Our Kids, Inc. and ChildNet Third Quarter Monitoring Report

March 2009
Introduction

This is the third 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 cases selected at random from the Our Kids base sample and eight cases selected from ChildNet’s 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 a legacy sample of children, age ten and under, who were in out-of-home care on March 1st 2008. The review period includes a nine month period from March 1st 2008 through December 31st 2008. 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 one thousand and fifty-eight (1058) children. A sample of twenty-five children was randomly selected from the population source. From the sample of twenty-five children, one child was randomly selected for the in-depth review.

The total population excluding siblings for ChildNet was six hundred and seventy children. A sample of twenty-five children was randomly selected from the population source. For the in-depth reviews one child was 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, none experienced a maltreatment report during the review period.

Risk of Harm

Findings

According to statutory requirements, children under the supervision of the Department of Children & Families must be visited 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 whether such an assessment occurred (given that the visit took place) 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 80% (twenty) of the twenty-five cases, the child received a risk and safety assessment during each scheduled visit. There were five cases in which the assessment did not occur, either because the scheduled visit did not take place or the assessment was not done during the visit. In four of those five cases, the child was placed either in another county or state; in the fifth case (placed within the county), the base reviewers indicated that the risk and safety assessment were not completed monthly throughout the review period. In those cases involving out of county placement, the risk and safety assessment was not completed by the out-of-town case worker. In a separate section findings regarding the frequency of home visits are discussed.

A closer review of the risk and safety assessments conducted during any particular visit (whether scheduled or not) indicates that safety was a focus during worker visits with the child in 72% (eighteen) of the cases, and that in 76% (nineteen) 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 64% (seven) of the applicable cases. With respect to the father, we found that the occurrence of the assessment of risk and safety was higher. The findings revealed that safety was a focus in 80% (eight) of the applicable visits with fathers.

Additionally, we noted that in 84% (twenty-one) of the visits with the child, the child advocate assessed the child’s physical appearance, and in 56% (fourteen) of the visits, the child advocate documented the child’s interaction with their substitute caregiver and 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 sixteen children placed in an unlicensed home during the review period. Two of those sixteen children experienced two different placements in unlicensed homes during the review period. In three of those sixteen placements in an unlicensed home, the protective investigator initiated the placement, in twelve instances ChildNet arranged the placement, and on one occasion the Department of Children & Families case manager completed the placement.

A complete home study was accomplished prior to placement in five of the fourteen cases involving one placement in an unlicensed home. The home studies in the remaining nine cases were incomplete prior to placement. Of the remaining nine cases with one placement in an unlicensed home, a home study was completed following the child’s placement in 21% (three) cases. Of those three cases, Broward Sheriff Office (BSO) placed one child and ChildNet initiated two placements.
Seven cases with an initial placement in an unlicensed home did not have a complete home study prior to or after placement. When we examined the record of those seven cases for missing portions of the incomplete home studies, we found that in six cases one or more of the background checks were missing, and in one case the home study form was incomplete.

In two cases the child experienced a second placement in an unlicensed home. In both cases, a complete home study (i.e. a home study form and all required background checks) was done prior to placement.

All cases with incomplete home studies were reported to the Department prior to the submission of this report. The Department of Children & Families collaborated with ChildNet and verified that all aspects of the home studies were completed in all of the reported cases where the child is currently in the unlicensed placement.

**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 36% (nine) had a current assessment (either a CBHA or another assessment that discussed the child’s health, education and behavioral health needs, 32% (eight) did not have an assessment of any kind, and 32% (eight) had a CBHA that was more than a year old. Of the nine children with a current assessment, 44% (four) children had a current CBHA assessment.
When we further inspect the data regarding the lack of current assessments, we find that the reviewers indicated in one case the case record outlined the reason for the missing CBHA.

Of the four cases with a CBHA, mental health needs were identified in one case and in another case health care needs other than routine health was documented. Furthermore, a referral for services or further assessment was completed within the required 30-day timeframe, and mental health services consistent with the identified needs and/or recommendations in the CBHA was initiated timely.

**Case Planning Activities**

**Findings**

The case plan is the central legal document that establishes clear expectations for each party involved in the case and identifies the permanency goal of the case. The purpose of the case plan is to 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 contained documents that served as a general guide to the progression of the case, and that in 56% (fourteen) there was a current, official case plan in the case record. The findings revealed that in 92% (twenty-three) of the twenty-five cases reviewed an initial case plan document was located in the case record. Furthermore, of the twenty cases with an initial case plan, the court accepted the initial case plan in 83% (nineteen) of the twenty-three cases.

As to the question of parental engagement in the development of the initial case plan as evidenced by signatures of parents, the findings reveal that parental signatures were less likely to be present on the initial case plan than amended case plan documents. 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 indicated that of the twenty-five cases reviewed the mother’s signature was found on 23% (five) of the twenty-two applicable initial case plans and in 19% (three) of the sixteen applicable cases the father’s signature was found on the initial case plan. The data also indicate lower than required compliance regarding the presence of the Child Legal Services attorney’s signature on the initial case plan (9%; two). When we examined the data regarding the presence of the child advocate’s and their supervisor signature on the initial case plan, we found substantial compliance. While the data continues to illustrate minimal parental involvement in the development of the
initial case plan we continue to see parental involvement in the modification of the initial case plan. This is typically achieved through the court’s mediation process.

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, eight children remained in out-of-home care throughout the review period. In 63% (five) of those eight cases, contact was made with the child by either BSO or ChildNet 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 is developed with the family within sixty days of the child’s placement. In 75% (six) of those eight cases that remained in out-of-home care during the review period, an initial case plan was present. As to the question of parental engagement in the development of the initial case plan, the findings revealed that parents were less likely to be involved in the development of the initial case plan. In 50% (four) of those eight cases, at least one parent 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 in the development of the initial case plan by the mother and the father. The findings indicated that in 50% (four) of the applicable cases the mother participated in the development of the initial case plan, and in 38% (three) 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 four cases that remained in out-of-home care throughout the review period. There were three cases in out-of-home care in which a current official case plan was not located in the case record.

Of the eight cases in out-of-home care throughout the review period, there were seven cases in which the mother was a party to the case. In 57% (four) of those seven cases, the mother was
engaged in completing case plan tasks. The father’s engagement in the completion of case plan tasks was noted in 43% (three) of the seven applicable cases. Additionally, the findings indicated that the child advocate and the substitute caregivers were engaged in completing case plan tasks in 63% (five) of the cases.

