ChildNet and Our Kids, Inc. Second Quarter Monitoring Report

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Introduction

This is the second of four monitoring reports that Chapin Hall Center for Children will issue between July 1, 2008 and June 30, 2009. The purpose of this report is to present the findings of case record reviews that were conducted by the monitor and the Community Base Care (CBC) providers. The report offers recommendations for each CBC and updates recommendations offered in previous reports. The report is divided into three sections. The first section discusses the field activities that were conducted during the quarter, describes the case record review process, and outlines the sample used for the review. The findings for ChildNet and Our Kids together with recommendations are discussed in the second and third sections respectively.

Monitoring Activities

The monitoring activities conducted during this quarter included case record reviews and interviews. Four different types of case record reviews were completed using one case record review instrument. Monitors conducted quality assurance and in-depth reviews, and in conjunction with the CBCs, the monitors completed Side-By-Side peer reviews on a subset of the sample. Furthermore, each CBC completed base reviews. The following paragraphs provide a brief synopsis of each of the reviews conducted during the quarter.

- Side-by-Side Peer Review (SBS) - This review involves a team of three individuals that conducts a full review of the case record along with all supplementary documentation provided by the CBC. Following the review of all documentation the team completes the case record review instrument. Side-by-Side peer reviews were conducted on eight of the twenty-five cases. The team of reviewers is comprised of a representative from the CBC under review, a peer reviewer (i.e., a representative from the visiting CBC), and a monitor.

- Base Review - The CBCs employ a team of two internal reviewers to conduct case record reviews of seventeen cases using the same process implemented by the Side-by-Side peer reviewers.

- In-depth Review – These reviews involve both a case record review and case-related interviews with children, parents, foster parents, caseworkers and other professionals involved with the case. This review mimics certain parts of the Federal Child and Family Services Review (CFSR).

- Quality Assurance Review – A team of two monitors complete a review of the case record as well as all supplementary documentation previously reviewed by the base review team. The monitors complete a quality assurance review on four ChildNet cases and eight Our Kids cases selected at random from the CBC’s base sample.
Case Record Review Process

The case record review process involved three phases: training, case record reviews, and quality assurance reviews.

Prior to entering the field, the monitoring team met with the reviewers from each of the CBCs to provide an orientation to the instrument, to seek and provide guidance with respect to sources of information within the case record, and to answer questions about the interpretation of questions.

As stated earlier, two primary types of case record reviews were carried out: the base reviews and the Side-by-Side peer review. Both reviews used the same data collection instrument. However, the Side-by-Side peer review process differs in that the monitor’s presence provides an independent perspective whereas the representatives from the other CBC act in peer consultation. The three members of the Side-by-Side peer review team include a member from the CBC under review, a representative from the other CBC, and the monitor.

Prior to the rating of the case, the Side-by-Side peer review team reviewed the case record to establish the facts of the case such as date of placement, placement moves, exits from care, and maltreatment reports. Then, the record was reviewed using the review instrument. A response to each applicable question was recorded following a unanimous decision by the team. Upon completion, the CBC, monitor, and peer reviewers discuss the services provided, develop a summary of the services provided, and identify opportunities for practice improvements.

The base reviews are conducted by a team of two individuals from the respective CBCs using the instrument described above. Each CBC completes case record reviews on seventeen cases. The process employed by the CBCs mirrors that of the Side-by-Side peer review teams in that the facts of the case are established by the team prior to the completion of the case record. A response to each applicable question is recorded following a unanimous decision by the base review team.

The third and final phase of the case record review involves a quality assurance review of both the base reviews and the Side-by-Side peer reviews. The quality assurance review of the CBC base reviews is based on four randomly selected cases from the base review sample. The quality assurance review of those cases entails a full re-review of case record by a team of two monitors. Once the monitor rates all four cases, their responses were compared to those of the base reviewers. Discrepancies are compiled and then submitted to the appropriate CBC and DCF.

The monitors also conduct a quality assurance review of each Side-by-Side peer review case. The quality assurance review involved a crosscheck of answers to make sure that answers were
recorded correctly. Findings of the quality assurance review were shared via conference call with the Side-by-Side peer review teams. All team members approved any adjustments made to the instrument as a result of the quality assurance review.

Sample Specifications

The sample utilized is an admission sample of children, age eleven and over, who entered out-of-home care for the first time during the months of October, November or December 2007. The review period includes the first nine months of the child’s spell in out-of-home care. In instances where sibling groups were selected, one child was randomly selected from among the siblings and the remaining siblings were dropped from the sample.

For Our Kids the total population excluding siblings included sixty-one children. A sample of twenty-five children was randomly selected from the population source. From the sample of twenty-five children, two children were randomly selected for the in-depth review.

The total population excluding siblings for ChildNet was thirty-nine children. A sample of twenty-five children was randomly selected from the population source. For the in-depth reviews two children were randomly selected for the sample of twenty-five children.
Quarterly Case Record Review Findings: ChildNet
Safety

Child safety is a fundamental objective of the child welfare system. In the context of the systems of care in Broward, Dade, and Monroe counties, the CBCs provide (or cause to be provided) a range of in-home and out-of-home services designed to protect children within a policy and practice context that favors keeping children with their families so long as doing so is consistent with the safety of the children. When placement is necessary, the policy and practice context directs the CBC and the provider network to place children in substitute living arrangements on a temporary basis. The regulatory framework in Florida specifies how work with families ought to proceed. In this context, monitoring repeat maltreatment and protecting children within their living situation are central to understanding how well the system is working.

Repeat Maltreatment

Findings

A case record review was completed on a sample of twenty-five cases. Of those twenty-five cases, there were three cases with a maltreatment report during the review period. Two of those three cases were found to have some indicators or verified findings. Furthermore, there was one case with three maltreatment reports during the review period. However, only one of those maltreatment reports was found to have some indicators or verified findings. Of the two cases involving a maltreatment report with some indicators/verified findings, one child was placed in a licensed home at the time of the maltreatment report and experienced a change in out-of-home placement as a result of the maltreatment. The findings indicate that both children are currently receiving services to ameliorate further harm that may occur as result of the maltreatment.

Risk of Harm

Findings

According to statutory requirements, children under the supervision of the Department of Children & Families must be visited in the home where they are living at least once every thirty-days. One component of the home visit is a risk and safety assessment conducted by the child advocate. The purpose of the risk and safety assessment is two-fold. First, the child advocate must determine if the child is at imminent risk for maltreatment. Second, the child advocate must determine the
likelihood of future maltreatment, and when necessary, provide services aimed at reducing the potential risk and ensuring the child’s safety.

The findings regarding risk and safety assessment reflect how often the assessment occurred (given the visit occurred) and identify the subjects involved in the assessment. When we examine the risk and safety assessment we look at the home visit forms and FSFN notes which contain the results of risk and safety assessments conducted during monthly and thirty day home visits, which ever occurred.

In 84% of the twenty-five cases, the child received monthly risk and safety assessments. There were four cases in which this assessment did not occur during the monthly visits. In a separate section the findings regarding the frequency of home visits are discussed.

A closer review of the risk and safety assessments conducted during visits indicates that safety was a focus during worker visits with the child in 88% of the cases, and that in 92% of the cases reviewed, the substitute caregiver was included in these assessments. With respect to assessments during worker visits with parents, we noted that with visits involving the mother, safety was a focus in 87% of the applicable cases. With respect to the father, we noted that the occurrence of the assessment of risk and safety dropped substantially. The findings revealed that safety was a focus in 50% of the applicable visits with fathers.

Additionally, we noted that in 92% of the visits with the child, the child advocate assessed the child's physical appearance, and in 84% of the visits, the child advocate documented the child’s interaction with their substitute caregiver, including other significant household members.

Prior to the publication of this report, ChildNet and the Department of Children & Families were alerted to the cases in which home visits and risk and safety assessments were missed, as home visits are a key component to ensuring the safety of the child.

