

Washoe County PII SAFE-FC PCFA-SMART Case Planning Fidelity Assessment (March 2013)

Overview of Findings

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PII

Acknowledgements

- * Report & slides developed by Pamela Clarkson Freeman, Diane DePanfilis, & Leah Bartley (Ruth Young Center for Families & Children (RYC) at the University of Maryland School of Social Work (UMSSW).
- * Fidelity review team: Wayne Holder & Mike Capello (ACTION for Child Protection); Dena Negron (Washoe County DSS); Diane DePanfilis (RYC, UMSSW)

Purpose

1. To assess the degree to which WCDSS has implemented SAFE-FC as intended; and,
2. To assess the degree to which individual SAFE-FC workers demonstrated proficiency in delivering the PCFA, safety management, and SMART case planning components of SAFE-FC.

Status of SAFE-FC Implementation

* At the time of the review...

- 64 cases had been randomly assigned to SAFE-FC
 - 23.44% (n=15) of randomly assigned cases did not receive SAFE-FC.
 - 6 cases (40%) were assigned to either Family Drug or Mental Health Court
 - 7 cases (46.67) involved unresponsive or unavailable caregivers
 - 1 case (6.7%) assigned to non-randomized worker
 - 1 case (6.7%) child was out of state
- Of 49 remaining cases that should have had a PCFA or case plan
 - 20.41% (n=10) did not have a completed PCFA
 - 16.33% (n=8) did not have a completed case plan

Sample

- Consisted of 24 cases with both completed PCFAs and Case Plans as of 2/01/2013.
- Selection of cases started with those most recently completed, selecting up to 2 cases per SAFE-FC worker.
- 4 workers did not have any cases to review.

Questions Guiding Review

1. To what degree did WCDSS implement SAFE-FC as intended?
2. To what degree did SAFE-FC workers demonstrate proficiency in delivering the intervention related to:
 - a) PCFA
 - b) Safety Management
 - c) SMART Case Planning

Measure & Procedures

- * Assessment tool developed by ACTION & RYC – PII ILT.
- * Pilot testing in February 2013.
- * Assessment completed March 20-21, 2013.
- * Values were entered into Qualtrics.
- * Data downloaded and analyzed in SPSS.
- * Worker scores adjusted to exclude factors unrelated to SAFE-FC worker, including:
 1. Supervisory consultation;
 2. CASI related use; and,
 3. Instrument skip pattern problems.

PCFA Preparation Stage

(max score – 4 points)

Included the following indicators:

- * Reviewed the NIA;
 - * Reviewed the SPD;
 - * Reviewed the safety plan; and,
 - * Participated in case transfer meeting with NIA worker.
- * Results indicated an average score of 2.77 (SD = 1.33) with scores ranging from 0-4.

NOTE: 2 items related to supervisory consultation were removed from worker score.

PCFA Introduction Stage

(max score – 9 points)

Indictors included:

- ◆ Met with primary CG for introduction stage;
- ◆ Fulfilled the primary purposes, as indicated by:
 - * Introduced self and clarified the purpose of the PCFA;
 - * Explained the reasons for SAFE-FC involvement; and,
 - * Arrived at a conclusion about the CG's willingness to participate.
- * Results indicated an average score of 8.88 (SD=0.61) with a range of 6 to 9 points.

NOTE: Indicator A was removed from worker score due to qualtrics problem.

PCFA Discovery Stage

Indicators included:

- ◆ Worker identified & justified enhanced CG protective capacities;
 - ◆ Worker identified & justified diminished CG protective capacities;
 - ◆ Worker documented attempts to raise CG self-awareness re: what must change; and,
 - ◆ Worker documented areas of agreement/disagreement re: what must change.
- * Three indicators removed related to:
 1. Supervisory consultation – not under worker control; removed from analysis.
 2. Worker identified unmet need - Qualtrics skip pattern not working.
 3. CASI – many cases did not have completed CASIs.

PCFA Discovery Results

(max score – 10 points)

- * The average scores was 9.45 (SD = 1.50) for workers with a range from 5 to 10.

PCFA Process

(max score – 7 points)

Indicators:

- Case transfer meeting held within 5 days of case assignment;
- * SAFE-FC worker held introduction stage meeting with CG within 5 days of case transfer meeting;
- * SAFE-FC worker met at least weekly with CG while completing PCFA.
- * Average score for all workers was 6.54 (SD = -.93) with a range of 4 to 7 points.

NOTE: Completion of PCFA within 45 days of case assignment removed from worker score.

Safety Management During PCFA

(max score – 5 points)

Indicators:

- *SAFE-FC worker made personal contact with CC Case Manager or other safety service provider each week during PCFA;

- *Safety management during PCFA w/CG – SAFE-FC worker documented conversations with CG related to safety management issues.

- * Average worker score for Safety Management During PCFA was 4.67 (SD = 0.76) with a range of 3 to 5 points.

PCFA Decision-Making

Indicators:

- *The SAFE-FC worker identified categories of protective caregiver capacities as outcomes for change;
- *There is an alignment between diminished caregiver protective capacities (Section IIIB) and selected outcomes for change;
- *If the worker identified a child's unmet need on the PCFA and the conclusion was justified or partially justified, did the worker identify a child outcome?
- *Was the status of impending danger sufficiently identified?
- *Did the safety plan narrative sufficiently align with the analysis questions.

