

To: Brandi Stocksdale, Director, BCDSS  
Mitchell Y. Mirviss and Stephanie Franklin, LJ Plaintiffs' Counsel

From: Rhonda Lipkin and Lisa Mathias, Office of the IVA

Re: LJ IVA Report on BCDSS QSR Practice

Date: February 27, 2024

The purpose of this memorandum is to provide a review of the current Quality Service Review (QSR) practice at BCDSS in the context of use of the QSR to generate data for certain of the LJ MCD measures and to make recommendations about use of the QSR in the future.

Our conclusion at this point is that the current QSR process is no longer in sufficient alignment with the QSR model and original process to permit us to continue to agree to its use for LJ reporting. This is due mainly to the current extended review timeline and the failure to adhere to the timeframes and protocol requirements for rating the indicators. However, if these problems can be resolved and certain changes made to protocol language to ensure that basic practice requirements are being met, we are amenable to changing what is considered an "acceptable" rating for the purposes of LJ measure compliance. In addition, there are some measures that we have determined cannot reasonably continue to be measured through use of the QSR and need to be reviewed with the parties for other means of measurement. These measures and our reasoning for this decision will be discussed later in this report.

### **Introduction**

Quality Service Review (QSR) was developed to provide a case-based assessment for agency learning and development. In Center for Study of Social Policy's "Lessons Learned from Class Action Lawsuits," (January 2012), Kathleen Noonan provides an in-depth description of the history and requirements of QSR and its use in child welfare lawsuits. (Attachment 1, "Qualitative Case Review in a Child Welfare Lawsuit"). QSR was designed to be used to provide clinical training and to standardize quality of case practice through real-time, rapid assessment and data feedback. As a result of its ability to provide assessment and data feedback, QSR has been adapted for use in a number of jurisdictions (including New Jersey and Washington, D.C.) to measure qualitative compliance with certain child welfare consent decree requirements.

In 2014, BCDSS hired and trained selected BCDSS caseworkers and supervisors in the QSR methodology and began to use QSR with randomly selected out-of-home cases. In 2015-2016, the agency finalized its OHP QSR protocol and case review instrument and decided, with the agreement of the IVA and Plaintiffs' counsel, for which LJ measures QSR would be utilized to provide data. The measures chosen were those that have qualitative components that cannot be measured through quantitative means<sup>1</sup> or which might otherwise have been difficult to find data on.<sup>2</sup> Only certain QSR indicators along with the results of 5 questions ("tables") are being used to determine compliance with the measures. See Attachment 2 for a list of current measures for which QSR is being used and the corresponding indicators<sup>3</sup> and tables. In 2023, the IVA agreed to minor adjustments to the protocol and case review instrument. (Attachment 3, QSR OHP Protocol and Attachment 4, QSR OHP Case Review Instrument (January 3, 2023)).

During the first five years of QSR at BCDSS, we were actively involved in development of the protocol and case review instrument, participating in QSR reviews, participating in QSR Inter-rater Reliability (IRR) and Grand Rounds sessions, and arranging and paying for professional training for QSR staff. From 2019 until 2023, we had limited contact with the program, other than to respond to requests from the QSR program manager to review proposed changes to the QSR OHP protocol and case review instrument and development of a QSR practice for BCDSS Family Preservation.

For this report, the IVA completed these activities from July 2023 – February 2024:

1. Participated in 14 IRR sessions for 9 OHP cases and 5 Family Preservation cases.
2. Reviewed the detailed memo dated June 8, 2023, from Liz Sinks, QSR Program Manager, on current QSR Unit practice. (Attachment 5).
3. Hired Florence Racine, former head of the QSR Unit for the State of New Jersey and trainer of BCDSS QSR staff from 2014 - 2018, to provide feedback on the current QSR practice. We provided her with the June 8, 2023 memo and a copy of five QSR (3 OHP and 2 Family Preservation) case review instruments to review. For those cases, we provided both the case review instrument we received prior to IRR and the final instrument after both "QC" by QSR Program Manager and IRR changes were made. Her reports are Attachments 6 and 6A, and her bio is Att. 6B.