With respect to tasks and services the data revealed lower than expected results. The child advocate identified tasks and services needed for the parents in 33% (two) of the six applicable cases. Furthermore, in 50% (four) of the eight applicable cases the child advocate identified tasks and needed services for both the substitute caregiver and other family members.

With respect to involvement in case plan conferences, staffings, and other activities, we found limited participation by the parents. In general, the case record identified only the individuals who participated in the staffings and/or case plan conferences. As a result, we were unable to determine if the lack of parental participation was the result of the parents’ absence from the proceedings or the child advocate’s lack of engagement of parents around conferences/staffings. Of the eight applicable cases, the mother’s participation in case plan conferences, staffings, and other activities were found in 29% (two) of the seven applicable cases. Similarly, we found that the father participated in case planning activities in 43% (three) of the seven applicable cases.

When we examined documents that identified 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 eight applicable cases, the substitute caregiver was notified of and given an opportunity to be heard in 63% (five) of the cases. The findings also indicated that other family members were notified of and given an opportunity to be heard in only 50% (two) of the four applicable cases.

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. In 88% (seven) of the eight cases that were in out-of-home care at the end of the review period, supervisory reviews occurred quarterly. In 86% (six) of those seven 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

The findings presented in this section focus on children who were discharged from out-of-home care during the review period. Seventeen of the twenty-five cases reviewed met that criterion. None of the children who were discharged during the review period reentered out-of-home care during the review period.

Turning to the initiation of services, we found that in 59% (ten) of the seventeen 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 all of the cases an initial case plan was present in the file. When we examined the development of the initial case plan, we noted that in 63% (ten) of the sixteen 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 was lower than that of mother’s; in 44% (four) of the nine applicable cases, fathers participated in the development of the initial case plans for this group of children.

Eight of the seventeen cases that were discharged during the review period had current official case plans; an additional five case had case plans that were not yet official; and in four cases the parental rights of the mother had been terminated. In 62% of the applicable cases (eight of thirteen) with a current case plan, the mother was actively engaged in completing case plan tasks. However, in only 55% (six) of the eleven applicable cases was the father engaged in completing case plan tasks. With respect to the substitute caregiver’s participation, the findings revealed that in 56% (nine) of the sixteen applicable cases the substitute caregiver was engaged in completing case plan tasks.

When we examined the involvement 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 eight applicable cases, the mother’s participation occurred in 50% (four), and the father’s participation occurred in one case 43% (three) of the seven applicable cases. The substitute caregiver’s participation was present in 33% (five) of the fifteen applicable cases, and family members’ involvement occurred in 33% (one). 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 was much more limited. Therefore, our ability to comment on ChildNet’s *engagement* of the parents and other interested parties is limited.

In most of the applicable cases involving parents, the findings indicated that all parents were notified of and afforded the opportunity to be heard at court hearings. Mothers were notified of and afforded an opportunity to participate in court hearing in 89% (eight) of the nine applicable cases. While fathers participated was noted in 86% (six) of the seven applicable cases. In 94% (fifteen) of the sixteen 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 indicated lower compliance. In 50% (two) of the four 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 76% (thirteen) of the seventeen cases that were discharged from out-of-home care, and case direction was provided in 92% (twelve) of those thirteen cases with quarterly supervisory 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 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.

There were fourteen cases with a current case plan. Of those fourteen case plans, there were thirteen case plans that included 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 three of those fourteen case plans, indicating minimal compliance with Florida statute. Four children with current cases plans were known to have an identified medical condition. In three of those four cases the child’s medical condition was listed on the case plan. Furthermore, there were three
Of the twenty-five cases reviewed with a current official case plan, four cases were eligible for mental health services. In only one of those four cases that received mental health services, the name and address of the mental health provider was listed on the case plan. Furthermore, two of the four cases had a mental health diagnosis but the diagnosis was not listed on the case plan.

With respect to the technical requirements surrounding education, we noted that seven children were eligible for school during the review period. Of those seven children, four had a current, official case plan during the review period. All of those four case plans listed the name, address and child’s grade level on the case plan; however, a copy of the child’s school grades was not attached to any of the case plans. In 40% (two) of the five applicable cases the child’s educational needs were found on the case plan, and in one case the Individual Education Plan was also listed on the case plan. Regarding the substitute caregiver’s involvement in the child’s education, the findings revealed that in all applicable cases the substitute caregiver reviewed the child’s school records.

Turning to the presence of a visitation schedule on the case plan, the mother’s visitation schedule was listed in 52% (twelve) of the twenty-three applicable cases; the father’s visitation schedule was listed on 48% (ten) of the twenty-one applicable case plans. There was one case in which the visitation schedule for relatives was listed. For children who are entitled to visits with their siblings, the case plan did not document those schedules.

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 applicable standard for children with a permanency goal of reunification. Of the twenty-five cases reviewed, there were twelve cases that were eligible for face-to-face contact every thirty days between the parents and the child advocate. The findings indicated that in 25% (three) of the applicable cases the child advocate met monthly with the parents. Furthermore, in one case the child advocate met the state’s thirty-day, face-to-face requirement. In 92% (eleven) of the cases eligible for face-to-face visits on an every thirty-day basis, 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 every thirty days. We first looked for evidence of monthly home visits between the child advocate and the child, and from 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, 92% (twenty-three) had monthly home visits, and 26% (six cases) of the twenty-three cases in which monthly home visits occurred met the thirty-day threshold. In one case in which monthly home visits were not completed, the base reviewers noted that the out-of-state case worker failed to complete monthly home visits. A closer examination of the visits that occurred revealed that in 40% (two) of the five applicable 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 in part 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, fifteen children were eligible to have visitation with their mother (In one case, the reviewers indicated that visits with the mother did not apply because she was incarcerated during the review period), eleven children were ordered to have visitation with their father, and five children were eligible for visits with siblings because they were not placed together in an out-of-home placement.

The findings indicated that of the cases that with a goal of reunification at the end of the review period and had parental visitation, the agency supported the child’s connection with their parents in 80% (four) of those cases. Furthermore, when we examined the involvement of parents beyond typical visitation including involvement in the child’s education, medical appointments, and general needs we noted a decline in parental engagement. The child advocate promoted and supported parental involvement in decisions surrounding the child’s needs and activities in 60% (three) of the applicable cases. A decline in compliance regarding parental engagement was noted in activities such as, special occasions, school activities, and doctor’s appointments (20%; one).