**Process of Care**

The process of care review is divided into three sub-sections: assessment, case planning, and linkage to services and clinical follow-up. This module is designed to examine whether the child has received or is receiving a basic level of care. The process of care questions are rooted in the idea that children served by the child welfare system ought to receive services in accordance with their needs and in a manner prescribed by best practices and other applicable guidelines such as state statutes and regulations. For this sample of children, the process of care begins with placement. The questions used in the review consider whether the home into which the child was
placed was properly prepared. Subsequent questions examine assessment, treatment planning, and the delivery of services.

**Assessment of the Home**

**Findings**

Children entering out-of-home care may be placed in a licensed placement (e.g., a foster home, group home or residential care setting) or in an unlicensed home (e.g., with a relative or with a non-relative family friend). Placement with a relative is the preferred placement option because it allows the child to maintain ties to their extended family and presumably their community. According to Florida’s standard of care, for children placed in an unlicensed home, a home study must be completed prior to placement. A home study involves three elements: an assessment of the physical residence; the substitute caregivers’ capacity to care for the child on an ongoing basis; and local, federal, national, and abuse registry background checks on the substitute caregivers and all other adults residing in the home. A juvenile background check is also required on all adolescents twelve years and older who are residing in the home.

Of the twenty-five cases reviewed, there were ten children placed in an unlicensed home during the review period. Three of those ten children experienced two placements in an unlicensed home during the review period. In four of those ten children placed in an unlicensed home, the protective investigator initiated the placement, and in six instances ChildNet arranged the placement.

A complete home study was done prior to placement in three of the ten cases involving placement in an unlicensed home. The home study in the remaining seven cases was incomplete prior to placement. In three of those seven cases, a protective investigator initiated the child’s placement, and in four of those seven cases, ChildNet initiated the child’s placement. When we examined the record for missing portions of the incomplete home studies, we found that the home study form was missing in two of the cases. In the remaining cases, one or more of the background checks was missing.

In four of the seven cases in which placement was initiated prior to the completion of all home study elements, ChildNet complied with Florida’s requirements by completing the missing portions of the home study after the child’s placement.

In three cases the child experienced a second placement in an unlicensed home. In one of those three cases, a complete home study (i.e. a home study form and all required background checks) was done prior to placement. The background checks were missing in the remaining two cases.
Those two cases were reported to DCF prior to the submission of this report. The Department consulted ChildNet and certified that the missing components of the home study were adequately resolved prior to the submission of this report.

**Assessment of the Child**

**Findings**

According to the standard of care established by the state of Florida, all children entering out-of-home care, regardless of placement type, are required to receive a Comprehensive Behavioral Health Assessment (CBHA). The purpose of this assessment is to identify the needs of the child and ensure that the child receives further assessments and/or services that are consistent with the identified issues. Furthermore, the recommendations offered in the Comprehensive Behavioral Health Assessment are integrated into the case plan and used to assist the child in achieving the desired permanency goal. In addition, the expectation is that referrals and linkage to services will be facilitated in a timely manner following the completion of the assessment. ChildNet has contracted with a provider to conduct the assessments, however; ChildNet has retained the responsibility of linking the child to services identified in the Comprehensive Behavioral Health Assessment.

Of the twenty-five cases reviewed, there are sixteen cases in which a CBHA is present in the case record. Among the nine cases without any record of a CBHA, two case files contained documentation that identifies the reason for the missing assessment.

Of the sixteen cases with a CBHA, there are nine cases in which only mental health needs were identified, one case in which health needs other than routine health care were found, five cases in which both mental health and health care other than routine health care needs were documented, and one case in which mental health, substance abuse and health care needs were identified. In all of the cases with mental health needs, a referral for services or further assessment was completed within the required 30-day timeframe. Further examination of those fifteen cases with mental health and/or substance abuse needs revealed that thirteen of the fifteen cases were linked to some mental health and/or substance abuse services within thirty days of the submitted referral. In the remaining two cases, documentation found in the case record identified the reason for the delay in service initiation. Furthermore, in ten of the fifteen cases with mental health needs, documents contained in the case record indicate that services are provided to the child are consistent with the identified needs and/or recommendations in the CBHA.
Case Planning Activities

Findings

The case plan is a central legal document that establishes clear expectations for each party involved in the case and identifies the permanency goal of the case. The case plan should clearly identify tasks, services, and goals for all individuals and establish a road map toward permanency.

In all of the twenty-five cases reviewed, we found that the case records contain documents that serve as a general guide to the progression of the case, and that in all applicable cases there is a current, official case plan in the case record. There are five cases in which a current, official case plan was not found in the case record. In each of those cases, the court dismissed the allegations prior to disposition of the case thereby eliminating the case plan requirement. Of the twenty-five cases reviewed an initial case plan was required in twenty-three cases (two cases were dismissed prior to the effective date of the initial case plan requirement). Of those twenty-three cases, an initial case plan was found in twenty (87%) cases. With regards to the development of the initial case plan document, the findings show that in all instances the child advocate and the unit supervisor developed the initial case plan and submitted that plan to the court within the required timeframe. Furthermore, of the twenty cases with an initial case plan, the court accepted the initial case plan in eighteen (90%) cases.

As to the question of parental engagement in the development of the initial case plan as evidenced by a signature on the initial case plan, the findings revealed that parental signatures are less likely to be present on the initial case plan. A closer examination found that there were a limited number of initial case plans with the mother’s and/or the father’s signature. The findings indicate that of the twenty-five cases reviewed the mother’s signature was found on 14% of the applicable initial case plans and in 18% of the applicable cases the father’s signature was found on the initial case plan.

To further explore case plan activities, we divided the sample into two groups: children who were discharged from out-of-home care during the review period and children who remained in out-of-home care throughout the review period. The report on case planning activities that follows is divided according to those categories.

Children in Out-of-Home Care throughout the Review Period
**Findings**

Of the twenty-five cases reviewed, fourteen children stayed in out-of-home care throughout the review period. In eleven (79%) of those fourteen cases, contact was made with the child to initiate services within two working days of the case transfer or shelter hearing as required by statute.

For children who have entered out-of-home care, the Department and ChildNet require that an initial case plan be developed with the family within sixty days of the child’s placement. In thirteen (93%) of those fourteen cases that remained in out-of-home care during the review period, an initial case plan is present. As to the question of parental engagement in the development of the initial case plan, the findings revealed that parents are less likely to be involved in the development of the initial case plan. In ten (71%) of those fourteen cases, parents participated in the development of the initial case plan within sixty days of the child’s entry into out-of-home care. A closer examination of the parental participation revealed insufficient involvement with the mother and the father. The findings indicate that in 78% (seven) of the applicable cases the mother participated in the development of the initial case plan, and in 67% (six) of the applicable cases the father contributed to the development of the initial case plan.

Turning to the current case plan, the data revealed that a current official case plan was present in all cases that remained in out-of-home care throughout the review period. Of the fourteen cases, the mother’s participation in the completion of case plan task was evident in 80% of the applicable cases, and the father’s participation in the completion of case plan task is noted in all of the applicable cases. Additionally, the findings indicate that the child advocate completed case plan task in all of the cases and substitute caregiver’s completion of case plan tasks occurred in 86% (twelve) of the applicable cases.

With respect to tasks and services the data revealed substantial compliance. The child advocate identified tasks and needed services for most of the parties involved in the case. We found that in all of the applicable cases, tasks were assigned and services were offered to the mother and father. With respect to the substitute caregiver, in 98% (thirteen) of the cases the child advocate identified tasks and needed services and arranged for services in all of the applicable cases.

With respect to engagement in case plan conferences, staffings, and other activities, we found uneven participation by the parents. In general, the case records identify only the individuals who participated in the staffings and/or case plan conferences. As a result, we are unable to determine if the lack of parental participation is the result of the parents’ absence from the proceedings or the child advocate’s lack of engagement of parents around conferences/staffings. Of the ten applicable
cases, the mother’s participation in case plan conferences, staffings, and other activities were found in 70% (ten) of the applicable cases. Furthermore, the father’s participation in the same activities was found to be significantly less. The data indicate that in 50% (five) of the applicable cases the father participated in case planning activities.

