This is the year-end report for the Eckerd Community Alternatives (ECA) FY 2009-2010 QA File Reviews, part of the Statewide QA Plan. Cases selected for this review follow the state’s sampling methodology which provides a list of all applicable children from which cases were selected based on permanency goals. Seventy-five cases were reviewed during the fiscal year, utilizing the state’s Case Management Tool, Quality of Practice Standards for Case Management.

Summary of Case Management Practice Trends

ECA’s quarterly overall scores improved, and then decreased, this fiscal year.

Quarter 1  not held due to psychotropic medication reviews
Quarter 2  65% overall (25 cases)
Quarter 3  75% overall (25 cases)
Quarter 4  67% overall (25 cases)

Of the 75 cases, 23 were managed by Gulf Coast Community Care and 26 by Directions for Mental Health in Pinellas County. In Pasco County 12 were managed by Baycare Behavioral Health, and 14 belonged to Youth and Family Alternatives. Beginning fiscal year 2010-2011, Baycare is no longer providing case management services by their own volition. ECA has contracted with Youth and Family Alternatives to absorb those units and YFA is now the sole provider in Pasco County.

The decline in performance made evident in Quarter 4 indicated that ECA needed to reiterate previous corrective actions and devise succinct recommendations to the Case Management Agencies (CMAs), as mentioned below.

Practice Trends

1. Assessment

The fiscal year began with deficient performance regarding FSFN Family Assessments. As a result, ECA implemented a clean-up effort, requiring all cases to have a Family Assessment in FSFN by 12/31/09. The completion of the family assessment in FSFN improved significantly for the third quarter. Case Management Agencies were held harmless for the timeliness requirement, (every six months and /
or at critical junctures); however, for the upcoming fiscal year, timeliness and content will be measured for these standards.

Following Quarter 2, ECA required that each CMA submit a written response detailing how they will improve FSFN Family Assessments, to include measurements and tracking systems. Recently, the existing Risk Assessment tool was eliminated and agencies were instructed to include a detailed assessment of risk factors and any needed ameliorative interventions in the FSFN Family Assessment. As a result, ECA expects that the quality of FSFN Family Assessments will improve with continued utilization and up-front critical evaluation. ECA is also now requiring that the CMA Program Directors review one Family Assessment per Case Manager per quarter to ensure quality, and results are to be provided to ECA QM.

Ongoing assessment of children’s needs has historically been identified as a strength for the CMA’s in Circuit 6. Reviewers found evidence that Case Managers evaluated children’s needs, formally and informally, and ensured that services were provided as necessary.

While it is apparent that practice is focused on the child, assessment of parents remains an area of need, particularly with fathers. Low scores for parent assessment can often be attributed to lack of diligent search for an absent parent, inadequate efforts with an incarcerated parent, a parent living in another county or state, or a parent “not initiating contact”. CMA’s have been educated on the Quality of Practice Standard requirements for parental assessment, so that better effort and documentation will become evident.

In October 2009, ECA QM began utilizing an Initiative Tool, a condensed State QM Standards Tool, focusing on assessment and engagement, using the Qualitative Standards #5, 7, 20, 50, 51, 52, and 53. Randomly selected cases are reviewed on a weekly basis and data is collected to provide to the Case Management Program Directors.

2. Family Engagement

Family Engagement has remained an area needing improvement throughout the fiscal year. Similar to parent assessment, most cases scored negatively in this area due to lack of case management efforts when a parent is incarcerated, living in another county or state, “not initiating contact”, or when whereabouts are unknown without sufficient diligent search. Referrals were provided routinely, however Case Managers are not addressing barriers to compliance and discussing creative options with the parent to overcome those obstacles. ECA anticipates that continued Modeling and Mentoring discussions between supervisors and Case Managers will help promote critical thinking, and lead to key questions being asked by case workers to parents.
To further promote improvement, ECA is requiring that CMA’s ensure parents are brought in for Family Meetings within 30-45 days from ESI, and that the CMA Program Directors review each new case at the 45 day mark to ensure this occurred. A monthly report is to be submitted by the CMA’s to ECA QM regarding compliance with this initiative.

3. Service Planning and Provision

Traditionally, appropriateness of case plan goals and tasks has been a strength in Circuit 6. This trend has continued during the past fiscal year, even showing some improvement throughout the quarterly reviews. Appropriate community services are identified to match the needs of parents, children, and caregivers. Involving these participants in case planning, however, has consistently been an area for improvement. The practice of Family Meetings is utilized by some CMA’s, and the plan for consistent implementation should lead to progress in this area.

