Community Based Care Annual Summary of Quality Assurance Review Findings

Report to Headquarters Office of Family Safety

Summary of Case Management Practice Trends:

Kids Central, Inc. is the community based care lead agency providing protective and preventative services to children and families in Citrus, Hernando, Lake, Marion and Sumter Counties. With primary focus on safety, permanency and well-being, Kids Central strives to deliver the most comprehensive and effective care possible through both prevention and protective means.

In addition to the emphasis on service provision there is a strong emphasis on quality management and system of care evaluation. During the 2009-2010 fiscal year, Kids Central’s Quality Management Department participated in 75 statewide Base, Side-by-Side and In-Depth case reviews, in addition to internal special reviews. First quarter reviews were not conducted due to the focused review of children prescribed psychotropic medications. Results for the remaining three quarters were as follows:

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<thead>
<tr>
<th>Quarter:</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>Overall score:</td>
<td>82%</td>
<td>72%</td>
<td>72%</td>
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<tr>
<td>Safety Outcome 1:</td>
<td>94%</td>
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<td>100%</td>
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<tr>
<td>Safety Outcome 2:</td>
<td>81%</td>
<td>73%</td>
<td>70%</td>
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<tr>
<td>Permanency outcome 1:</td>
<td>86%</td>
<td>80%</td>
<td>79%</td>
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<tr>
<td>Permanency Outcome 2:</td>
<td>72%</td>
<td>58%</td>
<td>63%</td>
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<tr>
<td>Well-Being Outcome 1:</td>
<td>85%</td>
<td>73%</td>
<td>50% (1 of 2 applicable children)</td>
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<tr>
<td>Well-Being Outcome 2:</td>
<td>92%</td>
<td>78%</td>
<td>96%</td>
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<tr>
<td>Well-Being Outcome 3:</td>
<td>67%</td>
<td>60%</td>
<td>69%</td>
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<tr>
<td>Fed. Child &amp; Fam. Svc Rev.:</td>
<td>83%</td>
<td>79%</td>
<td>71%</td>
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Assessment:

Kids Central continues to devote resources to assessment initiatives. This not only relates to initial and ongoing family assessments, but to overall assessments of the child, family, case activities and effectiveness of service provision.

While Kids Central case management does well on completing the initial family assessment, there remains the need for improvement in the completion and documentation of ongoing assessments in FSFN. Medical and
educational assessments are areas of strong practice; however improvement on dental as well as the assessment of parent needs is necessary. Inquiry into Native American heritage (ICWA) is an opportunity for improvement as well.

Kids Central utilizes various resources to address this needed improvement by implementing in-house trainings by the Kids Central Training Department to better equip both pre-service and seasoned staff; employing Educational Liaisons to bridge the gap for our school age children; a Children’s Mental Health Specialist to facilitate the completion of Multi-disciplinary staffings, therapeutic assessment and placement; a Paralegal to assist in the area of psychotropic medication motions and orders, and multiple other efforts to engage and assist staff in the proper care and management of our children and families.

**Family Engagement:**

During the first two quarters of the fiscal year, Kids Central continued to incentivize biological parent contacts as a part of the Quality Improvement Center Grant. This required case managers to engage both parents in meaningful dialogue about their children, case plan and overall service provision. As a result, Kids Central still maintains some of the highest performance for parent contacts.

Overall, family engagement is a strength for Kids Central; however, this does not negate the need or commitment to improvement. While engagement of mothers is strong, engagement of fathers does not fare as well. In order to enlighten and educate staff on the importance of engaging fathers, Kids Central implemented the Fatherhood Initiative to train staff on not only why, but how to identify, contact and engage biological fathers.

In addition, Kids Central created a Family Centered Practice Department which includes a Family Finding Unit to ensure that case managers are exhausting avenues to identify, contact and engage family members to not only be placements for our children, but to be lifelong support systems as well.

Also, Kids Central’s Kinship Care Department, Independent Living Program and Post-Adoption Services work to engage children, biological and adoptive families while offering support services, workshops/trainings, group meetings, and network opportunities.