When we examined documents that identify the notification of and participation of parents in court hearings, we found that in all applicable cases parents were notified of and given the opportunity to be heard at court hearings. With respect to substitute caregivers, the findings revealed somewhat lower levels of participation. Of the fourteen applicable cases, the substitute caregiver was notified of and given an opportunity to be heard in 86% (twelve) of the cases. The findings also indicate that other family members were notified of and given an opportunity to be heard in only 50% (two) of the applicable cases.

In keeping with previous findings, we found ChildNet’s compliance with supervisory reviews to be limited. Of the fourteen cases that remained in out-of-home care throughout the review period, 57% (eight) were reviewed quarterly by the supervisor as mandated by Florida requirements. In seven of those eight cases there is documentation that the supervisor provided case direction to the child advocate.

Children Discharged from Out-of-Home Care during the Review Period

Findings

The findings presented in this section focus on children who were discharged from out-of-home care during the review period. Eleven of the twenty-five cases reviewed met that criterion.

Turning to the initiation of services, we found that in all of the eleven cases services were initiated within two working days of the case transfer or the shelter order.

With respect to initial case plans, the data revealed that in 78% (seven of 9 applicable cases) of the cases an initial case plan was present in the file (in two of the four cases without an initial case plan, the case was dismissed prior to the legal requirement for an initial case plan). When we examined the development of the initial case plan, we noted that in 67% (four) of the applicable cases the mother was involved in the development of the initial case plan. The fathers’ participation in the development of the initial case plan is lower than that of mother’s; in 33% (one) of the applicable cases, fathers participated in the development of the initial case plans for this group of children.
Six of the eleven cases that were discharged during the review period had current official case plans that were in effect while the child was in out-of-home care. Of the five cases without a current case plan, a current case plan was not found in the case record for one child, and in the remaining four cases, the case plan requirements were eliminated given that the case was dismissed within two months of the child’s entry into out-of-home care.

In all of the cases with a current case plan, the mother was actively involved in completing case plan tasks. However, in only one (50%) case did the father participate in completing case plan tasks. With respect to the substitute caregiver’s participation, the findings revealed that in all of the applicable cases the substitute caregiver is involved in completing case plan tasks.

When we examined the engagement of parents and other individuals in case staffings, case plan conferences, and other case planning activities, we typically found limited participation from all other parties involved in the case when compared to parental involvement. Of the five applicable cases, the mother’s participation occurred in 60%, and the father’s participation occurred in one case (50%). The substitute caregiver’s participation was present in 17% (one) of the applicable cases. As we previously indicated, the case records typically document who participates in case planning activities. With respect to attempts made by the child advocate to engage parents and others, the documentation is much more limited. Therefore, our ability to comment on ChildNet’s engagement of the parents and other interested parties is limited.

In all of the applicable cases involving parents, the findings indicate that all parents were notified of and afforded the opportunity to be heard at court hearings. In 90% (nine) of the applicable cases the out-of-home caregivers were notified of hearings, and given the opportunity to be heard in these proceedings. With respect to family members, the findings indicate lower compliance. In 60% (three) of the applicable cases, family members were notified of and afforded an opportunity to be heard in court.

Quarterly supervisory reviews are required for all cases receiving case management services. An integral part of the supervisor’s review is to provide the child advocate with feedback/case direction. Supervisory reviews occurred quarterly in the ten (91%) of the eleven cases that were discharged from out-of-home care, and case direction was provided in all of those ten cases.
Case Plan Requirements

Findings

Florida’s Administrative Code requires that the case plan contain specific information pertaining to
tasks, services, and goals. The case plan must also outline the type of services, the frequency of
services, and the provider responsible for each service. Furthermore, the signatures of all parties
involved in the case are required on the case plan, as well as the names and addresses of the child’s
medical and educational providers. Regarding ChildNet’s compliance with technical requirements
of the case plan, the findings mirror the results offered in previous reports suggesting that there is
some compliance with the technical requirement of the case plan.

Of the twenty cases with an initial case plan, the signature of the child advocate and supervisor was
found on all case plans. Two initial case plans have the signature of the mother and the father. As
indicated in previous reports, there is minimal parental involvement in the development of initial
case plans. However, we continue to see an increase in parental involvement in the modification of
the initial case plan. This is typically achieved through the court’s mediation process.

There are twenty cases with a current case plan. Of those twenty case plans, there are sixteen case
plans that include the name of the medical practitioner. The address of the child’s medical
practitioner was found on twelve case plans. Immunization records were attached to one of those
twenty case plans, indicating minimal compliance with Florida statute. Five children with current
cases plans were known to have an identified medical condition. In three of those five cases the
child’s medical condition is listed on the case plan. Furthermore, there are three cases that require
prescription medication. Only one of those cases case plans listed the child’s prescribed
medication.

Among the children in the sample, all were eligible for school. Upon examination of the twenty
cases with current, official case plans none of the case plans met all of the state’s technical
requirements. Sixteen of the twenty case plans had the name of the children’s educational
provider, twelve case plans listed the address of the educational provider, and nineteen case plans
identified the child’s current grade level. A copy of the child’s grades is attached to three of the
twenty case plans.

Of the fifteen cases with identified mental health needs, a current case plan was identified in all
cases. As reported in a previous section of this report, thirteen of the sixteen children received
some mental health services within the required 30 day timeframe, and in ten cases the
documentation contained in the case record indicated that services provided were consistent with
their needs identified on the CBHA. Furthermore in two cases, the case record identified the reason for the delay in the implementation of services.

In five of those thirteen cases that receive mental health services, the name of the mental health provider was listed on the case plan, and in four of the thirteen cases, the provider’s address was listed on the case plan. Furthermore in four cases, a mental health diagnosis was identified on the case plan, and the child’s medication was listed in one of the three applicable cases.

With respect to the substitute caregiver’s involvement in the child’s education, the findings revealed that in eleven of the seventeen applicable cases the substitute caregiver reviewed the child’s school records. Furthermore, in 44% (4) of the applicable cases the child’s Individual Education Plan is listed on the case plan.

Turning to the presence of a visitation schedule on the case plan, the mother’s visitation schedule was listed in 77% of the applicable cases; the father’s visitation schedule was listed on the case plan 81% of the time. There are two cases in which the reviewers were unable to determine the visitation schedule for each parent. For other individuals entitled to visit the child, the case plan was less likely to document those requirements.

**Visitation**

**Findings**

This section presents findings related to the different types of contact and/or visitation between the child advocate, the child, and the child’s family. We first offer findings regarding contact between the child advocate and parent; then we present the results for home visits between the child advocate and the child. We close with the results for parental and sibling visitation.

**Child Advocate and Parent**

In cases with a permanency goal of reunification the child advocate is required to meet with the parents at least every thirty days to discuss their involvement in services and their progress towards achieving the goal. In general, the level of the child advocate’s engagement with parents remained lower than expected for children with a permanency goal of reunification. Of the sixteen cases with a primary goal of reunification, the child advocate met monthly with the parents in 19% of the applicable cases. ChildNet did not meet the state’s thirty-day face-to-face requirement with the parents in any of the cases with monthly visits. In 87% of the face-to-face visits that did occur
with the parents, the child advocate focused the discussion on issues pertaining to case planning, service delivery, and goal attainment.

**Child Advocate and Child Face-to-Face Visits**

Florida statute requires that the child advocate conduct face-to-face visits with the child in the child's residence every thirty days. We first looked for evidence of monthly home visits between the child advocate and the child, and from among those cases that had monthly visits; we looked for compliance with the state’s requirement of home visits at thirty-day intervals. Of the twenty-five cases reviewed, 96% had monthly home visits, and 25% (6 cases) of the twenty-four cases in which monthly home visits occurred met the thirty-day threshold. There is one case in which the child advocate could not conduct monthly visits in the child’s place of residence because the child was on runaway status. Given the child’s runaway episodes, the child advocate was unable to conduct home visits for two months within the review period.

A closer examination of the visits that did occur revealed that in 92% (23) of the cases, the child advocate engaged the child on issues pertinent to case planning, service delivery, and goal attainment.