For children who had visits with their parents during the review period we found that 47% (seven) experienced routine and regular visits with their parents, and when applicable 89% (eight) were afforded other means of contact with their parents. In all cases where there was a change in visitation, parents were notified of those changes.

The data further describes 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.

Of the twenty-five cases reviewed, sixteen children were eligible for visits with their mother, and 73% (eleven) had visits with their mother during the review period. In one case, the reviewers indicated that visits with the mother did not apply because she was incarcerated during the review period. In 80% (twelve) of the cases that were eligible for visits with their mother, the agency promoted and supported the visits. With respect to barriers to visitation with the mother, there were fifteen cases with documented barriers to visitation. The reviewers noted the following barriers to visits with the mother: In 40% (six) of the applicable cases, the mother did not comply with visits, in 33% (five) of the applicable cases the mother became incarcerated, the mother’s whereabouts became unknown in 27% (four) of the applicable cases, and in 27% (four) of the applicable cases the reviewers indicated that other barriers were identified.
With respect to visitation with their father, the findings indicated that visits with the father occurred in 64% (seven) applicable cases. The child advocate promoted and supported visitation in 73% (eight) of those eleven cases. In instances where visitation with the father did not occur, the reviewers noted the following reasons: In 45% (five) of the applicable cases, the father did not comply with the visitation schedule; in 9% (one) of the applicable cases, the father’s whereabouts became unknown; in 45% (five) of the applicable cases, the father was incarcerated during the review period and in 18% (two) of the applicable cases, other barriers were identified.

Sibling Visitation

Five of the twenty-five cases reviewed were eligible for sibling visits, and in 60% (three) of those five cases sibling visitation occurred. In 40% (two) of the cases the agency promoted those visits. Of the five cases that were eligible for sibling visitation, the child received routine and regular sibling visits in three cases. The reviewers indicated that in three of the five cases, the child was too young to engage their siblings other than through face-to-face contact. Yet, in the remaining two cases, other means of contact (i.e., telephone, letters) with siblings was not offered or supported.

With respect to the barriers to completing sibling visitation, the findings indicated that there were no barriers that would have prohibited sibling visitation.

Services

Mental Health Services

Findings

Of the twenty-five cases reviewed, a mental health assessment/screening was found in 40% (ten) of the cases. A current mental health assessment/screening refers to an annual assessment of the child’s emotional stability and or needs. Of those ten cases with a mental health assessment, mental health needs were identified in seven cases. A referral for further assessment and/or services was submitted in 86% (six) of those seven cases, and services were provided in all of those six 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 33% (six) of the applicable cases the child received an initial health screening and/or medical care within the timeframe specified by statute. In seven cases 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 indicated that 92% (twenty-three) of the cases received ongoing medical care, and immunization records were present in 88% (twenty-two) of the case records. Health care needs were identified in 30% (seven) of those twenty-three cases, and of those seven cases, treatment was provided in 71% (five) cases.

Of the twenty-five cases reviewed, fourteen children were eligible for dental care. Of the fourteen eligible children 43% (six) received dental care; the other eight children did not receive those services even though they are old enough to have had routine dental care. Treatment needs were identified for two children, and according to the case records, only one child received the required dental treatment.

Educational Services

Findings

With respect to education services, seven of the twenty-five cases reviewed were eligible for school. In one of those seven cases the child experienced a change in the educational provider as a result of entering out-of-home care. In 71% (five) of the seven cases the child’s educational placement remained stable throughout the review period. There were two cases that experienced a change in educational placement during the period under review. In all of those 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 all of the applicable 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 all of the cases reviewed remained in the same county where their parents or extended family resided, with, 96% (twenty-four) of the cases remaining in the community/neighborhood as their parents or extended family. 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, two children were placed outside the state of Florida where their parents or extended family members resided. In one case the placement was approved via ICPC prior to placement in the receiving state, and in the other case ICPC approval was received following placement. Information in the case records indicated that such placements were in the child’s best interest.

Of the twenty-five cases reviewed, twelve cases involved siblings. In seven of those twelve cases all siblings were placed together. There were five cases where the child under review is not placed with any of their siblings.

With respect to the appropriateness of placement following a placement disruption, the results revealed that in all of the cases reviewed placement settings were appropriate, and all of the placements were stable with no apparent change in placement projected. Of the twenty-five cases reviewed, 20% (five) experienced a change in placement during the review period. Judging from the information contained in the case record, in all those cases the change in placement was directly related to achieving permanency.

There are twenty-one cases in which either one or both parents’ whereabouts were known during the review period. In six of those twenty-one cases the child was removed from both parents and in two cases the reviewers indicated that placement with the non-custodial parent was not possible. The non-custodial parent was considered in the remaining thirteen cases, and in one of those thirteen cases the child was placed with the non-custodial parent. In 67% (sixteen) of the twenty-five cases reviewed, the child was placed with relatives. In 50% (four) of the remaining cases, the findings indicated that the agency considered relatives as a placement resource during the review period, and in 38% (three) of those cases relatives were assessed relatives as a potential placement resource throughout the life of the case.
**Permanency**

**Findings**

Of the twenty-five cases reviewed, eight children remained in out-of-home care throughout the review period, and seventeen children achieved permanency during the review period. Of the seventeen children who were discharged from out-of-home care, four children were reunited with their parents, five children achieved permanency via permanent guardianship, and eight children were adopted.

When we examined the permanency goal of the twenty-five cases reviewed, we found that at the beginning of the review period thirteen children had a primary goal of reunification, eight children had a goal of adoption, one child had a goal of another planned permanent living arrangement (APPLA), and two children had a goal of fit and willing relative. 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, two of the twenty-five children had a concurrent goal. There was one case with a concurrent goal of adoption and one case with a concurrent goal of permanent guardianship. Turning our attention to the permanency goal at the end of the review period, we found that five children had a permanency goal of reunification and permanent guardianship, thirteen children had a goal of adoption, and two children did not have a permanency goal on the last day of the review period.

Upon closer examination of the circumstances surrounding the reunification and adoption cases, we find that in three of those four reunification cases, the reunification occurred within twelve months of the child’s entry into out-of-home care. None of those four cases reentered out-of-home care (as of the date of the review). In 75% (six) of the eight children who achieved adoption during the review period the child was in out-of-home care for 15 of the most recent 22 months. In 25% (two) of those cases the child was abandoned by their parents. Furthermore, in four of those eight adoption cases, the adoption was finalized within 24 months of the child’s entry into the child welfare system. Moreover, in 88% (seven) of those cases an adoption home study was completed prior to the finalization of the adoption.