**Service Planning and Provision:**

All three quarters reflect strengths in appropriate case goals and appropriate tasks for all participants, and increase in tasks being included for age appropriate youth. Opportunities to improve are in the maintenance of current (unexpired) case plans.

Children and families overall are receiving services; however, again there is a need to better, or more consistently, engage fathers and to maintain contact with service providers. Please see above.

**Promoting Case Progress:**

One of the strongest means by which to promote case progress is the engagement of parents and caregivers. As stated above, efforts have been made to ensure that case managers are provided the necessary training and supports to engage families in the dependency process in order to promote permanency in the least restrictive
setting. Review findings reflect that case progress is promoted, particularly in regards to mothers and caregivers. Workers are visiting frequently and with quality for the most part, but fathers require improved efforts. Between the 2nd quarter and the 4th quarter, there was an increase in the sample of older children and children who have been in out of home care for a longer period of time or in adoptions awaiting adoptive placement. This is mentioned because while it is imperative to get children to safe permanency as quickly and expediently as possible, review scores reflect the difficulty of obtaining permanency for some of our most challenging youth.

**Supervisory Review and Oversight:**

During the first two quarters of the fiscal year, Kids Central continued to incentivize quality clinical face to face supervisory reviews as a part of the Quality Improvement Center Grant. This required supervisors to meet with staff at the 2-4 day and 30-45 day mark after case transfer to discuss the case in an effort to ensure that tasks, services and permanency options were appropriate and meaningful. This translated into stronger supervisory reviews, increased support and guidance to case managers and improved scores leading Kids Central to be one of the highest scoring CBCs in the state for quarterly supervisory reviews.

While still strong, the incentives, which required monthly QA reviews, have ended and the reduction in focus may have resulted in a lapse of practice. Kids Central has resumed bi-monthly supervisory roundtable meetings, and has included the effort of semi-annual sampling of supervisory reviews to ensure that quality discussions are being held face to face with case managers, and that follow through is being managed and documented as well.

**Findings:**

Findings have been addressed in each of the above sections as well as the Kids Central Quality Management Plan and described practices will be implemented and/or continued throughout the year as planned.

**Regional Input – Optional:**

The Statewide quality assurance process includes a review of case files, case specific interviews, and a quarterly review of all seven systemic factors for each Community-Based Care lead agency. A systemic review of Kids Central was completed by DCF Central Region QA through conducting interviews and focus groups with key agency staff, stakeholders, and community partners. The results are summarized below:

1. **Agency Responsiveness**

   Kids Central Incorporated (KCI) does a good job engaging in consultation with relative caregiver and independent living children consumers, but it is not certain that the average citizen in Circuit 5 understands KCI’s role in the child welfare system. KCI is very effective in engaging in ongoing consultation with most of their Case Management Organizations (CMO), service providers, continuing improvement of communication with their foster parents, and engaging in consultation with other family-serving agencies through local county alliances. Input from the community is incorporated through the Board of Directors, who themselves are members of the local community.
KCI is very effective in engaging in ongoing consultation with their consumers, and has adjusted and changed their system of care in order to meet the needs. Some examples of the results of consulting with their consumers are: allowing children to go on field trips and streamlining the processing of vouchers to pay for different goods and services. They maintain very frequent contact with their service providers and meet regularly regarding their system of care. They also discuss emerging compliance issues and try to be transparent when dealing with providers. KCI is effective in engaging in ongoing consultation with foster care providers, and identifying foster parents as their secondary consumers. System of care changes that they have implemented have led to a substantial decrease in the number of foster parent complaints. KCI now has a mental health counselor as a member of the placement unit to whom the foster parent can link to immediately in order to get help with a child’s behavior. Also, the mental health counselor visits the foster home within 24 hours. KCI holds yearly foster parent appreciation dinners, and based upon community input, they recently sent ten foster families to the annual foster parent conference. They maintain monthly contact with their foster parent association representatives. Recently, KCI hired two foster parent liaisons, who are paid staff and licensed foster parents, to address foster parent issues. KCI maintains lines of communication with the dependency court judges and general magistrates and, during the year, they offered training to the dependency court. They meet or converse monthly with the court system, and converse during the quarterly Dependency Court Improvement Program (DCIP) meetings. KCI meets quarterly with each county school system. During the year, KCI addressed the school system’s issues regarding the movement of foster children to different schools. They meet on a regular basis with residential and treatment providers, and KCI always attends each county’s community alliance meetings. KCI is now embarking on a Formal Community Assessment, driven by their Board of Directors, and utilizing the minutes from the county alliance meetings. KCI receives and responds to community feedback, both formally and informally, and has hosted focus groups and received feedback from children, Child Protective Investigators (CPI), Family Care Managers (FCM) and community partners.