**Parent and Child Visitation**

Safe and frequent visitation between parents and child is an essential component to maintaining and supporting the development of the parent-child relationship. There are various types of visits (e.g., unsupervised visitation, supervised visitation and therapeutic visitation) that are available to parents. Parent-child visitation is established by the court and is based on the parent’s ability to safely interact with the child. Though we noted the various types of visitation recommended throughout the case record review, the data will be presented in terms of frequency of visitation, rather than type of visitation.

Of the twenty-five cases reviewed, ten children were ordered to have visitation with their mother, thirteen children were ordered to have visitation with their father, and three children were eligible for visits with siblings because they were not placed together in an out-of-home placement. In eight of those ten cases involving court ordered visits with the mother, the child advocate promoted and supported visits with the mother. There are two cases in which the child had visits with their mother prior to reunification and case closure/dismissal. Furthermore, there are four cases in which visits with the mother did not occur yet the child advocate promoted and supported the visits with the mother. With respect to visitation with their father, the findings indicate that the child
advocate promoted and supported visitation in ten of those thirteen cases. Furthermore, there are two cases in which visits with the father did not occur. However, the documentation contained in the case record indicates that the child advocate promoted and supported visits with the father. Visits with the father occurred in 69% (9) of the thirteen cases with court ordered visitation and in two cases without a visitation schedule outlined in the current official case plan.

In 70% of the cases with parental visitation the agency supported the child’s connection to their parents. Furthermore, when we examined the involvement of parents beyond typical visitation to include involvement in the child’s education, medical appointments, and general needs we noted substantial parental engagement. In all applicable cases, parents were notified of changes to their visitation privileges.

The data further describe each parent’s level of involvement in visits by identifying the frequency of the visits, and the barriers that impeded the parent’s ability to comply with the established visitation schedule.

With respect to barriers to visitation, there are nine cases with documented barriers to visitation. The reviewers noted the following barriers to visits with the mother: in 44% (four) of the applicable cases, the mother did not comply with visits, in 22% of the applicable cases the mother became incarcerated, and in 67% of the applicable cases the reviewers indicated that other barriers were identified.

In instances where visitation with the father did not occur, the reviewers noted the following reasons: in 25% of the applicable cases, the father did not comply with the visitation schedule; in 17% of the applicable cases, the father’s whereabouts became unknown; in 1% of the applicable cases, the father was incarcerated during the review period and in 1% of the applicable cases, other barriers were identified.

Sibling Visitation

Of the twenty-five cases reviewed, three cases were eligible for visitation between siblings. During the review period sibling visitation occurred in two of those three cases. However, in two of those three cases the child advocate promoted and supported the visits between the siblings. In the two cases with sibling visitation, those children experienced routine and regular visits with their sibling.
Services

Mental Health Services

Findings
Of the twenty-five cases reviewed, a mental health assessment/screening was found in 84% of the cases. Of those twenty-one cases with a mental health assessment, mental health needs were identified in nineteen (90%) cases. A referral for further assessment and/or services was submitted in seventeen (89%) of those nineteen cases. Furthermore, services were provided in twelve (63%) of those nineteen cases with mental health needs.

Medical Services

Findings
Florida’s statutory requirement calls for children to be seen by a physician within 72 hours of their entry into out-of-home care, except in cases when the child enters the foster care system following a hospitalization. The findings indicated that in 46% of the applicable cases the child received an initial health screening and/or medical care within the timeframe specified by statute. In one case the initial health screening was not required given that the child entered out-of-home case following hospitalization.

With respect to preventative health care, case records indicate that 92% of the cases received ongoing medical care, and immunization records were present in 56% of the case records. Health care needs were identified in fifteen of those twenty-three cases, and of those fifteen cases, treatment was provided in six cases.

Of the twenty-five cases reviewed, ten children received dental care; the other children did not even though they are old enough to have had routine dental care. Treatment needs were identified for seven children, and according to the case records, four children received the required dental treatment.
Educational Services

Findings

With respect to education services, all of the cases are eligible for school. In eight cases the child experienced a change in the educational provider as a result of entering out-of-home care. In eighteen of the twenty-five cases the child’s educational placement remained stable throughout the review period. There were seven cases that experienced a change in educational placement during the period under review. In five of those seven cases, the court was kept informed of the changes, type of change, and reason for the change in the educational provider. Regarding the substitute caregivers’ involvement in the child’s education and review of school records, the results revealed that in eleven cases the substitute caregiver was aware of the child’s educational progress.

Placement Stability

Findings

In general, children in out-of-home care remained connected to their parents and/or extended family members. The findings indicated that 92% of the sample remained in the same county where their parents or extended family reside. Living in the same city or neighborhood allows the children access to their families, thereby making it easier for them to stay connected to extended families. Additionally, five children were placed outside the community where their parents or extended family members reside. Information in the record indicated that such placement was in their best interest.

Of the twenty-five cases reviewed, twenty cases involved siblings. In five of those twenty cases all siblings were placed together. There are two cases where some of the siblings are placed together, and in one case the child under review is not placed with any of their siblings. For the child who was not placed with their sibling, the reviewers indicated that there are other reasons that resulted in the child not being placed with their siblings.

With respect to the appropriateness of placement following a placement disruption, the results revealed that in 94% of the cases reviewed placement settings are appropriate, and 92% of all placements are stable with no apparent change in placement projected. Sixteen (64%) of the twenty-five cases reviewed experienced a change in placement during the review period. Of those sixteen children who experienced a change in placement, there are fourteen children whose movement is directly related to achieving permanency, judging from the information in the record.
There are fourteen applicable cases in which the non-custodial parent could be considered as a potential placement. The non-custodial parent was considered in twelve of those fourteen cases, and in one of those twelve cases the child was placed with the non-custodial parent. In eight of the twenty-five cases reviewed, the child was placed with relatives. In 31% of the remaining cases, the findings indicate that the agency considered and assessed relatives as a potential placement resource throughout the life of the case.

**Permanency**

**Findings**

Of the twenty-five cases reviewed, fourteen children remained in out-of-home care throughout the review period, nine children were reunited with their parents during the review period, and two children reached the age of majority during the review period. In each of those nine cases, reunification occurred within twelve months of the child’s entry into out-of-home care and none of the cases re-entered out-of-home care (as of the date of the review).

Fourteen children remained in out-of-home care throughout the review period. While the findings indicated that the agency took or is taking steps to achieve permanency in all cases, the child advocate identified barriers to permanency in 91% of those eleven cases.

Of the twenty-five cases reviewed, eighteen children have a primary goal of reunification, two children have a goal of adoption, and three children had a goal of another planned permanent living arrangement (APPLA). In two cases the reviewers could not determine the legal goal (i.e., there were no legal orders identifying the permanency goal and the case record did not contain a current official case plan). Furthermore, three of the twenty-five children have a concurrent goal. There is one case with a concurrent goal of adoption, one case with a concurrent goal of permanent guardianship and one case with a concurrent goal of APPLA. Among the cases that remained in out-of-home care throughout the review period and have a permanency goal, the reviewers determined that in thirteen of those fourteen (93%) cases the permanency goal is appropriate to child’s circumstance.

In general, we found that the child advocate kept the court informed of the child’s ongoing needs, placement changes when applicable, movement toward permanency when applicable, and changes in educational placement. Furthermore, we noted that the court is consistently involved in multiple aspects of the child spell in out-of-home care. This is accomplished through scheduled court hearings and status reports to the court.
Independent living

Findings

Independent living services provide a continuum of skills and knowledge that a youth should have in order to be successful upon departure from foster care. The emphasis is on assessing and providing job skills, self-support, daily living skills and tracking and assessing the youth’s needs.

Of the twenty-five cases reviewed ten youth are eligible for independent living services; two youth reached the age of majority during the review period. Fifteen of the cases reviewed were not eligible for independent living services due to the youth’s placement in a non-licensed home and/or the youth was not yet thirteen. Of the ten eligible cases that remained in out-of-home care throughout the review period, 70% received the required assessment and in all of those cases with assessments, staffing summaries signed by the youth, as required by Florida’s statute, were located in the file.

