About PACS

The Department of Health and Human Services (DHHS) provides integrated public health and human services that help address the needs of Montgomery County Maryland’s most vulnerable children, adults and seniors.

Planning, Accountability and Customer Service (PACS), located within the Office of the Director, supports the Department’s mission by providing performance measurement, data collection and management, evaluation and analytics, and policy analysis that ensures high quality, equitable service delivery to promote and ensure residents’ health and safety and build individual and family strength and self-sufficiency outcomes.

PACS accomplishes its primary area of work through:

- Developing and refining meaningful program metrics that demonstrate client outcomes
- Deployment of targeted Quality Service Reviews and Community Reviews
- Supporting service integration through the Intensive Team Meeting process
- Capacity building on appropriate performance metrics for service areas, programs, and complex social service systems
- Leveraging advanced integrated technology, data systems and innovative analytical tools
- Developing effective partnerships with other government agencies, community partners, universities and research centers

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Montgomery County, Maryland
Department of Health and Human Services
Planning, Accountability and Customer Service
Quality Service Review

Performing a Quality Service Review (QSR) ensures that DHHS program clients are receiving the best possible services that provide the greatest beneficial impact.

The QSR provides a point-in-time qualitative evaluation and analysis of the status and well-being of the focus individual and the quality, consistency, and effectiveness of their service system. By measuring performance at key points, reviewers determine how staff, business practices, and ultimately programs are working systemically to serve individuals and families.

Depending on need, two QSR versions can be used: the standard (v2.0) and the shorter QSR2 Rapid. The results of these reviews guide change in practice to improve the quality of outcomes for those being served.

How does it work?

DHHS clients authorize a team of trained QSR reviewers to examine their records and conduct interviews that involve the individual, their caseworkers, and other stakeholders within and outside of DHHS, to gather information that forms the basis for their ratings.

Reviewers rate each: Person Status and Practice Performance Indicator on a scale from “optimal” to “adverse”

Feedback sessions with caseworkers and their supervisors allow reviewers to offer observations of a case and discuss their findings. Reviewers also generate a detailed written report, which helps to better understand, develop and strengthen individual case practice.

The QSR concludes with “Grand Rounds” sessions during which reviewers discuss cases with the Department’s senior leadership team and key managers. This is an opportunity for collaborative learning and the development of actionable steps to address identified issues. In this manner, QSR has a direct impact on the continuous quality improvement cycle within DHHS.

What is the value?

The QSR process helps DHHS find what works best for our clients. It provides a way to learn from our experience, create or sustain strategies that work, and avoid future use of strategies that aren’t effective.

QSR shifts the focus from compliance - with policies and procedures, documentation, program and funding requirements – to practice and results, with emphasis on guiding principles, daily case-level practice, the flexible use of resources, and system of care performance.

QSR results provide a rich array of learning for practice improvement, including:

- Detailed accounts of practice and results that are aggregated to show patterns and recurring themes
- Deep understanding of contextual factors affecting service delivery
- Practice accomplishments and success stories
- Identifying emerging trends, issues, and challenges in current practice, and
- Critical learning and input for next-step actions and for improving program design, practice models, and working conditions

Person Status Indicators include:

- Safety
- Behavioral Risk
- Somatic Health
- Emotional Functioning
- Living Situation
- Resources and Basic Necessities
- Relationships
- Quality of Life
- Permanency Prospects (for use in Child Welfare cases)

Practice Performance Indicators include:

- Engagement
- Teamwork
- Role and Voice
- Assessment and Understanding
- Long-Term Goals and Objectives
- Planning of Interventions
- Intervention Adequacy
- Tracking and Adjustment