KCI has completed consumer surveys through their public relations firm, consumer presentations, and an internet link. KCI has a community outreach and awareness campaign, and conducts a summit in each of the five Circuit 5 counties. KCI is on Facebook and Twitter and updates each site monthly. KCI conducts a weekly Service Provider Director’s meeting, regularly scheduled supervisor meetings, and monthly CEO round table discussions and Town Hall meetings. KCI attends the monthly foster parent association meetings and conducts email correspondence with the foster parents. KCI also maintains a Facebook site specifically for foster parents so that they can network with one another. KCI has a Department of Juvenile Justice (DJJ) liaison, and each circuit county holds their DJJ meetings at KCI. They also conduct monthly meetings with their subcontracted providers. KCI utilizes interagency agreements to communicate with other public and private child and family serving agencies. There is communication with other CBCs to explore and develop best practices. KCI has also brought in nationally-recognized child welfare experts as special guest speakers. KCI uses community input in maintaining a “Balanced Score Card” to identify trends, opportunities for improvement, and program improvement strategies. KCI staff attends numerous community meetings and presentations to solicit community input. KCI has developed a video regarding the Title IVE waiver in order to inform the community. KCI continually meets with their community providers to improve the system of care, and recently met with Circuit 5
Guardian Ad Litems (GAL) in order to solicit input. KCI supports the Learning Coalitions in each county, and has developed a Diversion program to provide services to families, based upon their needs, as opposed to the dependency system. The KCI Kinship Care program is one of the most effective in the state.

II. Case Review System

KCI is very effective in ensuring each child has a timely written case plan, developed jointly with the child’s parents. For shelter cases, the family goes to mediation before arraignment. For in-home cases, the family goes to mediation directly after arraignment. KCI develops case plans with the parents 90% of the time and, in the remaining 10% of the cases, the parents cannot be located and served. KCI ensures all children receiving services have a current plan through mediation. KCI does a good job ensuring all children have an initial case plan, but at times the case plans are not amended when needed. KCI incorporates the needs of the children and parents into the case plan through mediation and by meeting with them. For the most part, the initial case plan is a “boiler plate”, but then amended as needed.

There are circumstances that arise when all parties recognize that the family may need a more intrusive level of service intervention; however, due to cost, transportation, and other factors, it is not possible. The Judicial Review Social Summary Reports (JRSSR) provide the needed information, but many times there are no required health and education records attached. Timely filing of JRSSRs is problematic, with approximately 50% filed at the last minute. Often children do not attend hearings and, unfortunately, when they do, they provide no input. KCI does a good job of having the Independent Living children attend court, but the problem is their level of participation. Children have attended through teleconferencing. Parents attend hearings and offer their input. KCI and Children’s Legal Services (CLS) are effective in filing the Termination of Parental Rights (TPR) petition. KCI is very effective regarding review notices to relatives and non-relatives, and it is assumed the foster parents are receiving proper notice. Communication between FCMs and CLS has improved. FCMs have improved in court preparation, taking their files and informing CLS of important case matters prior to court. Mock trials and FCM conferences are held to prepare for court. FCMs initially attended these, then attendance dropped. The FCMs least prepared for court did not attend. During a Retention Conference, being unprepared for court was the reason FCMs stated that they did not like to attend court. KCI and their CMOs are very receptive to fulfilling requests from the court. On November 1, 2009, a new case management organization assumed service responsibility for adoption cases. The lack of knowledge regarding the first case presented was somewhat surprising following the assumption of this responsibility. Cases that were proceeding timely seemed to have slowed down, but perhaps this is a result of the new CMO recently assuming this responsibility.

