARE PROGRAM IS COURTING PERMANENCY HEARING REPORT SUCCESS

With the many paperwork requirements foster care programs must manage, agencies can benefit from a clear and consistent process for tracking reports. One such item is the biannual Permanency Hearing Reports that became a requirement on December 21, 2005 as per the Governor's Permanency Bill. One agency that has shown great improvement in submitting these reports over the past year is Forestdale. APA received the following Permanency Hearing Report procedures the agency uses from the Quality Improvement Director, Maria Kioko.

Submitting Permanency Hearing Reports (PHR) on time is a collaborative process involving the agency liaison, individual borough Family Court Legal Services (FCLS) liaisons and Legal Tracking System (LTS) staff. On the twenty-fifth day of the month or thereabouts, QI staff access the LTS Bulletin Board and retrieve the PHRs due within the next 60 days using copy and paste method. This raw report contains the Permanency Hearing date and FCLS Due Date which is 24 days before the PH date. The raw report is reviewed and sorted by units and correct caseworker assignments. We also highlight closed cases or children no longer in care and then send an email to the FCLS liaison, FCLS attorney and FCLS liaison manager informing them of the updates especially with regard to closed cases. The email contains the ACS case number, case name, child(ren) name, date child(ren) left care and our request for the cases to be removed from the Forestdale list. For adoption cases, we include adoption date and docket number. We generate a new PHR Due Date that is 30 days before the PH date and this is the PHR Due Calendar that is shared with caseworkers, supervisors and program administrators.

Supervisors are responsible for submitting PHRs through LTS. At the time of submission the supervisors print two screens; one of the report details and one showing that the report was successfully submitted. The supervisors submit the print screen to QI staff for report submission tracking. Within three days after a PHR is submitted and no acceptance email or request for modification email has been received from the FCLS attorney, QI staff send an email to the FCLS liaison requesting that they follow up on the PHR. Usually after contacting the FCLS liaison, an email is sent. If the FCLS liaison indicates that the PHR did not go through, QI staff contacts LTS staff Sharon Corse to find out if the issue is system-related. Sometimes LTS points out what the issue is and may require that the PHR be resubmitted or at other times they are able to fix it without need for resubmission. All this follow-up happens within a six-day window and in many cases the PHR is submitted within the required 24 days before PH date. The major challenge with the PHR Due Calendar is that it requires much coordination and follow-up. There are several instances when cases are missing on the LTS list and reports for adjourned cases. We try also to follow up using court action summaries and cross-checking the LTS Bulletin Board constantly for new reports that were not included earlier. We have also tried to build better working relationships with the FCLS liaisons. The QI staff are on the FCLS email list as are the agency liaisons, so when email reminders about PHRs are sent the QI staff checks them against the PHR Due Calendar to make sure that these reports are included. For all shared cases we always reach out to other agencies so that reports are submitted timely.

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IT TAKES A (CHILDREN'S) VILLAGE FOR NEW+ RESIDENTIAL QI PRACTICE...

As Residential programs change their focus to providing specific, short-term services to our youth in care, many QI Departments are developing new mechanisms to address these new needs. JoEllen Revell-Mellone, Director for Quality Improvement (QI) from The Children's Village, shared her agency's QI Plan and calendar with APA. Below we have highlighted four of Children's Village's QI practices geared towards better serving youth.

The Children's Village currently provides a myriad of residential services to New York City youth including a Resident Treatment Center (RTC), Crisis Residence, and Supervised Independent Living Programs (SILP). The QI program has been authorized to assess and improve the quality of any and all services and care throughout the organization. Therefore, the scope of the QI program extends to governance, management, clinical services and all support services. Although projects may vary from year to year, the scope of the QI program at a minimum includes: individual and aggregate reviews of direct services, review of quality care to clients, and clinical performance. This is monitored and evaluated through meetings of clinical services departments, units or teams; clinical supervision notes, and performance evaluations. Pertinent QI activities, usually in the form of monitoring and evaluation, are used to study and improve agency-wide processes that lead to outcome measures.

The Children's Village conducts several Utilization Reviews defined generally as the process an agency uses to evaluate the services and resources provided to consumers in terms of their necessity, appropriateness, and cost-effectiveness. Several of the reviews are designed to assess and modify work with youth in residential programs. One such review looks at **Expediting Permanency**. Based on permanency goals, cases are reviewed to ensure a positive adult connection is identified for each child and proper services are offered. The areas assessed during this process focus on obtaining an adult connection, education and pro-social activities in the community, as these are the primary predictors of success for youth in care after discharge. Information is collected from social workers, case records and progress notes. The agency has a Permanency Specialist to assist on cases where there has been a long length of stay.

Another Utilization Review The Children's Village conducts looks at **Alternate Care Status**. Cases identified as needing Alternate Care are reviewed monthly by the QI Director and the QI Committee. Cases are added to the Alternate Care Tracking Report based on the identifica-

tion of the need for a youth to be placed in a different level of care. This is done by the Director for QI who reviews minutes from several meetings including the Crisis Residence Clinical Team Meeting, Unit Meeting, and High Risk Meeting on an ongoing basis in order to identify which youth are in need of more intensive services such as a Residential Treatment Facility, OMRDD services or Adult Residential Services. Recommendations for the identified youth are discussed during monthly QI meetings as this is a standing agenda item. If there are any questions or recommendations to follow-up on, the Director for QI ensures the recommendations are conveyed to the responsible treatment team member.

The Children's Village also has a **Length of Stay Committee** whose focus is on youth placed for the longest length of stay in placement. The Committee meets on a bi-monthly basis. Membership includes the agency's Parent Advocate, Director for QI, Psychologist, Psychiatrist, social work representative and Permanency Specialist. The social worker for the case presents to the committee a status update and any barriers faced. The Committee then discusses and evaluates key issues which affect the sufficiency and quality of care and services to these youth. Recommendations that may assist in moving the case to the next phase will be made. The Director for QI monitors follow up for each case and records committee discussions and planned follow-up tasks in the child's Connections case record. Outcomes of the Length of Stay Committee are reported to the QI Committee and the respective Unit Directors and SW staff. Additional follow-up for a specific case is completed at an established interval thereafter.

In addition, **The Youth Aging Out-of-Care Tracking Report** is generated by The Children's Village on a bimonthly basis to track Preparing Youth for Adulthood efforts for youth aged 17 years and older who are placed on campus. The purpose is to assure that youth aging out of care have an adult connection, have obtained vital documents, a source of income, a permanent residence, employment, and have an educational foundation prior to leaving care. All the areas that are tracked have significant importance in preparing youth for discharge from placement. The Children's Village tracks and follows up on issues identified in the same way described above.

If any agency is interested in learning more about The Children's Village QI process, please contact JoEllen Revell-Mellone, Director for Quality Improvement: (914) 693-0600 ext. 1244 or Jrevellmellone@childrensvillage.org.