### Our Kids, Inc. and ChildNet First Quarter Monitoring Report

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Introduction

This is the first 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.¹ The report offers recommendations for each CBC and updates recommendations offered in previous reports. The report is divided into four sections. The first section discusses the field activities that were conducted during the quarter, describes the case record review process, and outlines the sample specifications utilized. The findings for ChildNet and Our Kids are discussed in the second and third sections respectively, and recommendations for each CBC are offered in the fourth section.

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, the 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.

¹ We note here that the term case record review refers to a review of a child’s case record. In that sense, the term case and child are used interchangeably.
• **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 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 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 provide an independent perspective while 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 conducted the case record reviews 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. Following completion of the base reviews, the instruments were submitted to the monitor for transposition onto the data collection tool as rated by the base reviewers.

The third and final phase of the case record review involved 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 case record review 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 conducted a quality assurance review of all of the Side-by-Side peer review cases. 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 ten and under that entered out-of-home care for the first time during September or October of 2007. The review period encompasses the first nine months of the child’s spell in out-of-home care. When the child entered out-of-home care in September 2007, the review period ran through June 2007, and when children entered out-of-home care in October 2007, the review period ran through in July 2008. In instances where sibling groups were selected, one child was randomly selected from among the group and the remaining siblings were dropped from the sample.

For Our Kids the total population included seventy-seven children and twenty siblings were dropped from the initial population source. Therefore, the sample of twenty-five children was selected from an eligible population of fifty-eight. The total population for ChildNet was forty-four children; however, ChildNet’s sample was randomly selected from thirty-three children after fourteen siblings were dropped from the sample. ChildNet’s population included children who entered the child-welfare system in October, because after siblings were removed the eligible population fell below the number needed.
Quarterly Case Record Review Findings: ChildNet

October 2008
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 seven cases with a maltreatment report during the review period. Five of those seven cases are found to have some indicators or verified findings. There is one case in which three maltreatment reports occurred during the review period. Two of which are found to have some indicators or verified findings. Of the five cases involving a maltreatment report with some indicators/verified findings, there are three cases in which children were placed in an unlicensed home, one case in which the child is in a licensed placement, and one other case in which the child is placed with the parent. The two children placed in an unlicensed home were transferred to another out-of-home placement as a result of the maltreatment. In all five of the cases involving a maltreatment report with some indicators/verified findings, the children are either currently receiving services or were provided services to ameliorate further harm that may occur as result of the maltreatment.

Risk of Harm

Findings

According to statutory requirement children under the supervision of the Department of Children & Families must be visited in their home at least once every thirty-days. One component of the home visit is risk and safety assessment conducted by the child advocate. The purpose of 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 and identify the subjects involved in the assessment. Given that a completed risk and safety assessment instrument is not found in the case record, we are unable to comment on specific components of the risk and safety assessment utilized. When we examine the use of 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. Of the twenty-five cases reviewed, risk and safety assessment were conducted during each home visit that occurred. In 96% of the twenty-five cases the child received monthly risk and safety assessments. There was one case, in which this assessment did not occur due to missing home 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 indicated that safety was a focus during worker visits with the child, and that in 88% of the cases reviewed, the substitute caregiver was included in these assessments. With respect to assessments during worker visits with parents, we noted that the occurrence of the assessment of risk and safety dropped substantially. With visits involving the mother, safety was a focus in 65% of the applicable cases. With respect to the father, safety was noted in a slightly smaller percentage of visits with the father. The findings revealed that safety was a focus in 54% of the applicable visits with fathers.

Additionally, we noted that in all of the visits with the child, the child advocate assessed the child’s physical appearance. In 80% of the cases, the child advocate documented the child’s interaction with the substitute caregiver, and significant household members.

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 prepared for 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.

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.

Assessment of the Home

Findings

Children entering out-of-home care can be placed in a licensed placement (such as a foster home, group home or residential care setting) or in an unlicensed home (such as, a relative or non-relative family friend). 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 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 eighteen children placed in an unlicensed home during the review period. Two of those eighteen children experienced two placements in an unlicensed home during the review period. In eleven of those eighteen placements, the protective investigator initiated the placements, and in the remaining seven cases, ChildNet conducted the placement.

A complete home study was done prior to placement in five of the eighteen cases involving placement in an unlicensed home. The home study in the remaining thirteen cases was incomplete prior to placement. In eight of these thirteen cases a protective investigator initiated the child’s placement, and in five of these thirteen cases, ChildNet initiated the child’s placement. When examining the missing portions of the thirteen incomplete home studies, we noted that in eight cases a home study form was completed prior to the placement, and in two cases, all the required background checks (i.e., Local, FCIC, NCIC and FAHIS) were completed prior to placement.
In the five of the thirteen cases in which ChildNet placed a child in a home prior to completion of all the home study elements, ChildNet complied with Florida requirements by completing the missing portions of the home study after the child’s placement.

The remaining eight cases involving children placed in unlicensed homes without a complete home study were reported to DCF prior to the submission of this report. The Department consulted ChildNet and accepted the actions proposed by ChildNet to address the missing components of the home study. In one of the eight cases with an incomplete home study at the time of the review, ChildNet reported to the Department that all missing components of the home study were completed.

**Assessment of the Child**

**Findings**

According to the standard of care established by the state of Florida, all children entering out-of-home care, irrespective 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 seventeen cases in which a CBHA is present in the case record. Among the eight cases without any record of a CBHA, only one case file contained documentation that identifies the reason for the missing assessment.