Turning our attention to the eight children who remained in out-of-home care throughout the review period, we found that the agency took or was taking steps to achieve permanency in all cases, and that the child advocate identified barriers to permanency in 88% (seven) of those eight cases. Among the cases that remained in out-of-home care throughout the review period and have
a permanency goal, the reviewers determined that in all cases the permanency goal was 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 was consistently involved in multiple aspects of the child’s spell in out-of-home care. This is accomplished through scheduled court hearings and status reports to the court.
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 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. Two of those three cases with recurrent maltreatment reports were found to have verified or some findings. As a result of the maltreatment report one child reentered out-of-home care and in the second case, services were provided to the child to ameliorate further emotional harm. 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.

Risk of Harm

Findings
According to statutory requirements, children under the supervision of the Department of Children & Families are to be visited 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 identifies 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 scheduled visits as required in 28% (seven) of the cases. In only one of the seven cases were risk and safety assessments conducted every thirty-days. The findings reveal that assessments were not conducted during each visit that occurred, as required. 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. However, risk and safety assessment occurred more frequently between the case manager and the mother then with the father. During contacts with the mother, risk and safety assessment was found in 63% (ten) of the visits; with the father risk and safety were assessed in 57% (four) 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 limited compliance with Florida’s standard of care. In 28% (seven) of the visits that occurred with children and the substitute caregiver, the case manager conducted a risk and safety assessment.

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 72% (eighteen) of the visits, and recorded the child’s interaction with the substitute caregiver and other significant individuals in the home in 36% (nine) of the visits.

When we examined the findings regarding the overall services provided to the child to keep the child safe from abuse and neglect, we found that in 76% (nineteen) of the twenty-five cases, services were provided to keep the child safe from abuse and neglect while in out-of-home care.
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 was 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 sixteen children from the sample of twenty-five cases were placed in an unlicensed home during the review period. Furthermore, one of those sixteen children experienced a second placement with an unlicensed substitute caregiver. The protective investigator initiated nine of those fifteen cases which only experienced one unlicensed placement, one placement was made by a Department of Children & Families’ case manager, and six of those fifteen cases with one placement in an unlicensed home were placed by an agency sub-contracted by Our Kids.

Of the fifteen cases that experienced one placement in an unlicensed home, one met all of Florida’s home study requirements. In that case the placement was initiated by a Department of Children &
Families’ case manager. In seven of the fifteen 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. In those seven cases the Protective Investigator placed the child in six cases, and an agency subcontracted by Our Kids initiated one placement.

In the remaining seven cases without a complete home study, all of the components missing from the home study involved some or all aspects on the background checks. That is to say, the FAHIS, Locals, FCIC, and or NCIC were missing at the time of the case record review.

When we examined the one case involving a second placement in an unlicensed home, the data revealed that the home study pertaining to the second placement in an unlicensed home was completed prior to the child’s placement.

All cases with incomplete home studies were reported to DCF prior to the submission of this report. The Department of Children & Families collaborated with Our Kids and verified that all aspects of the home studies were completed in all of the reported cases where the child is currently in the unlicensed placement.

**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 indicated that of the twenty-five cases reviewed 76% (nineteen) had a current assessment (i.e., the assessment can include a Level of Care Assessment, psychological evaluation or another assessment that describes the child’s health, education and behavioral health needs), 4% (one) of the cases did not have an assessment of any kind, and in 20% (five) of the cases reviewed
a Level of Care Assessment was present but more than a year old. Of the nineteen cases with a current assessment, 47% (nine) had a current Level of Care Assessment.

In the only case without a Level of Care Assessment the documents contained in the case record did not indicate why the assessment was not completed.

Of the nine cases with a current Level of Care Assessment, there were three cases in which only mental health needs were identified; there were two cases in which health needs other than routine health care were found. In two of the three cases with mental health needs, a referral for services or further assessment was completed within the required forty-five day timeframe. In the third case, a referral for services or further assessment was submitted; however it occurred following the forty-five day requirement. Further examination of those three cases with mental health and/or substance abuse needs revealed that two of the three cases were linked to some mental health services within forty-five days of the submitted referral. In the remaining case, documentation found in the case record indicated that mental health services were initiated following the forty-five day requirement. Finally, in all of the cases with mental health needs, documents contained in the case record indicated that services were provided to the children that were consistent with the identified needs and/or recommendations in the Level of Care Assessment.

**Case Planning Activities**

**Findings**

Case plan development and case planning activities are essential 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 taken by the agency to maintain the families involvement in tasks and services.

In 96% (twenty-four) of the twenty-five cases reviewed, we found that the case record documents provided a general road map of the case. A current official case plan was found in 72% (eighteen) of the cases reviewed. With respect to the initial case plan document, the findings indicated that
96% (twenty-four) of the cases reviewed had an initial case plan. The court accepted the initial case plan in 83% (twenty) of the twenty-four cases. Furthermore, in 94% (seventeen) of the cases with a current case plan, the current case plan amended the initial plan.

W noted mixed results when we examined the initial case plan for the presence of signatures of individuals who are a party to the case. The findings revealed that the case manager’s signature was found on 80% (twenty), while the case manager’s supervisor’s signature was found on 68% (seventeen) of the initial case plans. Furthermore, the results regarding the presence of parental signatures revealed limited parental involvement. In all fourteen applicable cases the father’s signature was absent from the initial case plans. However, the mother’s signature was found on 38% (eight) of the twenty-one applicable initial case plans. The data also indicated lower than expected results regarding the presence of the Child Legal Services attorney’s signature on the initial case plan (52%; thirteen). With respect to the child’s signature on the initial case plan, the child’s signature was not found on the only the applicable case.

Furthermore, we are unable to provide any further information regarding the process involving the engagement of parents in the development of the initial case plan. This is due in large part to the lack of documentation involving the process (i.e., mediation, case plan conferences and/or staffings) used to involve parents in case plan development. While we have noted an increase in the number of service provider reports in the case record, 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

Nine of the twenty-five children reviewed remained in out-of-home care throughout the review period. Two children were discharged but reentered out-of-home care during the review period, and stayed in out-of-home care until the end of the review period.
Turning to the initiation of services, the findings revealed that services were initiated within two working days of the child’s entry into out-of-home care in 45% (five) of those eleven cases.