The quality of provider contact has steadily declined throughout the past year. Reviewers look for meaningful, frequent contact with providers, beyond a certificate of completion. ECA has provided guidance to the CMA’s of inviting providers to staffings, as well as having discussions with the provider about parental change and growth to supplement the standard paper reports received from the provider. Also, service planning with courtesy workers, outside of reading their FSFN notes, is an opportunity for staff to improve in this area.

4. Promoting Case Progress

Filing TPR petitions for applicable children has improved throughout the past year, as well as documenting exceptions to filing petitions for compelling reasons. As part of the effort to reduce the number of children in out-of-home care and shorten the average length of stay, an agency-wide modification has been implemented for permanency staffings to be held at six months from removal, instead of the previous eight month mark. ECA has also provided a written directive to case management to file all new case plans with a nine month case plan expiration date.

While case plan goals are typically found to be appropriate for the child’s circumstances, approximately half of cases reviewed had expired case plans. Reasons are often because a goal changed and an updated case plan was not filed timely. Judicial Reviews are typically held timely and with necessary content.

5. Supervisory Review and Oversight

ECA requires that all cases have a supervisory review every 60 days, with the exception of three critical types of cases that require supervision every 30 days:
children under the age of five in-home with a parent, children on psychotropic medication, and a case involving any missing youth. Starting this new fiscal year, cases identified as high risk at ESI or at any point thereafter will also require reviews every 30 days. Staffings, Supervisory Consults, and Family Meetings are not considered to be supervisory reviews when ECA QM is assessing compliance of supervision frequency.

Despite Quality Management efforts, the quality of supervision did not improve throughout the past fiscal year. Ensuring follow through with directives, or documenting reasons why a task was no longer needed, remains the area of most concern.

In October 2009, ECA QM began focusing on supervisions by using a Modeling and Mentoring tool, to assess the quality of supervisions and collect data on a weekly basis to provide to the Case Management Program Directors. These were conducted in conjunction with the Initiative tool mentioned previously. The review period for these focus reviews remained in line with that quarter’s base and side-by-side review period.

In April 2010, ECA QM implemented an additional process of observing supervisions, which included completing observation forms and discussing results with the supervisor in real-time, in order to provide immediate feedback of what was being done well and also offering suggestions for improvement.

ECA QM is now requiring that in between Modeling and Mentoring supervisions, each supervisor is to complete a Supervisory Consult in FSFN to provide more frequent guidance and ensure that task follow through and safety are addressed. ECA QM also reviews random supervisions on a weekly basis to ensure timeliness, and those found to be out of compliance will be sent to the CMA Program Directors for a response which ECA QM will track.

**Addressing Findings**

As areas of need were identified, trainings were provided to case management staff during the past fiscal year. Some topics included:

- psychotropic medication
- 175-72 policy and procedure
- The Effects of Trauma on Behavior
- Domestic Violence
- Family Centered Practice
- Supervision using modeling
- Legal / court room trainings
- Parent Assessment and Engagement
- Family Engagement and Family Team Conferencing (JWB)
- Assessment & Priority Setting for Services & Interventions (JWB)
Diligent Documentation & Crucial Communications (JWB)

Training opportunities are repeated for refresher purposes and new hires, as well as relevant new topics. In addition, ECA and the CMA leadership staff attend monthly All Management Meetings, biweekly Program Director meetings and QM calls to address any current issues identified through routine and special monitoring activities.

After the fourth quarter findings indicated continued need for improvement, ECA issued further initiatives as mentioned above regarding increased CMA responsibility in monitoring supervisions, family engagement, and family assessment.

ECA’s Quality Improvement Plan (QIP) is consistently updated with new goals and measures to reflect where we are, and where we need to be, with the Quality of Practice Standards. ECA QM will continue to gather data using the Initiative and Modeling and Mentoring tools, as well as supervisory observations. It is recognized that due to gradually progressing review periods, significant improvement may not be evident until enough time has passed after an initiative has been implemented. However, ECA is highly concerned that while compliance-driven measures are improving, no significant progress has been made in qualitative measures.

7/14/2010

Director of Quality Management
Eckerd Community Alternatives

Date