Of the seventeen cases with a CBHA, there are four cases in which mental health needs were identified, seven cases in which health needs other than routine health care were found, four cases in which both mental health and health care other than routine health care needs were documented, and two cases in which there were no identified needs. In six of the eight cases with mental health needs, a referral for services or further assessment was completed within the required 30-day timeframe. Further examination of these six cases revealed that five of the six
cases were linked to mental health services within the required timeframe. In the remaining two cases the case record did not outline the reason for the lack of the referrals.

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 towards 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 72% of the cases there is a current, official case plan in the case record. Of the seven cases, there was one case in which the court dismissed the allegations within two months of the child’s entry into out-of-home care.

With regard to the initial case plan document, the findings continue to show that in most instances the child advocate and the unit supervisor develop the initial case plan and submit that plan to the court within the required timeframe. This was evident in 92% of the cases reviewed.

Furthermore, of the twenty-three cases with an initial case plan, the court accepted the initial case plan in thirteen cases (57%).

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. Nineteen of the twenty-five cases reviewed remained in out-of-home care throughout the review period. In 47% of those nineteen 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 limited involvement with the mother and even less involvement with the father. The findings indicate that in 69% of the applicable cases the mother participated in the development of the initial case plan and in 37% of the applicable cases the father contributed to the development of the initial case plan.

To further explore case plan activities, we divided the sample into two categories, 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 in Out-of-Home Care throughout the Review Period*

**Findings**

Florida’s standard of care requires that the Community Based Care (CBC) agency make contact with the child within two working days of the shelter order or the transfer of the case to the CBC agency. Of the twenty-five cases reviewed, nineteen children remained in out-of-home care throughout the review period. In five of those nineteen cases, contact was made with the child to initiate services with the child within two working days of the case transfer or shelter hearing to initiate services.

In sixteen of those nineteen cases a current official case plan is present in the case record. Of those cases, the mother’s participation in the completion of case plan task was evident in 86% of the applicable cases. However, as we have previously reported, the father’s participation in the completion of case plan task is limited. Additionally, the findings indicate significant compliance in the child advocate’s and substitute caregiver’s completion of case plan tasks.

In each of the sixteen cases with a current case plan, the child advocate identified tasks and needed services for most of the parties involved in the case. We found that in 84% of the cases, tasks and services were assigned to the mother, while in 79% of the cases services were assigned to the father. Furthermore, when we examined the services offered to the parents, the documentation in the case record indicated that the child advocate arranged for services for the mother in all of the applicable cases, and the child advocate arranged for services for the father in 90% of the applicable cases. With respect to the substitute caregiver we also found substantial compliance. The findings indicated that the child advocate arranged for services in all of the applicable cases.

With respect to parental engagement in case plan conferences, staffings, and other activities, we found limited participation by the parents. In general, the case records identify only the individuals who participate in the staffings and/or case plan conferences. As a result, we are

2 The term discharged refers to the child’s exit from out-of-home care. It is not predicated upon the legal closing of the case or termination of services.

3 Early services staffing refers to the official transfer of the case from the Child Protective Investigator to the Community Base Care agency.
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. When we examined documents that identify the notification of and participation of parents in court hearings, we found that in all applicable cases parents and substitute caregivers were notified of and given the opportunity to be heard at court hearings. The findings also indicate that other family members were notified of and given an opportunity to be heard in 55% of the applicable cases.

In previous reports we noted the lack of parental engagement throughout the child’s spell in out-of-home care. In July 2008 ChildNet implemented a family engagement program aimed at improving parental engagement. Through a network of service providers ChildNet’s goal is to engage parents in completing case plan tasks, and services from the child’s entry into out-of-home care through permanency. The service provider will continue providing services and support to the parents post reunification.

In keeping with previous findings, we found ChildNet’s compliance with supervisory reviews to be limited. Of the nineteen cases that remained in out-of-home care throughout the review period, 53% were reviewed quarterly by the supervisor as mandated by Florida requirements. In nine of those ten 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 focuses on children who were discharged from out-of-home care during the review period. Six of the twenty-five cases reviewed met that criterion. Overall, the findings uncovered a stark contrast in parental involvement between the two groups of children, those who were discharged and those who remained in out-of-home care throughout the review period. We discovered higher parental participation levels in the cases where children were discharged from out-of-home care during the review period.

Turning to the initiation of services, we found that in three of the six cases services were initiated within two working days of the case transfer or the shelter order. With respect to the development of the initial case plan, we noted that in all six cases the mother was involved in the development of the initial case plan. While the fathers’ participation in the development of the initial case plan is lower than that of mothers’, in 83% of the cases fathers participated in the development of the case plans for this group of children.
Two of the six 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. In both cases with a current case plan, the mother was actively involved in completing case plan tasks. However, in only one 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 involved in case staffings, case plan conferences, and other case planning activities, we typically found much less participation from all other parties involved in the case when compared to parental involvement. Of the six applicable cases, the mother’s participation occurred in 67%, and the father’s participation 50%. The substitute caregiver’s participation was present in all cases. As we previously indicated, the case records only document the participants in any proceedings and do not document the attempts made by the child advocate to involve the parents. Therefore, our ability to comment on ChildNet’s engagement of the parents is limited.

Of the six cases reviewed we found that in all cases parents, out-of-home caregivers and other family members were notified of hearings and given the opportunity to be heard in these proceedings.