Of the eleven cases that were in out-of-home care on the last day of the review period, in 45% (five) of the applicable cases the case manager developed an initial case plan with the parents within the required timeframe. Fathers were not involved in the development of the initial case plan in any of the eight applicable cases. Mothers were more involved, participating in the development of an initial case plan in 67% (six) of the nine applicable cases. We found the child’s substitute caregivers were not involved in the development of the initial case plan. Finally, in 17% (one) of the six applicable cases other family members were involved in the development of the initial case plan.

With regards to the identification of tasks and services by the case manager, we found uneven compliance in all applicable cases. The case manager identified tasks and services for the mother in 70% (seven) of the ten applicable cases. However, the compliance dropped significantly for the fathers. The data revealed that in 57% (four) of the seven applicable cases the case manager identified tasks and services for the father. In 73% (eight) of the eleven applicable cases, tasks and services were identified for the substitute caregiver and 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% (six) of the nine applicable cases. In contrast, the data revealed less engagement from fathers. Fathers’ involvement occurred in 50% (three) of the six applicable cases. Furthermore, the overall findings regarding engagement in completing case plan tasks and services was lower than expected for substitute caregivers (64%; seven of eleven applicable cases) and case managers (73%; eight of eleven applicable cases).

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 was found in 67% (six) of the nine applicable cases, and the father’s participation in these activities was found in 14% (one) of the seven applicable cases. With respect to the substitute caregiver’s level of participation in these activities, we found their involvement in 36% (four) of the eleven applicable cases. In contrast, the participation of the case managers was found in 91% (ten) of the eleven applicable cases.
Documentation in the case record suggests that in some cases the case manager arranged the services needed to attain the case plan goal for parties involved in the case. The findings indicate that in 67% (six) of the nine applicable cases, services were arranged for mothers, and that in 50% (three) of the six applicable cases services were arranged fathers. With respect to the child, the findings show that in 55% (six) of the eleven applicable cases services were arranged for the child. Additionally we noted lower than expected compliance with arrangement of services for the substitute caregiver (73%; eight).

With respect to the engagement of parents in court proceedings the data revealed that in most of the eleven cases reviewed, both mothers and fathers were notified of and given an opportunity to be heard in court. The findings indicated that in 89% of the nine applicable cases, mothers were notified and given an opportunity to participate in court proceedings, and in 86% the seven applicable cases fathers were offered the same opportunity to participate in court proceedings. Turning to substitute caregivers, the findings were significantly lower. In 36% (four) of the eleven applicable cases, caregivers were notified of court hearings and in 40% (four) of the ten applicable they were given the opportunity to participate in court hearing. The inconsistency in the results pertaining to substitute caregivers is to do an apparent base review error in recording data during the file review.

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. In all of the eleven cases that were in out-of-home care at the end of the review period, supervisory reviews occurred quarterly. In 73% (eight) of those eleven 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, sixteen children were discharged from out-of-home care during the review period. Two of those sixteen children reentered out-of-home care during the review period. Additionally, the findings from one case that was discharged from out-of-home care during the review period are not included in this section of the report because the base reviewers did not
respond properly to questions pertaining to children who were discharged from out-of-home care. Therefore, the findings presented in this section of the report are based on thirteen cases.

Turning to initiation of services, we found that in 69% (nine) of the cases reviewed, services 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 40% (two) of the five applicable cases, fathers were engaged in the development of the initial case plan. In 40% (four) of the ten applicable cases, mothers were engaged in the development of the initial case plan. The findings revealed that of the applicable cases substitute caregivers (33%; four of twelve applicable cases), and family members (20%; one of five applicable cases) had limited involvement 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 were low. Mothers were engaged in completing case plan tasks and case planning activities in 50% (six) of the twelve applicable cases. With respect to fathers, the data revealed that fathers were engaged in completing case plan tasks and services in 44% (four) of the nine applicable cases, and in 14% (one) of the seven applicable cases family members were engaged in completing case plan activities and tasks. When we examined the data for substitute caregivers, we found that in 69% (nine) of the thirteen applicable cases the substitute caregiver was engaged in completing case plan tasks and case planning activities. However, we noted less involvement by all parties except case managers when we looked at their participation in case plan conferences and staffings. In 33% (two) of the six applicable cases fathers participated in case planning activities. When we examined the mother’s engagement in this category we found that they participated in case planning conferences in 44% (four) of the nine applicable cases, and in 30% (three) of the ten applicable cases, substitute caregiver participated in case planning activities such as case plan conferences and staffings. Furthermore, we found relatives engagement in case plan conferences to be minimal. In 40% (two) of the five applicable cases relatives participated in case planning activities such as case plan conferences.

Turning our attention to court proceedings, the data revealed that in most of the applicable cases, both mothers and fathers were notified of and given an opportunity to be heard in court. The findings indicated that in all applicable cases, mothers were notified and given an opportunity to
participate in court proceedings, and in 88% (seven of eight applicable cases) the fathers were offered the same opportunity to participate in court proceedings. Turning to substitute caregivers, the findings were significantly lower than expected. In 58% (seven) of the twelve applicable cases, caregivers were notified of court hearing and given the opportunity to participate in court hearings.

With respect to quarterly supervisory reviews, the findings revealed that these reviews were completed in 85% (eleven) of the thirteen cases discharged from out-of-home care during the review period. Of those cases with quarterly supervisory reviews, case direction is found in 73% (eight) 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 case plan, we noted that the pediatrician’s name was listed on fifteen of the twenty-five reviewed case plans, and the pediatrician’s address was listed on only eleven of those fifteen case plans. Documentation (i.e., medical forms, e-mails, FSFN notes) contained in the case record indicated that in four cases with a current case plan a medical condition was identified for the child. However, the child’s medical condition was listed on just one of those four cases plans. Moreover, in two applicable cases the child’s current medication was not listed the case plan. Finally, in two cases, the child’s immunization history was attached to the case plan.

Of children who had a current official case plan, seven were eligible for mental health services. The name of the mental health provider was listed on four case plans, and in three cases, the provider’s address was listed on the case plan. Furthermore in one case, a mental health diagnosis was identified on the case plan, and the child’s psychotropic medication was not listed on the only applicable case plan.
In 50% (four) of the eight applicable cases the name and or address of the child’s educational provider was listed on the case plan. In four of the eight applicable cases the child’s grade level was listed on the case plan and in none of the applicable cases the child’s education records are attached to the case plans. Furthermore, there was one case with no educational information listed on the case plan.

Eleven of the twenty-five cases reviewed remained in out-of-home care throughout the review period. In seven of those eleven cases with a current official case plan, the child’s current placement was listed on the current case plan.