---

<sup>1</sup> For example, Measure 16, whether a family received services listed in the child's case plan.

<sup>2</sup> For example, Measure 108, whether or not a caseworker or caregiver attended a child's special education IEP.

<sup>3</sup> While only selected QSR indicators are used for assessing LJ measures performance, it is necessary to consider the importance of all indicators and how they directly impact the indicator selected for compliance reporting. For example, while Practice Indicator "Engagement" is not used for LJ compliance, this indicator impacts ratings for Practice Indicators "Teamwork" and "Case Planning" indicators.

4. Consulted with Jacob France Institute for updated sample size analysis. (Attachment 7).

### **IVA Assessment of QSR**

This assessment asks two primary questions:

1. **Process and Timeline:** Is the current QSR review process being conducted in a way that maintains fidelity to the model originally developed by the Child Welfare Policy and Practice Group and to which the IVA and Plaintiffs agreed to having certain measures evaluated by QSR?
2. **Application of QSR Protocol Indicators and Ratings:** Are QSR cases currently being rated in accordance with the agreed-upon QSR protocol?

The answer to both questions is no.

### **Process and Timeline**

The QSR model was designed to combine a review of a child's "paper" record with a few days of interviews of persons involved in the child's life that could provide perspective on the child's status and the agency's practice with regards to the child's case. When BCDSS staff members were trained originally in 2014, each team of an experienced reviewer and a BCDSS staff member reviewed two cases over the course of a week. This followed the model used by New Jersey and Washington, D.C. as well as other jurisdictions. Finding the pace of the reviews too pressured to maintain on a long-term basis, BCDSS decided to do one review per week per review team. Except scheduling interviews and reviewing the record, the entire review process, including IRR and case management team debriefing and finalization of the QSR review instrument, would generally be expected to be completed in a week's time, usually from Monday to Monday. (A more detailed description of prior QSR practice timelines is attached to this memo. See Attachment 8. ) According to the current QSR summary and our experience with the process from July 2023 to date, the complete QSR review process now takes 8 - 10 weeks, with some taking as long as 12 weeks.

The following table compares the prior and current process:

QSR Practice	Original Process	Current Process
Notifying case management team what to expect and asking for input on who to interview	1 hour approximately 3 weeks before review	Unknown
Scheduling interviews	1-2 weeks prior to review	Unknown
Reviewing record	Week prior to review/first morning of review	Unknown
Conducting interviews	Monday, Tuesday and, if necessary, Wednesday morning of review week	<b>Up to 3 weeks from first day of review</b>
Drafting Case Review instrument	Tuesday - Thursday of review week by reviewers jointly	Within 3 weeks from first day of review. Drafted by one reviewer followed by both reviewers meeting to do ratings
Supervisory Review	Thursday of review week	After completion of case review instrument
“QC” by QSR Program Manager	N/A	Prior to IRR
IRR	Friday morning or afternoon of review week	2-7 weeks from “instrument submission” (5 - 10 weeks from initial review date) <b>8 - 12 weeks (average 10 weeks) after initial review date in cases observed by IVA</b>
Grand Rounds	Friday afternoon of review week	None
Debriefing Case Management Team	Monday after review week	Usually within week after IRR <b>(average of 11 weeks after initial review date)</b>
Finalizing case review tool	Week following review	One week after IRR

This significantly extended timeline of the current process is problematic. QSR reviews were designed to give a snapshot of the status of the child over the 30-day period prior to the scheduled review week. Instead, reviews have included events occurring during the 3 weeks of interviews. According to Ms. Racine, “The QSR is intended as a *point in time* review and the length of time from case selection to review and finalization of case affects the integrity of the information learned and feedback provided on any case.” (See Attachment 6, Florence Racine’s Report at p. 2). This statement was born out by our experience with the QSR IRRs we attended. For example, in one case, the permanency plan changed during the 3-week interview process and, in another, the case closed weeks before the IRR was conducted. This markedly changed the approach to the review and the ratings included. In a number of cases, during IRR, staff would correct information in the instrument by stating that they had gotten two cases mixed up or would be unable to recall facts from the case when asked about specific issues. This is understandable given the length of time between interviews and the IRR, particularly when the reviewer was likely to have reviewed at least two more cases in the interim. It is unacceptable for QSR practice. At times Ms. Sinks instructed reviewers to confirm or gather missing information weeks after interviews had been completed. Furthermore, the feedback given to the case management team in the subsequent debriefing will have become out of date and likely of marginal value, especially since the feedback being prepared appeared to be more task-oriented than practice-oriented.