KCI is somewhat effective in including parents in the development and amending of case plans. The parents usually do not sign the case plan as required, but staff may be discussing the case plan with the parents. Most children have a current case plan, but there are times the FCM does not amend it before the goal expires. The FCM’s talk to the parents regarding their needs, but incorporating the needs of the older children and including them in case planning does not occur as much as needed; however, this has improved. The FCM prepares the JRSSR and provides the necessary paperwork. Depending upon the individual FCM, the information is timely and complete with all attachments. Regarding preparation for
court, it depends upon the individual FCM. CLS has never seen a child attend a permanency staffing, and very rarely court. Foster parents and pre-adoptive parents have attended court and permanency staffing, but seldom. When attending permanency staffing, the role of the parents and pre-adoptive parents is to observe, but rarely are they asked for their opinion. KCI is very effective in filing the majority of TPR petitions. Depending upon the individual supervisor, communication and coordination between CLS and case management staff is somewhat effective. Good communication and coordination exists with some supervisors, and not as good with others. Some of the case management requests that are received cannot be supported.

KCI is very effective in developing timely initial and updated case plans, and knows that the parents receive the case plan. If they are age appropriate, KCI ensures incorporation of the child’s self-identified needs in their case plans by sending them a questionnaire. Sometimes they mail the questionnaire to complete with the assistance of the foster parent. This is not appropriate, in that the child may hesitate to divulge certain things to the foster parent. A more appropriate process would be for the FCM to bring the questionnaire and discuss it with them one-on-one. This would also increase the importance of the questionnaire to the child. KCI was somewhat effective in ensuring that foster and pre-adoptive parents received notice of court reviews and hearings, because she usually received notification from the GAL, and occasionally from the FCM. CBC provides the foster parents with a Caregiver Input form to complete that is provided to the court. FCMs have told foster parents they could attend court, but did not need to, and that the judge frowned on children attending. One foster parent reported never being involved in the development of a case plan.

III. Foster and Adoptive Parent Licensing, Recruitment and Retention

KCI conducts six orientations every month and a half; two in Lake County and one in each of the other four counties. There is currently an ongoing recruitment effort w/a local Lake County church. KCI is embarking on a major recruitment effort. They have utilized (Florida Safe Families Network) FSFN demographic data related to the children’s race, siblings, ages, and community location. They have also gathered similar demographic information regarding foster and adoptive families, and are going to complete a comparative analysis to improve matching efforts and to target recruitment in certain geographic areas to keep children in the same community and school. They are also working with the DCF Central Office on some new recruitment/training initiatives in which they will come together with community partners. KCI is very effective in conducting thorough home studies. When a prospective family comes to the initial orientation, they are required to complete a financial affidavit to ensure their own financial stability, and a preliminary background screening to see if there is any disqualifying history. KCI licensing staff makes a preliminary home visit to discuss and determine the family’s capacity, ensure the home has no safety hazards, and provide information regarding the health inspection. Throughout the pre-service training, an assessment is made based upon class participation and willingness to discuss background history. In order to establish a rapport and comfort level with prospective parents, the individual who conducts the Model Approach to Partnerships in Parenting (MAPP) training is also the same individual who completes the home study. The licensing specialist assigned to each foster home conducts quarterly home visits that can increase in frequency if licensing issues arise. At least one of the quarterly home visits is unannounced. In addition, KCI requires monthly
telephone contact. KCI is effective in ensuring that current foster parents receive adequate training. KCI conducts quarterly trainings in each county. The two foster parent liaisons employed with KCI attended case management pre-service training that will also be offered to local foster parent association presidents. For adoptive parents, there are post adoptive support groups. Relatives have the Kinship Care program that also includes a group for children.