With respect to visitation plans, we found that 67% (fourteen) of the twenty-one case plans outlined the mother’s visitation schedule and 56% (ten) of the eighteen case plans outlined the father’s visitation schedule. For children who are entitled to visits with their siblings, 23% (three) of the thirteen applicable case plans documented the visitation schedules. For relative, visitation schedules were not included 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 fourteen cases that were eligible for visits between the case manager and the parents. In 21% (three) of those fourteen cases, the case manager conducted monthly face-to-face visits with the parents. None of those three cases involving monthly face-to-face visits between the parent and the case manager met Florida’s standard of case (i.e., face-to-face visit with the parents are to be completed at least every thirty days when the permanency is reunification). Furthermore, in 64%
(nine) 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 84% (twenty-one) of the cases, 14% (three) of those twenty-one cases met Florida’s requirement that home visits occur at least once every thirty days. Of the twenty-five cases reviewed, there were five children who were old enough to engage in a discussion surrounding case planning, service delivery and goal attainment with the case manager. In 40% (two) of those five cases, the findings indicated 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 in part on the ability of the parents to interact safely with the child. Because the case record does not consistently 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, 79% (nineteen) of the children had court-ordered visits with their parents. In one case the base reviewers did not respond to the question, and in five cases the child did not 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 visitation in thirteen of the fourteen applicable cases. In one case the base reviewers did not respond to the question. Additionally, we noted that in 78% (fourteen) of the applicable 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 50% (three) of the applicable cases children were also provided with other means of contact with 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 eighteen cases of the twenty-five cases reviewed. Of those eighteen cases, visits with the mother occurred in 83% (fifteen). Of the eighteen cases with visits, the agency promoted these visits in fifteen cases, and in one case where visits did not occur the agency promoted and supported maternal visits. The reviewers noted the following barriers to visits with the mother. In 22% (four) of the applicable cases, the mother’s whereabouts became unknown and she did not comply with visits in 33% (six) of the applicable cases. In 11% (two) of the cases visitation with the mother was determined to be contrary to the child’s best interest; in 28% (five) of the applicable cases the mother became incarcerated, and in 11% (two) cases other barriers were identified.

In thirteen cases with court ordered visits with the father, visits occurred in 46% (six) cases. In 46% (six) cases visits with the father were deemed inappropriate and in one case the visits did not occur. Of the six cases with paternal visits, the agency subcontracted by Our Kids promoted and supported the visits in 83% (five) of those cases; in the sixth case the base reviewers indicated that they were unable to determine whether or not the agency promoted and supported visits with the father. Furthermore, in another case where visits did not occur the agency promoted and supported paternal visits. In instances where visitation with the father were deem appropriate, the reviewers noted the following reasons for missed visits. In 14% (one) of the seven applicable cases, the father did not comply with the visitation schedule; contact with the father did not serve the child’s best interests, and his whereabouts became unknown during the review period. In a second case, the father became incarcerated during the review period.

Sibling Visitation

Eight of the twenty-five cases were eligible for sibling visits, and in all eight cases sibling visitation occurred. In 75% (six) of the cases the agency promoted those visits. Of the eight cases that were eligible for sibling visitation, the child receive routine and regular sibling visits in three cases, and in two of the eight cases the child was afforded other means of contact (i.e., telephone, letters) with their sibling(s). The reviewers indicated that the remaining six cases were too young to engage their siblings other than through face-to-face contact.

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With respect to the barriers to completing sibling visitation, the data showed that in one case the sibling was placed out state which hampered ongoing face-to-face contact, in two cases siblings were placed more than fifty miles apart, and in two cases the reviewers indicated that other barriers prevented regular and routine contact between siblings.

**Services**

**Mental health services**

**Findings**

Of the twenty-five cases reviewed, there was evidence of a mental health assessment or screening in 72% (eighteen) cases. Mental health needs were identified in 44% (eight) of those eighteen cases, and for 88% (seven) of those eight cases, a referral for further assessment was provided. In 75% (six) of those eight 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, 13% (three) received the required initial medical assessment within 72-hours of the child’s entry into out-of-home care, and for two children the initial medical evaluation was not required given that they entered out-of-home care upon discharge from a hospital.

When we examined the results regarding preventative health care we found that in 68% (seventeen) of the cases reviewed received ongoing preventative health care. Furthermore,
Immunization records were found in 84% (twenty-one) of the twenty-five cases reviewed. Of the children that received preventative health care, health care needs were identified in seven cases. According to documentation contained in the case records, six of those seven children received the required medical treatment.

Finally, of the twenty-five cases reviewed fourteen children were eligible for dental services. However, only 14% (two) of those fourteen children received preventative dental care during the review period. Treatment needs were identified in one of those two cases and services to address those needs were not provided.

Educational services

Findings

With respect to educational services, 32% (eight) of the children were eligible for education services. None of those eight 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 child’s current educational placement was stable for 63% (five) of those eight children. In the remaining three cases when the child experienced a change in the educational placement the data indicated that the court was kept informed of the change in education placement and reason for the change.

With respect to the case manager’s role in the child’s education, the data revealed that in general case managers were aware of the child’s educational progress. In 63% (five) of the applicable cases, the case manager monitored the child’s educational results to determine if their educational needs were being met, reviewed the child’s grades to determine if they were making progress, and to determine whether the child had emerging educational needs. When we examined the data regarding the case manager’s advocacy for educational services, the results revealed that in 60% (three) of the applicable cases, the case manager advocated on behalf of the child to receive educational services from the school system.

Turning to the results regarding the substitute caregivers’ knowledge of the child’s educational progress we noticed similar findings to that of the case manager. The findings revealed that substitute caregivers reviewed the child’s educational records in 63% (five) of the applicable cases (five).
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 comfortable 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, all of the children entering out-of-home care were placed in the same county as their parents or extended family members, and in all cases the child remained in the same community or neighborhood as their parents or extended family members. In two cases the child was placed outside the state of Florida and in both cases ICPC approval was received prior to their placement in the receiving state.

The findings indicated that in 28% (seven) of the cases reviewed, the child experienced a change in placement during the review period, and in 86% (six) of those cases the change in placement was directly related to helping the child achieve the permanency goal. Furthermore, the data indicated that in all cases the child’s placement setting was appropriate and the agency made reasonable efforts to prevent unnecessary moves. Additionally, the court was informed of the reason, number, and type of placement change for all children who experienced a change in placement during the review period and who were in care the last day of the review period. Finally, the data revealed that in all of the twenty-five cases reviewed, the child’s current placement was stable.