For adolescents thirteen through fourteen, Florida’s regulations require an initial independent living assessment, a staffing during which the results are shared with the youth, and services linked to the youth’s identified areas of need are provided. Two of the twenty-five cases reviewed met the eligibility for these services. In one of those two cases the findings indicate that an assessment, staffing and services were offered to the youth.

Eight of the ten cases that are eligible for independent living services met the criteria for additional services available to youth fifteen through seventeen. These services include more frequent staffings, assessment and the development of a formal independent living plan. An independent living plan was developed on 88% (seven) of the applicable cases, and for four of those seven cases the youth was offered services consistent with their independent living plan. Three of eligible youth participated in life skills services.

Of the twenty-five cases reviewed, six youth were 17 years of age or older during the review period. Of those six youth, three were eligible for the independent living program. For these youth, one received the required Ansell Casey assessment following their 17th birthday, one youth did not, and the remaining youth had not yet received the assessment at the time of the case record
In the only applicable case, a staffing was conducted prior to the youth’s 18th birthday. In keeping with Florida’s statute and ChildNet’s policy, a staffing occurred every six months in four (50%) of the eight eligible cases for youth fifteen through seventeen years of age.

**Recommendations**

In general, the findings offered in this report mirror those outlined in previous reports. As such, we stand by the urgency attached to our prior recommendations. In response to the recommendations cited in the previous report, ChildNet submitted to the Department of Children & Families and Chapin Hall an action plan that addresses the recommendations. The plan outlined the recommendations offered in the FY 08-09 first quarter report along with ChildNet’s plan for action. ChildNet met with the Department, and the monitor, to review their plan and provide a synopsis of their progress in the implementation of each intervention. Work on specific recommendations is still underway and DCF granted ChildNet an extension.

Given that ChildNet is currently in the midst of addressing the recommendations, no new recommendations are offered here with the following exceptions. First, as follow-up to the prior meetings with DCF, we recommend that ChildNet convene a second meeting with DCF, and the monitor, for the expressed purpose of updating DCF on progress to date. Second, we recommend that ChildNet add to its action plan a review of its process of care as it relates to independent living services. On the whole, it appears that fidelity with certain requirements needs improvement (i.e., 70% of the required assessment were found). We recommend pulling a sample of 10 to 15 case files for children who should have an independent living assessment in their file. Once the degree of fidelity with the current requirements is established, we further recommend that the process of care that governs how children are referred for assessment services be reviewed by ChildNet’s QA staff for the purpose of uncovering gaps in the process that affect whether the assessments are done. The QA review ought to include interviews with child advocates and youth in order to hear their views regarding how the process might be improved.

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1The Ansell Casey Life Skills Assessment is designed to measure the youth’s skill level in nine categories. (e.g., communication, daily living skills, work life, and housing and money management). The results from each of these categories are used to inform the life skills classes needed by youth.
Quarterly Case Record Review Findings: Our Kids, Inc.
**Safety**

Child safety is a fundamental objective of the child welfare system. In the context of the systems of care in Broward, Dade, and Monroe counties, Our Kids provides (or causes to be provided) a range of in-home and out-of-home services designed to protect children within a policy and practice context that favors keeping children with their families so long as doing so is consistent with the safety of the children. When placement is necessary, the policy and practice context directs Our Kids and the provider network to place children in substitute living arrangements on a temporary basis. The regulatory framework in Florida specifies how work with families ought to proceed. In this context monitoring repeat maltreatment and protecting children within their living situation are central to understanding how well the system is working.

**Maltreatment**

**Findings**

Of the twenty-five cases reviewed, there were three cases with reports of maltreatment during the review period. None of those three reports were found to have verified findings or some indicators according to information in the case record. In two of the cases the child was living in a licensed substitute care; in the third case the child was living with their parents at the time of the maltreatment report. Furthermore, the reviewers noted that in all cases involving maltreatment reports during the review period, the agency’s intervention could not have prevented the subsequent maltreatment report. One child did experience a change of placement as the result of the maltreatment report.

**Risk of Harm**

**Findings**

According to statutory requirements, children under the supervision of the Department of Children & Families are to be visited in their homes at least once every thirty-days. One component of the home visits is a risk and safety assessment that is conducted by the case manager. The purpose of risk and safety assessment is two-fold. First, the case manager must determine if the child is in imminent risk of maltreatment. Second, the case manager must determine the likelihood of future maltreatment, and when necessary, provide services aimed at reducing the potential risk and ensuring the child’s safety.
The findings regarding risk and safety assessment reflect how often the assessment occurred (given the visit occurred) and identify the subjects involved in the assessment. When we examine risk and safety assessment we look at the home visit forms and FSFN notes which contain the results of the risk and safety assessments conducted during monthly and thirty day home visits, which ever occurred.

Of the twenty-five cases reviewed, risk and safety assessments were conducted during home visits in 48% of the monthly visits that occurred. In only one of the twelve cases were risk and safety assessments conducted every thirty-days. The findings revealed that an assessment was not conducted in every visit that occurred. The findings regarding the frequency of home visits will be discussed in a separate section.

A closer review of the risk and safety assessments conducted during visits between parent and case managers indicated that of the visits that did occur, risk and safety were not always assessed. During contacts with the mother, risk and safety assessment was found in 23% of the visits; with the father risk and safety were assessed in 40% of the visits.

When we inspected the data pertaining to the assessment of risk and safety during visits with children and substitute caregivers we found uneven compliance with Florida’s standard of care. In 56% of the visits with children, the case manager conducted a risk and safety assessment. When we examined the frequency of risk and safety assessment during visits with the substitute caregiver, the assessments were found to have taken place in 71% of the visits that occurred.

During home visits the case manager is also required to observe and document the child’s physical appearance and interaction with substitute caregivers and significant others in the home. In the twenty-five cases reviewed, the case manager commented on the child’s physical appearance in 80% of the visits, and recorded the child’s interaction with the substitute caregiver and other significant individuals in the home in 48% of the visits.

**Process of Care**

The process of care review is divided into three sub-sections: assessment, case planning, and linkage to services and clinical follow-up. This module is designed to examine whether the child has received or is receiving a basic level of care. The process of care questions are rooted in the idea that children served by the child welfare system ought to receive services in accordance with their needs and in a manner prescribed by best practices and other applicable guidelines such as state statutes and regulations. For this sample of children, the process of care begins with
placement. The questions used in the review consider whether the home into which the child was placed was properly prepared. Subsequent questions examine assessment, treatment planning, and the delivery of services.

Assessment of the Home

Findings

Children entering out-of-home care may be placed in a licensed placement (e.g., a foster home, group home or residential care setting) or in an unlicensed home (e.g., with a relative or with a non-relative family friend). Placement with a relative is the preferred placement option because it allows the child to maintain ties to their extended family and presumably their community. According to Florida’s standard of care, for children placed in an unlicensed home, a home study must be completed prior to placement. A home study involves three elements: an assessment of the physical residence; the substitute caregivers’ capacity to care for the child on an ongoing basis; and local, federal, national, and abuse registry background checks on the substitute caregivers and all other adults residing in the home. A juvenile background check is also required on all adolescents twelve years and older who are residing in the home.

The findings revealed that twelve children from the sample of twenty-five cases were placed in an unlicensed home during the review period. Furthermore, three of those twelve children experienced a second placement with an unlicensed substitute caregiver, and one child had a third placement in an unlicensed home. The protective investigator initiated ten of those twelve initial placements, while two of those cases were placed by an agency sub-contracted by Our Kids. Of the twelve cases initially placed in an unlicensed home, none met all of Florida’s home study requirements. That is to say, one or more home study elements were missing from the case record. In six of the twelve cases an assessment of the residence along with the evaluation of the prospective caregiver was completed prior to placement. However, the background checks were not located in the record at the time of the review.

In three of the twelve cases without a completed home study prior to placement, the provider subcontracted by Our Kids completed all missing components of the home study following the child’s placement in the home.

When we examined the three cases involving a second placement in an unlicensed home, the data revealed that the home studies were not completed prior to the child’s placement. In only one of those cases did the provider subcontracted by Our Kids complete all missing components of the
home study following the child’s placement. Furthermore, in the only case involving a third placement in an unlicensed substitute caregiver’s home, the home study was not completed prior to or following the child’s placement.