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 six applicable cases and case direction was provided in five of the six 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-three cases with an initial case plan, the signature of the child advocate was found on twenty-two case plans and the signature of the child advocate’s supervisor was found on all case plans. Two initial case plans have the signature of a mother, while there are no signatures by the father. As reported 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 eighteen of the twenty-five cases with a current case plan. Of those eighteen case plans, there are fourteen case plans that include the name of the medical practitioner. The address of the child’s medical practitioner is found on four case plans. Immunization records were attached to three of those eighteen case plans, indicating minimal compliance with Florida statute. Nine children with current cases plans were known to have an identified medical condition. In seven of those nine cases the child’s medical condition is listed on the case plan. Furthermore, there were four cases that required prescription medication. Only two of those cases case plans listed the child’s prescribed medication.

Among the children utilized in the sample seven children were eligible for school. Of those seven cases, none of the case plans met all of the state’s requirements. Three of the seven case plans had the name and address of the children’s educational provider and four case plans listed the child’s current grade level. A copy of the child’s grades is not attached to any of the seven case plans.

With respect to the substitute caregiver’s involvement in the child’s education, the findings revealed that in six of the seven cases the substitute caregiver reviewed the child’s school records. Furthermore, in one of those seven cases there is an Individual Education Plan for the child in the case record. In that case, the child’s educational designation is not listed on the case plan.

Turning to the presence of visitation schedule on the case plan, the mother’s visitation schedule was listed in all applicable cases and in 90% of the applicable case, the father’s visitation schedule was listed on the case plan. However, their level of compliance decreased significantly when visitation plans were examined for other individuals that are a party to the case.

\[4\] The child’s medical condition was identified through various forms of medical documentation found in the case record.
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 present the results concerning home visits between the child advocate and the child, and finally discuss the results related to 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. However, the experiences of the reviewers suggest that there is a greater frequency of telephonic contact than face-to-face contact between the child advocate and parents. Of the twenty-two cases with a primary goal of reunification, the child advocate met monthly with the parents in 8% of the cases. In two cases with monthly face-to-face visits ChildNet met the state’s thirty-day face-to-face requirement with the parents. During visits 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. However, only one of the twenty-four cases in which monthly home visits occurred met the thirty-day threshold required by Florida statute. There is one case in which the child advocate did not conduct monthly visits in the child’s place of residence. In that case, the documentation contained in the case record indicated that the parent absconded with the child and fled to South America. Therefore, the child advocate was unable to conduct home visits for the last five months of the review period. A closer examination of the visits that did occur revealed that in all but one case where age appropriate, 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, twenty-four children were ordered to have visitation with their parents and two children were eligible for visits with siblings because they were not placed together in an out-of-home placement. In 38% of those twenty-four cases, the child experienced routine and regular visits with their parents. Moreover, five of the nine cases in which the child had routine and regular visits with their parents, also had other means of contact (e.g., telephone contact) to strengthen and maintain the relationship between the parents and child.

In 75% of the cases with parental visitation the agency supported the child’s connection to their parents. However, ChildNet’s engagement of parents declined substantially when we examined the involvement of parents beyond typical visitation to include involvement in the child’s education, medical appointments, and general needs. These findings are consistent with data presented in previous reports. In all applicable cases, parents are 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.

We noted that in 82% of the applicable cases, visits with the mother occurred, and that in 89% of those cases, the child advocate promoted and supported the visitation with the mother. There were twelve cases with documented barriers to visitation. The reviewers noted the following barriers to visits with the mother: in 11% of the applicable cases, the mother’s whereabouts became unknown; she did not comply with visits in 33% of the applicable cases, and in 17% of the applicable cases, the mother became incarcerated.

With respect to visitation with the father, visitation occurred in 60% of the fifteen applicable cases. In all of those cases, the child advocate promoted and supported visitation between the child and the father. There are two cases in which visits were not deemed appropriate. In
instances where visitation with the father did not occur, the reviewers noted the following reasons: In 20% of the applicable cases, the father did not comply with the visitation schedule; in 30% of the applicable cases, the father’s whereabouts became unknown; and in 10% of the applicable cases, it was determined that contact with the father was not in the child’s best interest.

**Sibling Visitation**

Of the twenty-five cases reviewed, two cases are eligible for visitation between siblings. During the review period sibling visitation occurred in only one of those two cases, and in that case, the child advocate promoted and supported the visits between the siblings.

**Services**

**Mental Health Services**

**Findings**

Of the twenty-five cases reviewed, a mental health assessment/screening was found in 76% of the cases. Of those nineteen cases with a mental health assessment, mental health needs were identified in eleven (58%) cases. A referral for further assessment and/or services was submitted in eight (73%) of those eleven cases. Furthermore, services were provided in seven (64%) of those eleven cases.

**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 37% of the reviewed cases did the child receive an initial health screening and/or medical care within the timeframe specified by statute.

With respect to preventative health care, case records indicate that 80% of the cases received ongoing medical care, and there were immunization records are present in 92% of the case records. Health care needs are identified in fifteen of those twenty cases, and of those fifteen cases, treatment is provided in eight cases. In previous reports we noted that in some cases the Child Resource Record (CRR) contains documentation outlining the child’s current medical and dental care. ChildNet’s process requires that the substitute caregiver who is responsible for
ensuring that the child receives ongoing medical and dental care when appropriate update the CRR. Given that we do not have access to the CRR, we are unable to determine whether the remaining five children received preventative health care, and the other seven children who required medical treatment received the necessary follow-up care.

