2021 CQI Presentation Q&A How to Measure Post-Discharge Outcomes to Improve Program Quality

Agency: St. Mary's Home for Children, North Providence, RI

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Did you give the participants any incentive?

Yes, each participant is offered a \$25 grocery gift card. These gift cards are grantfunded.

Do you also do a separate survey to assess youth level of satisfaction with the services they received?

Yes, an annual survey is conducted by PQI using a Council of Accreditation (COA) survey.

What costs are associated with this type of initiative?

Staff time can be significant. And a grant was able to cover the financial incentive for the participants.

How often does this turn into a referral for more services - how are you prepared to do that?

Around 10% of calls turns into a referral for more services. Our PQI team includes social workers who have an understanding of our services, but we usually provide contact information for our Outpatient Services (particularly our Intake Coordinator) who would direct them to the appropriate service.

In terms of client data, have you accounted for severity of mental illness? For example, a child with greater # of barriers, trauma, more significant mental health challenges - as predictive to these post-discharge outcomes as well?

We have collected discharge diagnoses data by reading discharge summaries in the client's electronic record. However, we have not yet begun data analysis on it.

How do you handle missing or incorrect contact information?

Through the electronic record of the client, we are able to obtain the client's related contacts and their information. If a phone number cannot be reached, we try to go down their contacts list. For clients who have returned to our care, we consult with the client's current documents, assessments and clinician to fill out the survey. We hope to implement emailed surveys in the future to see if we get a higher rate of response.

How do you handle participants who may be hesitant due to fear of child reentering child welfare program?

We reassure the caregiver that the Outcomes survey is simply to improve our services. We mention that the survey responses are confidential and that they are free to decline answering questions. However, a policy or procedure should be established in case there is a need to make a call to your local child welfare agency.

Would you say this pilot will be implemented long term? If so, what would you say the feasibility will be for tracking clients at the 3 intervals? If not, how can you continue to pull in updated info into the model?

The agency plans to continue conducting the survey. We would love to survey past 12 months post-discharge (24, 36) but we have not determined its feasibility.

How do you frame the "uncertainty" (i.e. missing data, etc.) in your messaging to your various audiences?

So far, our various audiences have been understanding about the struggles of conducting this kind of study for a small organization. We consistently try to explain that it is important to push to have any data rather than no data so that we can further understand our clientele's needs and our areas for improvement. And maybe we will find a pattern or something we never knew before! We have therefore ensured that everyone in our own organization knows about the study as well. We hope that our local child welfare agency will partner with us for this study, and that we will partner with the Building Bridges Initiative (BBI) in the near future.

Since you are not using a script, have you found differences in responses based on who is conducting the survey?

With training, we hope that there are no differences! But no, we have not planned to conduct an analysis on response differences among survey interviewers. Our questions are guided by a script to get the responses we need, but we do feel the more organic the conversation, the more participants feel comfortable and recall information that can help with our survey.