All cases with incomplete home studies were reported to DCF prior to the submission of this report and action is pending.

Assessment of the Child

Findings

According to the standard of care established by the state of Florida, all children entering out-of-home care, regardless of their placement type are required to receive a Level of Care Assessment (which is used in place of the Comprehensive Behavioral Health Assessment). The purpose of this assessment is to identify the needs of the child and to ensure that the child receives further assessments and/or services consistent with the identified issues. The recommendations offered in the Level of Care Assessment are integrated into the case plan and used to assist the child in achieving the desired permanency goal. The expectation is that referrals and linkage to services are facilitated in a timely manner following the completion of the assessment.

The findings indicate that a Level of Care Assessment was completed in 84% of the cases reviewed. Among the four cases without a Level of Care Assessment on record, one case record did not contain documentation identifying the reason for the missing assessment. In the remaining three cases, answers were not found.

With respect to the needs identified in the assessments, we found that mental health needs were identified in eleven cases, both mental health and health care needs were identified in four cases, and mental health and substance abuse needs were identified in three cases.

In twelve of the eighteen cases with identified mental health and/or substance abuse needs, referrals for services or further assessment were submitted within the required forty-five day timeframe, and in three cases a referral was submitted outside the timeframe. Referrals were not found in three of the eighteen cases. However, in one of the cases without a referral the reviewers indicated that services were implemented within the required timeframe.

In eight of the fifteen cases that received a referral for further assessment or services, services were implemented within the required forty-five day timeframe. The case record documented the reason for the lack of services in two of the seven cases where services were not implemented. Finally, in
thirteen of the eighteen cases with identified mental health needs, the child is being provided services consistent with the mental health needs identified in the Level of Care Assessment.

**Case Planning Activities**

**Findings**

Case plan development and case planning activities are key to moving the case through the system of care. According to Florida’s statutory requirements, an initial case plan must be developed by the case manager and the family within the first sixty days of the child’s entry into out-of-home care. The case plan document provides a road map for all parties involved in the case and establishes the process through which permanency can be achieved. The expectation of case planning activities (i.e., case plan conferences, staffings, linkage to services and monitoring the parents progress in services) is that over time the documentation in the case record provides a clear indication of the progress towards the permanency goal, the barriers to permanency, and the steps being taken by the agency to maintain the families involvement in tasks and services.

In all of the cases reviewed, we found that the case record documents provide a general road map of the case. Official case plans were found in 84% of the reviewed cases. Of those without a case plan, two of the four cases were dismissed within two months of the child entering out-of-home care therefore, eliminating all case plan requirements. With respect to the initial case plan document, the findings indicated that 84% of the cases reviewed had an initial case plan. The court accepted the initial case plan in nineteen of the twenty-one cases.

When we examine the presence of signatures on the initial case plan we noted mixed results. The findings reveal that the case manager and the case manager’s supervisor’s signature were found on most of the initial case plans, yet parental signatures were absent on all applicable initial case plans. Furthermore, the data indicate lower than expected results regarding the presence of the Child Legal Services attorney’s signature on the initial case plan. With respect to the child’s signature on the initial case plan, none were found on any of the applicable cases.

Upon further examination of the data regarding the involvement of all parties in case plan development, as evidenced by participation in mediation, case plan conferences and/or staffings, we detected uneven results. Furthermore, given that the case records do not include service provider reports or documentation of case plan conferences or staffings, we are unable to verify the progress parents are making towards the case plan tasks, services and goal attainment.
To further explore case plan activities, we divided the sample into two groups: children who were discharged from out-of-home care during the review period and children who remained in out-of-home care throughout the review period. The report on case planning activities that follows is presented in two sections and divided according to those categories.

*Children Remaining in Out-of-Home Care throughout the Review Period*

**Findings**

Eighteen of the twenty-five cases reviewed stayed in out-of-home care throughout the review period. In 22% (4) of the applicable cases, the case manager developed an initial case plan with the parents within the required timeframe. Mothers were involved in the development of the initial case plan in 28% of the applicable cases (4 of 14). Fathers were less involved, participating in the development of an initial case plan in only 17% of the applicable cases (1 of 6). Similarly, we found the child’s substitute caregivers had limited involvement in the development of the initial case plan, and in none of the applicable cases were other family members involved in the development of the initial case plan.

With regards to case plan tasks and services, we found that in all of the applicable cases, the case manager identified tasks and services for the parents, the child and the caregiver. In 94% of the applicable cases, tasks and services were identified for other family members that are party to the case.

With respect to *engagement* in completing case plan task and services, we found mixed results. Specifically, mothers were engaged in completing case plan tasks and services in 67% of the applicable cases. In contrast, the data revealed significantly less *engagement* from fathers. Fathers’ involvement occurred in 33% of the applicable cases. However, the overall findings regarding *engagement* in completing case plan tasks and services shows higher levels for substitute caregivers and case managers.

We noted that with the exception of the case manager, all other individuals involved in the case had limited involvement in *case planning activities* such as case plan conferences and staffings. The mother’s participation is found in 13% of the applicable cases, and the father’s participation in these activities was found in none of the applicable cases. With respect to the substitute caregiver’s level of participation in these activities, we found their involvement in 32% of the applicable cases. In contrast, the participation of the case managers is noted in all of the applicable cases.
Documentation in the case record suggested that engagement in services that are needed to attain the case plan goal is found for all parties involved in the case. The findings indicated that in 73% of the applicable cases, mothers are engaged in the completion of case plan task and that in 73% of the applicable cases fathers were engaged in services. With respect to the child, the findings showed that in 84% of the applicable cases the child was engaged in services. Additionally we noted greater compliance with referral for services for the substitute caregiver.

With respect to the engagement of parents in court proceedings the data revealed that in all of the nineteen cases reviewed, both mothers and fathers were notified of and given an opportunity to be heard in court. This finding is lower than expected with substitute caregivers. In 79% of the cases caregivers were notified of and given the opportunity to participate in court hearings.

Quarterly supervisory reviews are required for all cases that are receiving case management services. An integral component of the supervisor’s review is to provide the case manager with feedback/case direction. Of the nineteen cases that remained in out-of-home care throughout the review period, supervisory reviews occurred quarterly in 89% of the cases. In 82% of those seventeen cases with quarterly supervisory reviews documentation contained in the case record indicated that the supervisor provided case direction to the case manager.

Children Discharged from Out-of-Home Care during the Review Period

Findings

Of the twenty-five cases reviewed, seven children were discharged from out-of-home care during the review period.

Turning to initiation of services, we found that in 29% of the cases reviewed, services to the child were initiated within the required timeframe.

With respect to the engagement of individuals around the development of the initial case plan, we found limited compliance. The data indicated that in 33% of the applicable cases fathers were engaged in the development of the initial case plan. In 67% of the applicable cases, mothers engaged in the development of the initial case plan. The findings revealed that in all applicable cases, substitute caregivers and family members were not involved in the development of the initial case plan. However, the case manager’s involvement was found in all cases.

Results regarding the engagement of individuals in the completion of case plan tasks, services, and case planning activities are mixed. Mothers participated in completing case plan tasks and case
planning activities in all of the applicable cases. With respect to fathers, the data revealed that fathers are involved in completing case plan tasks and services in all of the applicable cases. However, we noted less involvement when we looked at their participation in case plan conferences and staffings. In 33% of the applicable cases fathers participate in case planning activities. When we examined the substitute caregiver’s engagement in this category we found that they participated in completing case plan tasks and services in all of the applicable cases, and in 25% of the applicable cases, substitute caregivers participated in case planning activities such as case plan conferences and staffings.

With respect to quarterly supervisory reviews, the findings revealed that these reviews were completed in 83% of the seven cases discharged from out-of-home care during the review period. Of those cases with quarterly supervisory reviews, case direction is found in 60% of the reviews.