From the sample selected for this review, twelve children were eligible to receive dental care. Of those twelve children, four children received dental care. Treatment needs were identified for one child, and according to records, the child received the required dental treatment. In general, the findings that show lower than expected compliance with ChildNet’s requirement that the substitute caregiver provides documentation demonstrating that preventative and ongoing medical and dental care, is consistently provided to children.

Educational Services

Findings

With respect to education services, seven of the twenty-five cases are eligible for school. In two of the seven cases the child experienced a change in the educational provider as a result of entering out-of-home care, and in three of the seven cases the child’s educational placement remained stable throughout the review period. In the cases that involved a change in the child’s educational provider, the court is kept informed of the changes. Regarding the out-of-home substitute caregivers’ involvement in the child’s education and review of school records, the results revealed that in six of the seven cases the substitute caregiver is 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 Broward County where their parents 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. However, for six of the seven children placed outside the community where their parents reside, information in the record indicated that such placement is in their best interest.

There are twelve children who are a member of a sibling group. Ten of those twelve children were placed with their siblings. For the remaining two children, the reviewers were unable to
determine from the case record the reason that the two remaining children were not 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 those placements are stable with no apparent change in placement projected. Fifteen (60%) of the twenty-five cases reviewed experienced a change in placement during the review period. In one case, the base reviewers did not provide the data regarding placement stability during the review period. Of those fifteen children who experienced a change in placement, there are twelve children whose movement is directly related to achieving permanency.

There were fifteen applicable cases in which the non-custodial parent could be considered as a potential placement. The non-custodial parent was considered in thirteen of those fifteen cases, and in two of those thirteen cases the child is placed with the non-custodial parent. In thirteen of the twenty-five cases reviewed, the child is placed with relatives. For the remaining ten cases, we noted limited continued consideration and assessment of relatives as a potential placement resource.

Permanency

Findings

Of the twenty-five cases reviewed, nineteen children remained in out-of-home care throughout the review period, and six children were reunited with their parents during the review period. In each of the six 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).

Nineteen 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 the permanency in all cases, the child advocate identified barriers to permanency in 89% of those nineteen cases. There is one case in which the base reviewers did not provide information regarding barriers to the achievement of the permanency goal. Of the twenty-five cases reviewed, twenty-two children have a primary goal of reunification and two children have a goal of adoption. In one case 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, six of the twenty-five children have a concurrent goal. There are five cases with a goal of adoption, and one case with a goal of permanent guardianship. Among the cases that remained in
out-of-home care throughout the review period and have a permanency goal, the reviewers determined that in 84% of those 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, and when applicable 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.
Recommendations

For the most part the findings presented in this report point toward persistent themes in case practice. These areas of case practice have been highlighted in previous reports. For this reason, we are restating previous recommendations. In addition to identifying ongoing areas of concerns we will also point out new areas that warrant attention.

Safety

• We recommend that ChildNet take immediate action to ensure that home visits are completed every thirty-days, and that risk and safety assessments are completed during those visits as required by statute. ChildNet should provide DCF with a plan by December 30, 2008 describing the actions that will be taken and the timeframe within which they will meet this requirement. Furthermore, a copy of the assessment instruments used during the home visit should be provided to DCF. The assessment instrument submitted should document the process used to conduct the safety and risk assessment (i.e., what is the worker required to do) and the questions, behaviors and other criteria that go into the worker’s judgment.

• We recommend that ChildNet complete home study report requested previously. We understand that the case reviews have been completed. ChildNet should now report to DCF the results of its review. The report should include a process assessment that identifies weaknesses in how responsibilities are allocated between DCF, BSO, and ChildNet’s staff. Finally the full report must address the corrective actions that ChildNet proposes. The report should be submitted to DCF by November 30, 2008 and include an implementation plan with aggressive timeframes that reflect the importance of the issue.

Permanency

• The submission of referrals and the linkage to services for both children and parents is an essential service component necessary for assisting families in the achievement of permanency. For this reason greater attention has to be paid to the feedback loop between child advocates, service providers, and children/parents regarding the link to services. Without feedback, it is much more difficult to revise treatment (and case plan) goals. With respect to the issue of service reports and improved communication across parties, ChildNet must work to engage the community and service provider network around this issue. If needed, ChildNet might consider utilizing only those providers that
offer their clients high quality of services and provide the feedback necessary to carry out case planning activities. To reinforce progress in this area, we think it is important ChildNet’s QA processes track service access. As such, this issue should be addressed in an amendment to the QA plan that ChildNet submits to DCF. We believe an amendment can be submitted to DCF by December 2008.

- In July 2008 ChildNet implemented a family engagement model targeting families entering the child welfare system on or after July 1, 2008. This is a positive step. To the extent practical (i.e., for children with reunification goal), the practice model should be extended to children in care prior to July 1, 2008. By our estimate, one-third of children in care on July 1, 2008 will be reunified within the year, so engagement of families with children in care will likely improve the timeliness of permanency.

- With respect to supervisory reviews we recommend two types of reviews. First, ChildNet should initiate a weekly case record review on a small number of randomly selected cases (one or two cases). The reviews should be led by a senior member of ChildNet and include QA staff, the child advocate and supervisor. Second, ChildNet needs to strengthen its compliance with standing requirements regarding quarterly supervisory reviews and develop procedures for documenting the findings of those reviews for use in case planning and future supervision around case progress. The documentation of supervisory reviews should occupy a separate section of the case record, for easy reference in subsequent reviews.