NOTE: Supervisory review and authorization of PCFA process & documentation removed from worker score.

Average PCFA Decision-Making Scores

(max score – 17 points)

- * Average worker score was 14.00 (SD = 4.61) with a range of 4 to 20 points.

Case-Planning Process

- ◆ Was there a case plan?
 - The SAFE-FC worker followed the protocol for developing a case plan after the PCFA;
 - The SAFE-FC worker conducted a SMART case planning meeting within 5 days of completion of the PCFA;
 - ✓ (Only if item C was “Yes”) The SAFE-FC worker fulfilled the purposes of the case plan meeting:
 - * Reached agreement or attempted to reach agreement on SMART goals with primary caregiver;
 - * Discussed or attempted to discuss change strategies with caregivers;
- ◆ The SAFE-FC worker arranged change services to be provided by others as specified in the case plan (including timelines of a referral).

Average Case-Planning Process Scores

(max score – 7 points)

- * The average worker score was 4.33 (SD = 2.26) with a range of 0 to 7.

Where were points lost?



- * Of the 21 cases with data, 57.1% (n=12) conducted a SMART case planning meeting within 5 days of completion of the PCFA
- * 28.6% (n=6) did not conduct a meeting, and reviewers could not determine for the remaining 14.3% (n=3).
- * Consequently, for 42.9% of the reviewed cases, 2 points were lost as result of subsequently skipping items C1 and C2.

SMART Case Plan Decision-Making

- * Goals in case plan meet SPECIFIC criteria. Goals are SPECIFIC statements of “what must change” such that participants (i.e. caregivers and/or children) are completely clear about what they will do differently.
- * Goals are MEASURABLE. Goals are measurable in the sense of specifically defining what must change and/or exist related to caregiver thinking, feeling and behaving or a child’s unmet need.
- * Goals are ACHIEVABLE. Goals are tailored to specific protective capacities or child needs so that it is reasonable and realistic that progress toward goal achievement can occur within 90 days.
- * Goals are RELEVANT. SMART goals are individualized based on the unique dynamics of the family associated with the reasons for SAFE-FC.
- * Goals are TIME-LIMITED. SMART goals are linked to a time-period of 90 days or less.
- * Appropriate change strategies/treatment intervention services were selected to support the achievement of SMART goals.
- * Appropriate providers were selected to match SMART goals.

Average Scores – SMART Case Plan Decision-Making (max score – 20 points)

- * Overall, the average score was 12.88 (SD = 4.29) with a range of 0-20 for all workers reviewed.

Summary Results by Section

Fidelity Components	Average Score (M, SD)	Max Value	Average Score Revised (M, SD)	Max Value
PCFA Preparation Stage	7.88 (2.58)	10	2.74 (1.33)	4
PCFA Introduction Stage	9.88 (0.61)	10	8.88 (0.61)	9
PCFA Discovery Stage	12.33 (1.95)	13	9.45 (1.50)	10
PCFA Process	9.17 (1.43)	10	6.54 (0.93)	7
Safety Management During PCFA	4.67 (0.76)	5		
PCFA Decision-Making	14.00 (4.61)	20	12.38 (3.93)	17
Case Planning Process	6.13 (3.0)	10	4.33 (2.26)	7
SMART Case Plan Decision-Making	12.88 (4.29)	20		

Supervisory Items

- A. During PCFA preparation stage, SAFE-FC worker consulted with Supervisor prior to transfer meeting;
- B. During PCFA preparation stage, SAFE-FC worker consulted with Supervisor prior to introduction stage;
- C. The SAFE-FC worker consulted the supervisor to prepare for the discovery stage;
- D. Supervisor reviewed and authorized the PCFA process and documentation, including safety management.
- E. The SAFE-FC worker consulted with the supervisor to prepare for case planning meeting;
- F. The SMART case plan was finalized with supervisory approval within 5 days of the case plan meeting;

Average Supervisory Item Scores

(max score – 15 points)

- * The average score across all cases was 11.42 (SD = 3.17) with a range of 3 to 5 points.

Worker Scores

- * Of the 13 workers with at least one case reviewed, only 1 worker scored < 70.0%.
- * 4 workers did not have any cases reviewed.
- * Overall average = 81.44%
- * Workers did relatively well across all sections of the assessment, with the exception of Case Planning Process.

Suggested Areas for TA

- * Improving documentation of diminished and protective capacities.
- * Adding specificity related to impending danger.
- * Improving use of the CASI results to guide discovery – of the few cases that indicated a CASI was available, most did not reference the CASI at all.
- * Improving documentation related to supervisory consultation review.
- * Case planning needs to be consistent with SAFE-FC – consultation needed on how to focus what the worker will do and when and if other services are needed to support SMART goal achievement.
- * Increased understanding related to whether child needs are being met/unmet.

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- * Improving documentation related to supervisory review.
- * Adding specificity related to impending danger.
- * Increased understanding related to whether child needs are being met/unmet.

PCFA Fidelity Assessment Summary

- * Ability to assess worker performance was limited for various reasons:
 1. Low numbers of cases with completed PCFAs and Case Plans;
 2. No CASIs – thus, all items relying on the CASI profile were eliminated from worker scores; and,
 3. Many cases assigned to SAFE-FC are receiving SAFE-FC.

Contact Information

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