### **Application of Protocol Indicators and Ratings**

The core document of the QSR is the “protocol” which contains each of the QSR indicators divided into Status and Practice indicators. (See Attachment 3). The protocol sets out for each indicator a list of suggested factors and questions that should be considered when assessing the case and scoring descriptions for each indicator rating. The ratings are listed from 6 to 1, with 6 being the highest: 6 – Optimal; 5 – Good; 4 – Fair; 3 – Marginal; 2 – Poor; and 1 – Adverse.

Some indicators are not applicable to a case, and in those cases an indicator will not be rated. The general rule is that for Status indicators, the information to be considered should be limited in most cases to 30 days prior to the review. There are a few exceptions such as for stability of placement and educational setting which look out 6 months before and after the review. The limitation to a short period of time prior to the review, although it can sometimes be frustrating, is

critical. Circumstances in many of the children's lives can change quickly and often - placements, educational settings, mental and physical health concerns.

For Practice indicators, the time frame is generally 90 days prior to the review. Again, practice changes for many reasons: circumstances of the case, transfer of the case between caseworkers, etc. One critical factor in the QSR is that whether or not some of the indicators are rated as to the child's parents is based upon whether or not reunification is the permanency plan. The longer the period of time allowed to be considered for rating the indicators, the greater the likelihood that a number of factors, including the permanency plan, will have changed. Ms. Racine addressed the importance of these time frames and the impact on DSS's QSR practice.

The QSR is a point in time review that is intended to give a snapshot into the status of a child and family and current practice performance. The descriptions in the QSR protocol are designed with this lens. The traditional QSR has child and family status in a 30-day timeframe and practice performance is 90 days. This is not reflected in the case detail sheets reviewed as part of this report. Each case included information on the entire history of system involvement. It was difficult to critically discern the time frames used to rate the cases and not just information documented. The integrity of the QSR method is to discover how children and families are faring *currently* as opposed to how they appear to be faring through the lens of case record documentation and policy compliance. Interviews are conducted with key members of each case that reflect what is known at that specific time and feedback provided to frontline staff. (Attachment 6, p. 2).

When we began attending IRR sessions, we observed that there was little to no reference made to the protocol language or timeframes when discussing ratings. The case review instrument includes brief notes about what should guide the rating selection under the rating grid for a particular indicator, but there did not seem to be any indication that the very specific language for each rating in the protocol was being considered in choosing a rating. (Although we cannot be sure since we were not present for rating sessions with reviewers, the lack of reference in the case review instrument or in the IRR session to the protocol rating language supports this conclusion.) Insofar as they were focused on ratings, the IRR discussions tended to focus on whether or not the status or practice was "acceptable," and by "acceptable" it became clear it meant that it met the LJ compliance requirement of a "5" or "6," not the general QSR standard of "4," "5," or "6."

Most of the discussion in the IRR sessions focused on whether all of the facts in the case that the program manager believed should be included in the “Strengths and Accomplishments Observed” and “Challenges Encountered” sections were included. Frequently, staff was urged to include more information, including information that, under the protocol, was not part of the consideration for rating that indicator. Rather than encouraging selecting the facts most relevant to a particular indicator, staff was instructed to include the same facts in multiple indicators. This makes it even more difficult to determine the basis for a particular rating and results in an overly long case review instrument that focuses on facts and tasks rather than assessment and service provision based on needs. Ms. Racine discusses this in her report:

The QSR process was intended to be an overview of the “story” of the family. It was never intended to be review/repeat of all information in the case record. This is extremely time consuming and may not create the learning opportunity as intended. ... It is unclear what factors were considered to arrive at the ratings. There is limited use of the protocol language applied or practice reflection in justifications for ratings. The overall justifications were a repeat of case facts and not an application of the key indicators. ... Is there value to anyone to have the case history throughout the document resulting in an average of about 65 pages per case detail sheet? (Attachment 6, p. 4).