**Well-being**

- ChildNet is responsible for ensuring that all children under their jurisdiction receive medical and dental check-ups, along with timely treatment when necessary. ChildNet must reinforce the process whereby children receive initial and ongoing medical check-ups. Furthermore, ChildNet should provide DCF with its plan for expanding access to dental care along with a description of its QA process for determining whether access to medical and dental is in fact improving. The plan must be submitted to DCF by December 2008.

**New Recommendations**

- To better understand the recurrence of maltreatment, we recommend that ChildNet conduct a systematic review of cases that involve maltreatment of children while in care or children discharged from care. The review should examine the circumstances within
the care setting, the reason for the report, and the tools used to assess risk and safety to determine whether practice improvements would minimize risk. ChildNet must submit its report to DCF outlining the findings of their analysis by December 2008.

- One area of concern has to do with family connections. We have two concerns. First, although child advocates are in contact with parents by phone, actual face-to-face contact is below the standards expressed in statute. Second, visitation among children placed out-of-home, parents, siblings, and extended family members is less common than desired, given the parameters set forth by the court. This issue relates to the broader question of family engagement. Based on our review of the case records, attention to contact with family members needs to be expanded, all things being equal. Therefore, as ChildNet contemplates how it will address family engagement in the case planning process, we recommend that the new practice model incorporate a broad definition of family, given the circumstances of a particular family.
Quarterly Case Record Review Findings: Our Kids, Inc.

October 2008
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 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 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 are three cases with reports of maltreatment during the review period. One of those three reports was found to have verified findings or some indicators. In the case involving verified findings or some indicators, the child was living with their parent’s at the time of the maltreatment report, and consequently re-entered out-of-home care as a result of the maltreatment. The reviewers also noted that in all five cases involving maltreatment reports the agency’s intervention prior to the maltreatment report could not have prevented the subsequent 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 and identify the subjects involved in the assessment. Given that a completed risk and safety
assessment instrument is not found in the case record, we are unable to comment on specific components of the risk and safety assessment utilized. When we examine the use of 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 68% of the visits that occurred. The findings revealed two areas of concern. First, the assessment was not conducted in every visit that occurred; and second, there are cases in which the child was not visited at least monthly in their home. The findings regarding the frequency of home visits will be discussed in a separate section.

A closer review of the risk and safety assessment conducted during visits between parent and case managers indicated that of the visits that did occur the data revealed that risk and safety assessment were infrequently conducted. During contacts with the mother, risk and safety assessment were found in 60% of the visits, and with the father they are present in 50% of the visits.

When we inspected the data pertaining to the occurrence of risk and safety assessment during visits with children and substitute caregivers we found greater compliance with Florida’s standard of care. In 72% of the visits with children, the case manager conducted a risk and safety assessment. However, the results were lower than expected when we examined the frequency of risk and safety assessment during visits with the substitute caregiver. Risk and safety assessment were found to have taken place in 68% of the visits that occurred with the substitute caregiver. While the results revealed greater compliance during visits involving the children and substitute caregivers, the results indicate that greater attention is necessary to ensure that risk and safety assessment are conducted during all visits with parents, children and substitute caregivers.

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 noted the child’s physical appearance in 84% of the visits, and recorded the child’s interaction with the substitute caregiver and significant individuals in the home in 44% of the visits.
Process of Care

The process of care review is divided into three sections: assessment, case planning and linkage to services and clinical follow-up. This module is designed to examine whether the child 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 prepared for the review consider whether the home into which the child was placed and properly prepared. Subsequent questions examine assessment, treatment planning and the delivery of services.

Assessment of the Home

Findings

Children entering out-of-home care can be placed in a licensed placement, such as, a foster home, group home, or residential care setting, or an unlicensed placement, such as the home of a relative or non-relative (e.g., 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. Florida’s standard of care requires that a home study must be completed prior to placing children in an unlicensed home. A home study involves an assessment of the physical residence, the substitute caregivers’ capacity to care for the child on an ongoing basis, and background checks of the substitute caregivers which includes local, federal, national, and abuse registry background checks. Additionally, the agency must complete a juvenile background check on all adolescents, twelve and over, that reside in the home.

The findings revealed that thirteen children from the sample of twenty-five cases were placed in an unlicensed home during the review period. The protective investigator initiated ten of those thirteen placements, while three of those cases were placed by an agency sub-contracted by Our Kids.

Of the thirteen cases placed in an unlicensed home, none met all of Florida’s requirements regarding the completion of a home study prior to placement, which includes background. That is to say, one or more home study elements were missing from the record we reviewed. A closer review of the findings indicates that in nine of the thirteen cases an assessment of the residence was completed prior to placement. However, the background checks were not located in the
record at the time of the review. In five of the thirteen cases without a completed home study prior to placement, the provider subcontracted by Our Kids completed all missing portions of the home study following the child’s placement in the home. The remaining eight cases were reported to DCF 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 their placement type are required to receive a Level of Care 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 that are 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 each of the cases reviewed. With respect to the needs identified in the assessments, we found that mental health needs were identified in four cases; health care needs, other than routine health care, were identified in two cases; and, both mental health and health care need were identified in four cases.