**Case Plan Requirements**

**Findings**

Florida’s Administrative Code requires that the case plan contain specific information pertaining to tasks, services, and goals. The case plan must also outline the type of services, the frequency of service, and the provider responsible for each service. Regarding compliance with these technical requirements of the case plan, our findings mirror the results offered in previous reports and suggest consistently limited compliance in this area.

With respect to the identification of health care providers on the official case plan, we noted that the pediatrician’s name is listed on seventeen of the twenty-one cases with a case plan requirement, and the pediatrician’s address is listed on only twelve of those seventeen case plans.

Documentation (i.e., medical forms, e-mails, FSFN notes) contained in the case record indicates that in six of the twenty-five cases reviewed a medical condition is identified for the child. However, the child’s medical condition was listed on just three case plans. Moreover, in two of the five applicable cases the child’s current medication is listed on the case plan. Finally, in four cases, the child’s immunization history is attached to the case plan.

Of the eighteen cases with identified mental health needs, a current case plan was identified in sixteen cases. In nine cases that receive mental health services, the name of the mental health provider is listed on the case plan, and in six cases, the provider’s address is listed on the case plan. Furthermore in five cases, a mental health diagnosis was identified on the case plan, and the child’s medication is listed in seven of the nine applicable cases.
In 81% of the applicable cases (17 of 21) the name of the child’s educational provider is listed on the case plan; however, compliance fell to 52% in listing the address of the educational provider (11 of 21). In 86% of the applicable cases the child’s grade level is on the case plan (18 of 21), and in 43% of the applicable cases (9 of 21) the child’s education records are attached to the case plans.

From the eighteen cases in care during the entire review period who also had an official case plan (16), the current placement was listed on fourteen case plans.

With respect to visitation plans, we found that 94% of the case plans outlined the mother’s visitation schedule and 87% of the case plans outlined the father’s visitation schedule. For other parties, visitation schedules were much less likely to be noted in the case plan.

**Visitation**

**Findings**

This section presents findings of different types of contact and/or visitation between the case manager, the child, and the parents. We will first offer our findings regarding contact between the case manager and the parents, then present the results concerning home visits between the case manager and the child, and finally, discuss the findings related to parental and sibling visitation.

**Case Manager and Parent Visitation**

In cases where there is or was a permanency goal of reunification, case managers are required to meet with the parents at least every thirty days in order to discuss the parents’ completion of services and progress towards the permanency goal. Of the twenty-five cases reviewed, there were eighteen cases with a permanency goal of reunification at the start of the review period. In three of those eighteen cases, the case manager met face-to-face with the parents on a monthly basis. In one of those three cases, the case manager met Florida’s requirements by completing a face-to-face visit with the parents at least every thirty days. In 38% of the visits that occurred between the case manager and the parents, the visits focused on the completion of case plan tasks, service delivery, and goal attainment.

**Case Manager and Child Visitation**

According to Florida’s statute the case manager is required to visit the child in their place of residence at least once every thirty days. However, we looked first at monthly home visits between the case manager and the child, and from those cases in which monthly visits occurred, we looked
for compliance with the requirement that home visits occur at thirty-day intervals. Of the twenty-five cases reviewed, the case manager met with the child monthly in 96% of the cases. There is one case in which monthly visits did not occur due to a runaway episode. In two of those twenty-four cases met Florida’s requirement that home visits occur at least once every thirty days. In 76% of the home visits that occurred, the findings indicate that the case manager discussed with the child their involvement in services and progress towards goal attainment.

Parent and Child Visitation

Safe and frequent visitation between parents and children is an essential component in maintaining and supporting the parent-child relationship. There are various types of visits (e.g., unsupervised visitation, supervised visitation, and therapeutic visitation) that are available to the child and parent. The court’s decision to use a particular visitation type is based on the ability of the parents to interact safely with the child. The data is presented in terms of the frequency of contact between parent and child, rather than the type of visitation.

Of the twenty-five cases reviewed, 78% of the children have court-ordered visits with their parents. Of the cases with a permanency goal of reunification and court ordered visits with parents, the findings indicate that the agency promotes and supports the parent-child dyad in 81% of those cases. Additionally, we noted that in 50% of the cases with court-ordered visitation, the parents were having routine and frequent contact with their children, and in all such cases, parents were notified of changes to their visitation schedule. In 65% of the applicable cases children were also provided with other means of contacting their parents. However, we found a significant decrease in the agency’s encouragement of parents to participate in activities and decision-making with their child.

Visits with the mother were court ordered in sixteen cases of the twenty-five cases reviewed. Of those sixteen cases, visits with the mother occurred in twelve cases. In one case visits with the mother was deemed to be inappropriate, and therefore did not occur. Furthermore, there were three cases in which court ordered visits with the mother occurred even though the mother’s visitation schedule was not listed on the current official case plan.

Of the fifteen cases with visits, the agency promoted these visits in 73% of those cases. The reviewers noted the following barriers to visits with the mother. In one of the applicable cases, the mother’s whereabouts became unknown and she did not comply with visits; in five of the applicable cases, it is not in the child’s best interest to be in contact with the mother; in two of the applicable cases the mother became incarcerated, and in five cases other barriers were identified.
In thirteen cases with court ordered visits with the father, visits occurred in four cases. In one case, visits with the father occurred even though the father’s visitation schedule was not listed on the current official case plan. Furthermore, there are two cases in which court ordered visitation with the father did not occur because the visits were not appropriate. In instances where visitation with the father did not occur, the reviewers noted the following reasons. In two of the applicable cases, the father did not comply with the visitation schedule; in one of the applicable cases, contact with the father did not serve the child’s best interests, and in three cases other barriers were identified.

Sibling Visitation
Fourteen of the twenty-five cases are eligible for sibling visits. Among those fourteen cases, eleven children visited with their siblings, two children did not, and in one case the child was reunified shortly after being placed in out-of-home care. Therefore, the sibling visitation requirement was eliminated. In the nine of the fourteen cases when sibling visitation occurred, the agency promoted those visits. Of the fourteen cases that are eligible for sibling visitation, the child received routine and regular sibling visits in five cases, and in eight of the fourteen cases the child was afforded other means of contact with sibling(s).

Services

Mental health services

Findings
Of the twenty-five cases reviewed, there is evidence of mental health assessment or screening in twenty-two cases. Mental health needs were identified in twenty cases, and for seventeen (85 %) of those twenty cases, a referral for further assessment or services was submitted. In seventeen of the twenty cases with identified mental health needs, services consistent with those mental health needs were initiated.

Medical Services

Findings
To ensure that all health care needs are addressed and that children maintain good health throughout their spell in out-of-home care, Florida’s standard of care requires that children entering out-of-home care receive a medical assessment along with appropriate medical treatment within
72-hours of entering out-of-home care. It is expected that the initial medical visit be followed by periodic health check-ups, treatment when appropriate, and immunizations as determined by the medical practitioner. Preventative dental check-ups and treatment as needed are also required to ensure the continued health of the child.

Of the twenty-five cases reviewed, one child received the required initial medical assessment within 72-hours of the child’s entry into out-of-home care. Immunization records were found in twenty-one of the twenty-five cases reviewed. The findings indicated that in 72% of the cases reviewed, the child received on-going preventative health care. Of the children that received preventative health care, health care needs were identified in six cases. According to documentation contained in the case records, four of those six (67%) children received the required medical treatment.

Finally, of the twenty-five children reviewed ten children received dental services. Treatment needs were identified in eight of those ten cases and services to address those needs were provided in four cases.

Educational services

**Findings**

With respect to educational services, ten children experienced a change in educational placement as a result of their entry into out-of-home care. The findings also revealed that during the review period, the then current educational placement was stable for fourteen of the twenty-five children. In instances when the child experienced a change in the educational placement the data indicate that the court was kept informed of the change in education placement and reason for the change.

Our review of the case manager’s role in the child’s education revealed that case managers are aware of the child’s educational progress. In 80% of the cases, the case manager monitored the child’s educational results to determine if their educational needs are being met, and in 79% of the cases, the case manager reviewed the child’s grades to determine if they were making progress. However, we noticed that substitute caregivers were significantly less involved in reviewing the child’s educational progress. The findings revealed that substitute caregivers reviewed the child’s educational records in 40% of the applicable cases.