From our observations as well as the completed instrument reviews by Ms. Racine, it is unclear if the current QSR reviewers understand the critical differences between some of the indicators (particularly the practice indicators), which facts apply to the indicator, and how to apply them.

Ms. Racine also raised concerns about the approach being taken to the “Suggested Recommendations for Next Steps” shared with case workers following IRR. Ms. Racine states:

This entire process reads like a case mining or extended supervisory process. There are no insights or connections to practice improvement. All is stated as fact from what is read in the case record. All recommendations are not practice centered but task oriented. Case practice or system change does not improve by listing tasks. The QSR offers an opportunity to learn why and how we can obtain better outcomes for families and children by accentuating good interventions and practices and highlighting areas needing improvement through relational stories. The recommendations [in the current QSR case review instruments] are a list of tasks that honestly go beyond reasonable expectations of the child welfare system. It really creates an over surveillance of families and not a path towards reunification.

The QSR should create lessons learned that can be utilized with other families. For example, if there was a particular engagement strategy that was effective, it can be used with other families. (Attachment 6, p. 3).

### **IVA Analysis of Continued Use of QSR for LJ Compliance Determinations**

If QSR is to be used to determine compliance with LJ measures, the current QSR practice at BCDSS will need to be corrected. However, some measures cannot continue to be assessed through QSR for other reasons.

### **QSR Not Valid Measurement Process for Some LJ Measures**

We have determined that QSR is not working as a way to determine compliance for any of the QSR education measures except one (ISM 108 - attendance at IEPs). When the LJ measure instructions were discussed in 2021, it was acknowledged that BCDSS' current education practice did not include the development of a separate education plan that would be incorporated into the case plan, as the MCD requires (MCD, p. 35, Part II, Section 4.D.2a) and that the use of the QSR for measuring compliance in this area would have to be reassessed in the future. The following are the LJ measures for which QSR Practice Indicator 10 and Table (Question) 4 are being used to determine compliance and which we have determined need to be measured in some other way:

1. Exit Standard 104 (ISM 101) (Education Plan) (Practice Indicator 10a)
2. Exit Standard 105 (ISM 102) (Education Services) (Practice Indicator 10b)
3. Exit Standard 106 (ISM 103) (Education Monitoring) (Practice Indicator 10c)
4. Exit Standards 110 (ISMs 86 and 107) (Prompt Referral of Children with Developmental Disabilities) (Practice Indicator 10d)
5. Exit Standard 111 (ISM 109) (Reasonable Efforts to Support Special Education Needs) (Practice Indicator 10d)
6. ISM 87 - (Special Education Services After School Transfer) (Table (Question) 4)

We are willing to work with the parties to determine a more appropriate approach to measurement for these MCD measures.

### **Changes Needed for Remaining QSR Measures**

For the remaining LJ measures using QSR, steps will need to be taken to correct QSR practice. First, the problems with the current QSR process, particularly the extended timeline for reviews, need to be addressed for any of the measures to be considered valid for compliance purposes. Second, certain QSR indicators and tables (questions) which are used for determining compliance with LJ measures will need to be revised to ensure that they reflect current practice requirements. Additionally, there will need to be a review of and re-training on proper application of the indicators and protocol language. These steps will need to be done before the IVA can agree and recommend to the parties that a rating of “4” (“fair”) would be considered compliant for LJ purposes.

### **Summary**

QSR practice can and should evolve over time based on data collected and progress made towards practice improvement. However, BCDSS’s QSR process has moved too far from the original model impacting its validity for practice improvement as well as compliance reporting. Changes will be necessary to continue using QSR for compliance purposes and progress towards lawsuit exit.