In five of the eight cases with identified mental health needs, a referral for services or further assessment was submitted. However, in only one of the three cases without referrals did the reviewers find any documentation that explained the failure to submit a referral. Of the five cases that received a referral for further assessment or services, services were implemented within the required forty-five day time frame in four cases, and the case record documented the reason for the lack of services in the fifth case. Finally, in six of the eight 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 components 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 do provide a general road map of the case, and a current official case plan is found in 96% of the cases. The findings demonstrate that all cases have an initial case plan document in their case record. However, the court accepted the initial case plans in just sixteen cases. As noted in previous reports, the findings reveal limited parental involvement in the development of the initial case plan. Of the twenty-five cases reviewed, parents’ signature was found on only two case plans. The data also reveal lower than expected involvement in the development of the initial case plan on the part of the case manager’s supervisor and the Child Legal Services attorney.

The case records do not include service provider reports or documentation of case plan conferences or staffings. Therefore, we are unable to verify the progress parents are making towards the case plan tasks, services and goal attainment.

The data reveals significant compliance regarding the notification of individuals involved in the case to attend and participate in court hearings. In general, we found that mothers and fathers are notified of and participate in court hearings. The findings indicated that mothers are notified and provided the opportunity to be heard at hearings in 91% of the cases, whereas fathers are notified and provided the opportunity to be heard at hearings in 90% of the cases. In 57% of the applicable cases the substitute caregiver is notified of and participated in court hearings.

To further explore case plan activities, we divided the sample into two categories, 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*

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5 The term discharged refers to the child’s exit from out-of-home care. It is not predicated upon the legal closing of the case or termination of services.
Findings

Fifteen of the twenty-five cases reviewed remain in out-of-home care throughout the review period, and one case re-entered out-of-home care during the review period following a brief reunification with the parent. In four of those sixteen 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 27% of the applicable cases. However, fathers were significantly less involved, participating in the development of an initial case plan in only 14% of the applicable cases. Similarly, we found the child’s substitute caregivers and other family members have limited involvement 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, and in 92% of the cases, tasks and services were identified for the child. We noted higher compliance when we examined the findings regarding the identification of task and services for substitute caregivers and case managers.

With respect to engagement in completing case plan tasks and services, we found mixed results. Specifically, mothers were engaged in completing case plan tasks and services in all of the applicable cases. In contrast, the data revealed significantly less engagement from fathers. Fathers’ involvement occurred in 67% 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 33% of the applicable cases, and in 57% of the applicable cases the father participated in these activities. With respect to the substitute caregiver’s level of participation in these activities, we found their involvement in 38% of the applicable cases. In contrast, the participation of the case managers is noted in 88% 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 all applicable cases, mothers are engaged in the completion of case plan task and that in 67% of the applicable cases fathers were 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 sixteen cases reviewed, both mothers and fathers were notified of and given an opportunity to be
heard in court. This finding is comparable to the frequency with which substitute caregivers were notified of and participated 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 sixteen cases that remained in out-of-home care throughout the review period, supervisory reviews occurred quarterly in 75% of the cases. However, just 50% of the cases with quarterly supervisory reviews had any record 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, nine children were discharged from out-of-home care during the review period. In one of those nine cases the child re-entered out-of-home care during the review period. Overall, the findings uncovered differences in parental involvement between the two groups of children, those who were discharged and those who remained in out-of-home care throughout the review period. We discovered higher parental participation involvement in the cases where children remained in out-of-home care during the review period.

Turning to initiation of services, we found that in 22% of the cases reviewed, an Our Kids sub-contractor met with the child to initiate services 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 none of the fathers were engaged in the development of the initial case plan, and there is a minimal increase in the mother’s engagement in developing the initial case plan. In 22% of the applicable cases, mothers engaged in the development of the initial case plan.

Results regarding the engagement of individuals in the completion of case plan tasks, services, and case planning activities are mixed. As noted above, mothers participated in *completing* case plan tasks in 89% of the applicable cases. However, they are less *involved* in case planning activities (i.e., case plan conferences and staffings). Furthermore, the data revealed that fathers are involved in completing case plan tasks and services in 67% of the applicable cases. In general, we found that fathers participated substantially less than mothers across all types of case planning activities. In 44% of the applicable cases, fathers are engaged in completing case plan tasks and services. We noted even less involvement when we looked at their participation in case
plan conferences and staffings. When we examined the substitute caregiver’s engagement in this category we found that their participation is lower than expected. In 79% of the applicable cases, substitute caregivers are involved in completing case plan tasks and services, and in 22% of the applicable cases, the out-of-home substitute caregiver 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 67% of the nine cases discharged from out-of-home care during the review period. Of those cases with quarterly supervisory reviews, case direction is found in 71% 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 consistent limited compliance in this area.

With respect to the identification of health care providers on the case plan, we noted that the pediatrician’s name is listed on twenty of the twenty-five reviewed case plans, although the address is listed on only thirteen case plans. In five of the twenty case plans that listed a doctor’s name, we noted records of the child’s current medication and immunization history. In three of the eight cases that received mental health services, the name of the mental health provider is listed on the case plan, and in three of the eight cases, the provider’s address is listed on the case plan. Furthermore in five cases, a mental health diagnosis was identified in the case record but not listed on the case plan.

In 71% of the applicable cases the name of the child’s educational provider is listed on the case plan; however, compliance fell to 43% in listing the address of the educational provider. In 86% of the applicable cases the child’s grade level is on the case plan, and in a few of the applicable cases the child’s education records are attached to the case plans.

Sixteen of the twenty-five cases reviewed remained in out-of-home care throughout the review period. In fourteen of those sixteen cases with a current official case plan, the child’s current placement is listed on the current case plan.
With respect to visitation plans, we found that 80% of the case plans outlined the mother’s visitation schedule while 60% of the case plans outlined the father’s visitation schedule. There is a sharp drop in compliance with listing the child’s visitation schedule on the case plan with all other parties involved in the case.