When we consider the case manager’s advocacy for educational services, the results revealed that in 52% of the applicable cases, the case manager advocated on behalf of the child to receive educational services from the school system.
Placement Stability

Findings

The placement philosophy of Our Kids states that children entering out-of-home care should be placed in close proximity to their parents, and when possible, their extended family in order to facilitate easy and frequent visits with their parents and family. They suggest that placement should be within the child’s neighborhood/community to ensure that children remain in their home school. The placement protocol also indicates that, when possible, children should be placed with their siblings.

Of the twenty-five cases reviewed, 92% of the children entering out-of-home care were placed in the same county as their parents or extended family members, and 74% remained in the same community or neighborhood as their parents or extended family members.

The findings indicate that in 68% of the cases reviewed the child experienced a change in placement during the review period, and in 59% of those cases the change in placement was directly related to helping the child achieve the permanency goal. Furthermore, the data indicate that the child’s placement setting was appropriate in 94% of the applicable cases. In all of the cases involving a change in placement, the data indicate that efforts were made by the agency to prevent unnecessary moves. Furthermore, the court was informed of the reason, number and type of placement change in 93% of the applicable cases.

In twenty-two of the twenty-five cases reviewed, the child’s current placement is stable. In two of the remaining three of the cases, the reviewers noted that the documentation contained in the case record indicated that a move was likely.

In the seventeen applicable cases, the non-custodial parent was considered as a placement resource at the time of the child’s entry into out-of-home care. However, in none of the cases was the child placed with the non-custodial parent. In nine of the twenty-five cases, the child was placed with a maternal/paternal relative. We noted that in two of cases where the child was not placed with a relative, relatives were considered as placement resources throughout the life of the case.

Of the twenty-five cases reviewed, there are seventeen children with siblings who are also placed in out-of-home care. Three of those seventeen children were placed with their siblings. In the remaining fourteen cases, the reviewers noted the following reasons for the separation. In five cases relatives were not able to accept the entire sibling group; six siblings had exceptional needs; and in two cases, the size of the sibling group limited the agency’s ability to place the siblings
together. In one case, the reviewers were unable to determine the reason for the separation of the siblings, and in five cases, the reviewers indicated that other reasons for the separation of the sibling group were found in the case record.

**Permanency**

**Findings**

During the review period, eighteen of the twenty-five cases reviewed remained in out-of-home care throughout the review period, six children were reunited with their parents, and one child was discharged from out-of-home care via permanent guardianship. In all cases involving reunification, the children were discharged to their parents within one year of entering out-of-home care.

Twelve of the nineteen children who remained in out-of-home care throughout the review period have a permanency goal of reunification, APPLA is the permanency goal in five cases, and in one case the permanency goal is permanent placement with a fit and willing relative.

There are sixteen cases with a concurrent goal. Seven cases have a concurrent goal of adoption, three cases have the concurrent goal of permanent guardianship, five cases have the current goal of APPLA, and another case has a current goal of permanent placement with a fit and willing relative.

Of the twenty-five cases reviewed, the findings indicate that in 88% of the cases the permanency goal is appropriate. In one case the reviewer found the permanency goal was not appropriate.

When we examine the data pertaining to the achievement of permanency for children in out-of-home care throughout the review period the data revealed that in some cases the case manager identified barriers to the achievement of permanency. In 89% of the applicable cases the case manager identified barriers to permanency. However, in two of those cases the documentation contained in the case record did not identify any barriers to permanency.

Reviewers identified that in all of the applicable cases the agency subcontracted by Our Kids took steps towards achieving the permanency goal.

In general, we found that the court was informed of the child’s ongoing needs, placement changes when applicable, movement toward permanency, and when applicable changes in educational placement via judicial review hearings.
Independent living

Findings

Independent living services provide a continuum of skills and knowledge that a youth should have in order to be successful upon departure from foster care. The emphasis is on assessing and providing job skills, self-support, daily living skills and tracking and assessing the youth’s needs.

Of the twenty-five cases reviewed eleven youth are eligible for the independent living program; one youth reached the age of majority during the review period. Fourteen of the cases reviewed were not eligible for independent living services due to the youth’s placement in a non-licensed home and/or the youth was not yet thirteen during the review period. Of the eleven eligible cases that remained in out-of-home care throughout the review period, 64% received the required assessment and in 55% of the above cases, staffing summaries signed by the youth, as required by Florida’s statute, were located in the file.

For adolescents age thirteen through fourteen Florida’s regulations requires an initial independent living assessment, a staffing during which the results are shared with the youth, and services linked to the youth’s identified areas of need are provided. Only one of the twenty-five cases reviewed met the eligibility for these services. In that case the findings indicate that an assessment, staffing and services were offered to the youth.

Ten of the eleven cases that are eligible for independent living services met the criteria for additional services available to youth fifteen through seventeen. These services include more frequent staffings, assessment and the development of a formal independent living plan. An independent living plan was developed on 30% of the applicable cases, and two of those cases the youth received services consistent with their independent living plan. In two cases without a formal living plan services were offered to the youth consistent with their goals, skills and needs.

Of the twenty-five cases reviewed, three youth were 17 years of age or older during the review period. Of those three youth, two were eligible for the independent living program. None of these youth received the required Ansell Casey assessment following their 17th birthday nor was the required staffing completed prior to the 18th birthday. In neither case, a staffing was conducted.

2The Ansell Casey Life Skills Assessment is designed to measure the youth’s skill level in nine categories. (e.g., communication, daily living skills, work life, and housing and money management). The results from each of these categories are used to inform the life skills classes needed by youth.
prior to the youth’s 18th birthday. In keeping with Florida’s statute and Our Kids’ policy, a staffing occurred every six months in four of the ten eligible cases for youth fifteen through seventeen years of age.

Our Kids’ practice model surrounding life skills requires that services be provided to youth in their natural environment, as well as through groups at the Our Kids subcontracted provider agencies. However, reports discussing the youth’s participation in those services were consistently absent from both the case record and the independent living file. Therefore, the scope and effectiveness of life skill services cannot be determined.

**Recommendations**

In general, the findings offered in this report mirror those outlined in previous reports. As such, we stand by the urgency attached to our prior recommendations. That said, we do note that Our Kids did submit to DCF a series of documents describing the steps Our Kids is taking to address recommendations raised in the monitoring reports. Because we (the monitor) received those documents after the review period closed, we have not had adequate time to review the materials and judge the extent to which issues raised (either in this report or prior reports) have been addressed in whole or in part. Nor have we had an opportunity to meet with DCF to learn whether the steps initiated by Our Kids have been approved.

With all of that in mind, we recommend that DCF and Our Kids call a meeting, attended by the monitor, for the expressed purpose of reviewing the plans developed to address the process and quality of care provided by Our Kids as touched on in the monitoring reports. During this meeting, Our Kids should outline in greater detail how each of the improvements they have proposed will influence the process of care, the quality of care, and/or outcomes. In addition, specific operational details should be attached to each phase of the plan so that the parties understand in what form change will take place. For example, it appears that Our Kids has adopted new forms for recording certain case activities that are pertinent to previously reported findings. What is not clear from the documents submitted is if and when these forms will appear in the case records. Without that information, it is not possible to determine how these forms will influence what is found in the case record let alone how the forms will influence case practice. Following the meeting, DCF should indicate in writing the extent to which the proposals offered by Our Kids satisfy applicable statute, regulation, code, or best practice standards. Where DCF finds the proposal(s) deficient, it should work with Our Kids to address those concerns through modification of the plan.
We also recommend that Our Kids add to its action plan a review of its process of care as it relates to independent living services. On the whole, it appears that fidelity with certain requirements needs improvement. We recommend pulling a sample of 10 to 15 case files for children who should have an independent living assessment in their file. Once the degree of fidelity with the current requirements is established, we further recommend that the process of care that governs how children are referred for assessment services be reviewed by Our Kids’ QA staff for the purpose of uncovering gaps in the process that affect whether the assessments are done. The QA review ought to include interviews with case managers and youth in order to hear their views regarding how the process might be improved.