A philosophy of Our Kids is to maintain the child’s connections to their family and or parents while in out-of-home care. Prior to placing a child in a foster home the CBC first explores two placement options. The CBC first turns to the non custodial parent (when applicable), and second, to relative and or non relative substitute caregivers.

Turning first to the data regarding non custodial parents as a placement resource, we find that there were twenty-one cases involving a non custodial parent. In 90% (nineteen) of those twenty one 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. With respect to the second placement option of placement with relative/non...
relative caregivers, we found that in 64% (sixteen) of the cases reviewed, the child was placed with a maternal/parental relative. Of the remaining nine cases that were not placed with relatives, 44% (four) were considered as a placement resource during the review period and in 33% (three) of those nine cases, relatives were considered as a placement resource throughout the life of the case.

Of the twenty-five cases reviewed, there were fourteen children with siblings who are also placed in out-of-home care. Six of those fourteen children were placed with their siblings. In the remaining eight cases, the reviewers noted the following reasons for the separation. In 50% (four) of cases relatives were not able to accept the entire sibling group; at least one sibling had exceptional needs in 25% (two) of the cases; in 13% (one) of the 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 38% (three) of the cases, the reviewers indicated that other reason for the separation of the siblings group were found in the case record.

Permanency

Findings

The sample reviewed this quarter included cases from both Miami-Dade and Monroe counties. Ten originated in Monroe County and fifteen cases were from Miami-Dade County. Sixteen of the twenty-five cases reviewed were discharged from out-of-home care during the review period. Nine cases remained in out-of-home care throughout the entire review period. Of the sixteen cases that were discharged during the review period eight were reunified, five children were adopted, and three children achieved permanency via permanent guardianship.

Of the eight cases that achieved permanency via reunification, all of the children were reunified within one year of entering out-of-home care. Furthermore, two of the eight cases that achieved permanency via reunification during the review period reentered out-of-home during the same period. In one case, the child reentered care under circumstances similar to their prior entry, and in the second case the reason for the child’s reentry was unrelated to their previous entry into out-of-home care. However, in both cases, the agency sub contracted by Our Kids provided the necessary services aimed at reducing potential risk and preventing reentry into out-of-home care. Turning our attention to the five completed adoptions, we found that in three of those five cases the adoption was finalized within 24 months of the child’s entry into out-of-home care. Also, in 80%
(four) of those five cases the child was in out-of-home care for 15 of the most recent 22 months, and in 40% (two) of the five cases the child was abandoned by their parents. In all cases an adoption home study was completed prior to the finalization of the adoption.

Eleven cases of the twenty-five cases reviewed were in out-of-home care at the end of the review period.¹ Of those eleven cases, six had a primary goal of reunification at the end of the review period, adoption was the primary goal at the end of the review period in four cases, and one case had the primary goal of permanent guardianship at the end of the review period. When we looked for the presence of a concurrent case plan goal, we found that eight of the eleven cases had a concurrent goal and three cases did not. Six of those eight cases with a concurrent goal had a concurrent goal of adoption, and two cases had a concurrent goal of permanent guardianship.

With respect to the four cases that were in out-of-home care at the end of the review period with a goal of adoption, 75% (three) of those four children were abandoned by their parents, and in 50% (two) of the cases the agency subcontracted by Our Kids filed a petition to terminate parental rights, took steps to place the child for adoption, and identified pre-adoptive parents. Finally, when appropriate the full case management agency prepared the child for adoption.

With respect to the appropriateness of the permanency goal, we found that in all of the twenty-five cases reviewed the permanency goal was appropriate. When we examine the data pertaining to the achievement of permanency for children who remained in out-of-home care throughout the review period, the data revealed that in 90% (eight) of the nine cases the case manager identified barriers to the achievement of permanency. Furthermore, when we examined the steps taken by the agency to achieve permanency we found that in 78% (seven) of the nine applicable cases, the agency took the required steps.

Finally, we found that in all cases 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.

¹Nine cases remained in out-of-home care throughout the review period and two cases reentered out-of-home care during the reviewed period and remained open at the end of the review period.
Recommendations

When a child is placed in out-of-home care, the state has certain basic obligations with respect to the care provided. As a general frame of reference, the central objective is to maintain the well-being of children by seeing to it that a child’s need for a safe, stable family life is assured and that their physical, emotional, and educational well-being are properly maintained.

Although each family presents a unique set of challenges, best practices together with public policy call for insuring a basic level of care. Subject to the needs of a given family, child welfare agencies, together with their community partners, have to make sure that the rights of parents are protected (e.g., reasonable efforts); that children are placed within the most family-like setting consistent with their needs; that the needs of parents and children are assessed for the purpose of developing a case plan; and that services are delivered in a timely manner in light of the case plan, all with eye toward achieving the best outcome for children given their need for a safe and stable family life.

As a rule, the standards established in Florida pertaining to how work with families ought to proceed are spelled out in statute, regulation, and administrative code. In addition, providers of child welfare services may augment the state’s minimum standards by invoking best practice protocols that either complement or extend what the state requires. Together these process and quality standards form the basic safety net that is in place to protect children.

In Broward, Dade, and Monroe counties, the independent monitor works with ChildNet and Our Kids to determine whether practice meets current standards using an instrument that tracks practice requirements set forth in Florida’s regulatory framework. Much as the broader system is, the instrument is organized around a basic understanding of what it means to place a child in out-of-home care: Is the child safe? Is the living situation stable? Are the child’s health, mental health, and educational needs being met? Is the permanency plan in place? Have the stakeholders in that child’s life been actively engaged in the development of a long-term plan for the child? Has the child achieved permanency?

The results of the monitoring activity are based on the collective judgment of a team that reviews twenty-five cases each quarter. The cases are selected based on criteria that afford a diverse selection of children with respect to age and history of contact with the child welfare agencies. Most records (seventeen) are reviewed by the CBC; the remaining eight cases are reviewed by a team that consists of representatives from both CBCs working with the monitor. The role of the
monitors is two-fold. On the one hand, the monitor works with the CBC as questions come up during the monitoring process. On the other hand, the monitor goes over the results from the reviews, as part of a quality assurance process. The results from the side-by-side reviews are based on consensus ratings. The CBC (ChildNet or Our Kids) may use their own QA process once their base reviews are completed, which means the CBCs may review their responses up until the time the case specific review is officially submitted, a process that is now managed electronically.