Visitation

Findings

This section presents findings of different types of contact and or visitation between the case manager, the child, and 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 twenty-two cases with a permanency goal of reunification at the start of the review period. In three of those twenty-two cases, the case manager met face-to-face with the parents monthly. In two 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 44% of the visits 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. In 96% of the twenty-five cases reviewed, the case manager met with the child monthly. Just one of those twenty-three cases met Florida’s requirement that home visits occur at least once every thirty days. In 60% of the monthly visits, we found that the case manager discussed with the child their involvement in services and progress towards goal attainment. Nineteen children from the sample were unable to participate in this type of discussion given their age.
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 safely interact with the child. Because the case record does not document the type of visitation, we were not able to distinguish the types of visitation used in a given case. Therefore, 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, 88% of the children have court-ordered visits with their parents. In 95% of the applicable cases, the agency promotes and supports visitation. Additionally, we noted that in 77% of the cases with court-ordered visitation, the parents are having routine and frequent contact with their children, and in all such cases, parents are notified of any changes to their visitation schedule. However, we found a significant decrease in the agency’s encouragement of parents to participate in activities and decision-making with their child.

In 95% of the applicable cases, there is visitation with the mother, and in 86% of those cases, the agency promoted these visits. The reviewers noted the following barriers to visits with the mother: in 23% of the applicable cases, the mother’s whereabouts became unknown and she did not comply with visits; in 18% of the applicable cases, it is not in the child’s best interest to be in contact with the mother; and in 5% of the applicable cases, the mother became incarcerated.

In twenty-two cases with court ordered visits with the father, the visits occurred in 53% of the cases. There are six cases in which visits are not deemed appropriate. In instances where visitation with the father did not occur, the reviewers noted the following reasons: In 33% of the applicable cases, the father did not comply with the visitation schedule; in 25% of the applicable cases, the father’s whereabouts became unknown; and in 17% of the applicable cases, it is determined that it is not in the child’s best interest to be in contact with the father.

Sibling Visitation

Five of the twenty-five cases are eligible for sibling visits. Among those five cases, two children visited with their siblings, two children did not, and another child was not permitted to visit with siblings after it was determined to be contrary to the child’s best interest. In the two cases where
sibling visitation was granted, the agency promoted those visits. However, in only one of those two cases did the child receive routine and regular sibling visits.

Services

*Mental health services*

*Findings*

Of the twenty-five cases reviewed, there is evidence of mental health assessment or screening in all cases. Mental health needs were identified in nine cases, and for five (55%) of those eight cases, a referral for further assessment or services was submitted. There are four cases in which services consistent with the identified 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, six children received the required initial medical assessment. The assessment is not applicable in seven cases given that the child entered out-of-home care following a hospitalization. Immunization records were found in nineteen of the twenty-five cases reviewed. The findings indicated that in 84% 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 twelve cases. According to documentation contained in the case records, ten of the twelve children received the required medical treatment.

Finally, eight of the twenty-five children reviewed are eligible for dental care. Two of those eight children received dental services, and treatment needs were identified and provided in one case.

*Educational services*

*Findings*
With respect to educational services, seven of the twenty-five cases reviewed were eligible for school. In one case the child did experience a change in educational placement as a result of their entry into out-of-home care, and in that case, the court was informed of the reason for the change in placement. Our review of the case manager’s role in the child’s education revealed that case managers are highly aware of the child’s educational progress. In 86% of the applicable cases, the case manager monitored the child’s educational results to determine if their educational needs are being met, and in 72% 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. Out-of-home substitute caregivers reviewed the child’s educational records in 29% of the applicable cases.

When we consider the case manager’s advocacy for educational services, the results revealed that in 67% 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, 96% of the children entering out-of-home care were placed in the same county as their parents, and 78% remained in the same community or neighborhood as their parents.

The findings indicate that, in all of the cases that involved placement disruptions, the child’s placement is currently stable. Furthermore, in twenty-two of the twenty-five cases reviewed, there is no apparent risk of placement disruption. In the two of the remaining cases, the reviewers could not judge the stability of the placement from the record; in the remaining case, information in the file indicated that a move was likely although in keeping with the permanency goal.

Of the twenty-five cases reviewed, 44% experienced a change in placement during the review period, and 55% of those moves were directly related to helping the child achieve permanency.
In nine of the ten cases involving a change in placement the reviewers agreed that the child’s current placement setting is appropriate. There are some cases in which the child experienced multiple placement changes; however, efforts to prevent unnecessary moves were apparent in 55% of the cases. In all but one case the parents of those children were notified of the child’s change in placement. The court is informed of the number and type of placement change in 33% of the applicable cases. The court is also informed of the reason for the change in placement in 31% of the applicable cases.

In the eleven 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 fifteen of the twenty-five cases, the child was placed with a maternal/paternal relative. We noted that in 70% 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 sixteen children with siblings who are also placed in out-of-home care. Eleven of those sixteen children were placed with their siblings. In the remaining five cases where children are separated from their siblings, the reviewers noted the following reasons for the separation: relatives were not able to accept the entire sibling group; at least one sibling had exceptional needs; and 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 two other cases, the documentation in the case record did not indicate the reason for the separation of the siblings group.

**Permanency**

**Findings**

During the review period, fifteen of the twenty-five cases reviewed remained in out-of-home care throughout the review period, eight 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.

There is one case in which the child re-entered out-of-home care during the review period following a reunification with their parent. The case involved repeat maltreatment. To maintain the confidentiality of the client, the specifics pertaining to the re-entry will not be discussed in this report.
Seven of the fifteen children who remained in out-of-home care throughout the review period have a permanency goal of adoption. We noted some progress toward the achieving the adoption goal in those cases. Specifically, the agency has prepared the child for adoption and has recruited potential adoptive families. Although potential adoptive placements have been identified in each of the seven cases, in most cases the agency is unable to move forward with the process until the termination of parental rights is completed. The adoption home study is not completed in any of the applicable cases. Nevertheless, case records reflect that potential adoptive parents are being notified of, and given an opportunity to be heard in court.

There are fifteen cases with a concurrent goal. Twelve cases have a concurrent goal of adoption, one case has the concurrent goal of permanent guardianship, one case has the current goal of reunification with the father, and another case has a current goal of permanent placement with a fit and willing relative.

In 86% of the cases that remained in out-of-home care throughout the review period, the agency identified barriers to achieving permanency. However, in two of those cases the documentation contained in the case record did not identify any barriers to permanency.

Reviewers identified that fifteen of the sixteen cases had made progress towards achieving the permanency goal, and the child’s permanency goal is appropriate in 94% of the cases that remained in out-of-home care throughout the review period.
Recommendations

For the most part the findings presented in this report point toward persistent themes in case practice. These areas of case practice have been highlighted in previous reports. For this reason, we are restating previous recommendations. In addition to identifying ongoing areas of concerns we will also point out new areas that warrant attention.

**Safety**

- We recommend that Our Kids take immediate action to ensure that home visits are completed every thirty-days, and that risk and safety assessments are completed during those visits as required by statute. Our Kids should provide DCF with a plan by December 30, 2008 describing the actions that will be taken and the timeframe within which they will meet this requirement. A copy of the assessment instruments used during the home visit should be provided to DCF. The assessment instrument submitted should document the process used to conduct the safety and risk assessment (i.e., what is the worker required to do) and the questions, behaviors and other criteria that go into the worker’s judgment.

- We recommend that the Our Kids provide DCF with the home study report requested in prior monitoring reports or submit the reports already completed. In the event that no study review has been undertaken, we recommend that Our Kids initiate such a study using a random sample of twenty-five cases admitted to foster care and placed with relatives/non-relatives for the sole purpose of determining whether the home studies and background checks were completed as required. The admission sample should span the period from June 1, 2008 through September 30, 2008. Our Kids should report to DCF the results of its review. The report should include a process assessment that identifies weaknesses in how responsibilities are allocated between DCF and the Our Kids’ staff. Finally the report must address the corrective actions that the Our Kids proposes. The report should be submitted to DCF by November 30, 2008 and include an implementation plan with aggressive timeframes that reflect the importance of the issue.

**Permanency**

- The submission of referrals and the linkage to services for both children and parents is an essential service component necessary for assisting families in the achievement of permanency. For this reason greater attention has to be paid to the feedback loop
between case managers, service providers, and children/parents regarding the link to services. Without feedback, it is much more difficult to revise treatment (and case plan) goals. With respect to the issue of service reports and improved communication across parties, Our Kids must work to engage the community and service provider network around this issue. If needed, Our Kids might consider utilizing only those providers that offer their clients high quality of services and provide the feedback necessary to carry out case planning activities. To reinforce progress in this area, we think it is important Our Kids’ QA processes track service access. As such, this issue should be addressed in an amendment to the QA plan that Our Kids submits to DCF. We believe an amendment can be submitted to DCF by December 2008.

- With respect to supervisory reviews we recommend two types of reviews. First, Our Kids should initiate a weekly case record review on a small number of randomly selected cases (one or two cases). The reviews should be led by a senior member of Our Kids and include QA staff, the case manager, supervisor, and a representative from the FCMA. Second, Our Kids needs to strengthen its compliance with standing requirements regarding quarterly supervisory reviews and develop procedures for documenting the findings of those reviews for use in case planning and future supervision around case progress. The documentation of supervisory reviews should occupy a separate section of the case record, for easy reference in subsequent reviews.

Well-being

- Our Kids is responsible for ensuring that all children under their jurisdiction receive medical and dental check-ups, along with timely treatment when necessary. Our Kids must reinforce the process whereby children receive initial and ongoing medical check-ups. Furthermore, Our Kids should provide DCF with its plan for expanding access to dental care along with a description of its QA process for determining whether access to medical and dental is in fact improving. The plan must be submitted to DCF by December 2008.

New Recommendations

- To better understand the recurrence of maltreatment, we recommend that Our Kids conduct a systematic review of cases that involve maltreatment of children while in care or children discharged from care. The review should examine the circumstances within the care setting, the reason for the report, and the tools used to assess risk and safety to
determine whether practice improvements would minimize risk. Our Kids must submit its report to DCF outlining the findings of their analysis by December 2008.

- One area of concern has to do with family connections. We have two concerns. First, although case managers are in contact with parents by phone, actual face-to-face contact is below the standards expressed in statute. Second, visitation among children placed out-of-home, parents, siblings, and extended family members is less common than desired, given the parameters set forth by the court. This issue relates to the broader question of family engagement. Based on our review of the case records, attention to contact with family members needs to be expanded, all things being equal. Therefore, as Our Kids contemplates how it will address family engagement in the case planning process, we recommend that the new practice model incorporate a broad definition of family, given the circumstances of a particular family.