This most current report is based on findings that pertain to a group of cases selected because they were in care on March 1, 2008. Although the answers to some questions call for an understanding of what happened when the child first came into care (which in some cases may have been one or more years ago), for the most part, the questions focus specifically on what happened during the nine months between March 1, 2008 and December, 31, 2008. For example, questions about visitation pertain to activities as reflected in the case record for the nine-month period that started on March 1, 2008.

As with the previous reports, we summarize the results of the reviews by tabulating the responses provided to the monitor by the review teams. Our report is organized along the lines described above. We are interested in understanding the extent to which the steps needed to protect the well-being of children placed away from their home have been followed. We start with safety and subsequent maltreatment. That section of the report is followed by an in-depth look at the placement of children in unlicensed homes. Home studies are an important part of the placement process insofar as protecting the well-being of children means that placement resources have to be properly vetted. Once conditions surrounding the placement have been reviewed, we look to see how the process of care unfolded, again, along the lines described above.

Previous monitoring reports have focused on a set of basic findings, which we review here again in large part because the results are consistent with those earlier reports. At a high level, work needs to be done to improve the timeliness of home studies and background checks prior to placement of a child into an unlicensed home; visitation between the caseworkers and the child needs to be more frequent relative to Florida’s 30 day requirement; safety and risk assessments need to be a regular part of the visits that do occur; engagement of family needs to improve; health, mental health, and educational needs should receive greater attention.

We understand that each CBC has undertaken a series of steps intended to improve practice. We recognize the importance of these steps and applaud their efforts. At the same time, given the
persistent nature of the findings, we believe it is time to ask whether these initial steps are necessary and sufficient or merely necessary. That is, in the absence of other practice changes, can their respective communities realistically expect the hoped-for improvements in the process and quality of care provided to children placed in out-of-home care without a deeper review of how services are delivered?

We raise these questions because we share with the leadership of the respective CBCs a desire to do all that can be done to improve the well-being of children served by the child welfare system.

**ChildNet**

We offer the following recommendations based on the findings contained in the third quarter report.

a) We continue to see a need for improvements in the home study process. In the past, we have recommended additional reviews to identify whether compliance is improving. Building on those efforts, we recommend that ChildNet carry out a thorough process review for purposes of proposing a new approach to placement of children unlicensed care. As more and more children are placed in unlicensed care, the importance of identifying a best practice, consistent with state requirements, grows in importance. We want to stress that our request focuses on the “who, how and when” of the home study rather than the components of the home study (e.g., background checks). The process review should include a look at the procedures used for any subsequent home study reviews (as dictated by regulation). The goal is to understand how the process itself works, where the process breaks down, and how those insights can be used to assign new responsibilities.

b) We would also recommend that ChildNet review its approach to QA, giving special emphasis to the way it manages its contract providers. In addition, we recommend that ChildNet assess their overall quality assurance approach to determine in what ways their approach can be refreshed, so to speak. In other words, we are suggesting that ChildNet examine how it approaches QA, not from the perspective of file reviews (although file reviews are an important part of the process), but from the perspective of how the organization uses what it learns to create a learning environment the strengthens, the process, and quality of care provided by ChildNet. To be clear, this is about the role of QA within the organization and the need from time-to-time to
examine new ways to derive benefit from the time and effort put into quality assurance.

c) Like Our Kids, ChildNet is placing considerable emphasis on electronic records and strategies that push information into the hands of caseworkers and agency managers. In many respect, ChildNet is further along in this process than other child welfare agencies. Having said that, we believe ChildNet faces some of the same issues already identified. Effective use of information by line workers and others is a skill that takes time and effort to develop. Beyond its innovative use of technology ChildNet should report to DCF just how it plans to “train” its work force in the systematic use of information for decision support. For example, it is one thing to use an information system to track and record casework activity. It is quite another matter to use that same information as a decision support tool in the context of diagnosis and prognosis. These skills are, however, necessary in order to maximize the benefits of IT investments.

d) With respect to its implementation plan, ChildNet has hosted a series of meetings with DCF. In turn, these meetings have helped DCF understand the approach ChildNet is taking to moving forward. It is important to continue these meetings. At the same time, we believe it is important to expand the stakeholders whose input into the meetings might prove helpful. As such, as it prepares to convene future meeting, we recommend that ChildNet reach out to stakeholders so that their input into the problem-solving process frames the agency’s priorities. We believe that this process of engagement, which may already take place through the Community Alliance, can be more formalized with respect to the action ChildNet is taking in regards to the recommendations contained in the monitoring reports. A proposal to DCF in this regard would be welcome prior to the next meeting.

e) ChildNet should continue to work on all prior recommendations.

Our Kids
We offer the following recommendations based on the findings presented in the third quarter monitoring report.
a) The implementation plan developed by Our Kids in response to prior reports calls for implementation over a period of time that extends well into 2009. Whereas changing the process and quality of care does take time, we believe it is important to review the timetable to determine whether certain tasks and deliverables can be moved up, especially in the following areas: compliance with home visits requirements, risk and safety assessments, and home studies. We believe the timeline ought to be reviewed by DCF and the Community Based Care Alliance, so that community’s priorities are reflected in the implementation plan. As part of the process, a report-back mechanism should be discussed and developed.

b) Our Kids has worked to strengthen its quality assurance efforts. That said, having reviewed a small sample of their QA instruments, it is not clear to us that the instruments in use by Our Kids are sensitive enough to detect practice variation in all of its forms. Without knowing the full range of practice variation, it is that much more difficult to manage practice change. We recommend that Our Kids submit their suite of QA tools to DCF so that the Department, together with the monitor, can review their approach to case record reviews.

c) Greater attention should be given to supervisory reviews. Given that the supervisory reviews are often the first opportunity for a full review of the case, it is essential that the quality of this case activity is improved. Furthermore, standardizing the form on which these reviews are documented will increase the likelihood that key components of the reviews are completed.

d) Our Kids is placing considerable emphasis on their electronic record keeping system as a tool that will help caseworkers manage their workflow more effectively. To be sure, electronic records hold great promise. However, in health care, where investments in information technology far exceed the same investments in child welfare, practitioners struggle to make full use of technology, despite their sizable investments in the human element. We believe the child welfare system faces the same challenges. As part of its rollout, it would be prudent on Our Kids part to describe how it plans to address these challenges. To that end, we recommend that Our Kids submit to DCF a detailed training plan that describes how skill development will be managed.

e) Our Kids should continue to work on all prior recommendations.