Recruitment fliers are seen in the local KCI office, and occasional television advertisements are seen, but local foster and adoptive family recruitment is an area that requires more emphasis. KCI should make more outreach to local community social organizations. The main problem seems to be that prospective families do not seem to know where to go. KCI is very effective and well-organized in completing thorough home studies of prospective foster and pre-adoptive families, including multiple visits to the home and interviews with the biological children of the prospective family. The relicensing process is thorough and consists of home visits, inspections, record checks, staff input, and discussion about licensed capacity and the type of child best suited for the home, which is provided to the placement unit. KCI assigns a licensing specialist who visits the foster home every three months to discuss licensing issues, foster parent concerns, and ensures that licensing standards are in place. There are also home visits by the FCM, who observes the conditions of the home and talks privately with the children. The FCM makes both announced and unannounced home visits, and with infants checks, the sleeping arrangements. Occasionally the FCM will see the child in school and at daycare, which is good because they can then talk more privately with the child. KCI will also send emails to foster parents reminding them when certain licensing standards will lapse, such as water safety and CPR. KCI should develop a foster parent guide or checklist for new foster parents. Examples of information that would be helpful would include the WIC process, a listing of local dentists and childcare providers, as well as KCI expectations. When the FCM comes to the home during the first week after placement of a new child, they could review the checklist with the new foster parent.

CPI supervisors possess limited knowledge relating to foster and adoptive licensing, recruitment, retention, and training. The biggest issue relating to foster and adoptive recruitment and retention is a lack of foster homes within their county. The result is that children are not sheltered in the county from which removed. Prospective foster and adoptive parents go through a home study and background screening process that is more thorough than for non-licensed relative and non-relative caregivers.

Recruitment of foster parents occur through “Match” meetings that bring together families and children, newspaper adds, billboards, radio, and church recruitment. If a non-licensed provider has the desire and demonstrates the ability to care for more children, the FCM can make a referral for them to become licensed foster parents. The supervisors and their FCMs assure appropriate standards through monthly home visits in which the FCM observes the conditions of the home and the family interactions. The FCM also speaks separately to the child and licensed provider. There is also the relicensing process that foster parents undergo and licensing concern forms when issues arise. When a concern arises, the supervisor and/or FCM completes a licensing concern form notifying the foster home’s KCI licensing specialist. The licensing specialist then engages the foster parent to resolve the issue, many times face-to-face. Corrective action can include discussion, training, a warning letter, or sanction. The supervisors
identified two foster parent training issues, allowing children the opportunity to practice their own
religious beliefs when they differ from those of the foster parent and teenage normalcy issues.

IV. Quality Assurance System

The KCI Quality Assurance (QA) System consists of Quality Management (QM)/Utilization comprised of a
Chief of QM, a Compliance Manager, and Compliance Analyst, along with Training/Professional
Development, Quality Management, and Utilization Management units. The KCI QA system conducts
record reviews, incident analysis, produces customized reports based upon Department Dashboard
standards, works with operations to management risk, measures operational compliance, coordinates
and conducts training, and is very involved in KCI planning meetings. The KCI QA system effectively
evaluates the quality of services, by producing and measuring performance measures on a monthly
basis, that are provided to the CMOs, other service providers, and CEO. In addition, QA stratifies the
reports by county and agency and displays increasing and decreasing trends. The KCI QA system
identifies strengths and areas needing improvement by working side-by-side with the Quality
Management and Utilization Management units. The reports produced are timely, relevant, targeted,
focused on pertinent information, and have little extraneous information or jargon. KCI does
exceedingly well at using QA review information to guide policies and procedures, including worker
feedback. There is a compete tie-in between KCI QA activities and policy and procedure. Once KCI
provides QA information, results, and feedback to the CMOs, they in turn provide feedback to their case
management staff. An example of this tie-in is the KCI placement database that tracks several different
placement criteria. The Placement unit can then sort the data in several different ways in order to make
the most appropriate placement decision for the child. Another example of tie-in is the decision to
require all case-related information to be in one file, such as all placement and Family Finder notes.

Family Finder is a new grant-related program launched on March 1, 2010 to locate family members for
children in licensed care. There is one Family Finder in each of the five counties.

KCI designed their QM system around the DCF QA model. Each part of KCI QM continually brainstorms
and meets monthly to improve the system of care. KCI supports QA activities and provides them with
additional resources when needed. KCI QA is instrumental in KCI’s use of a, “Balanced Scorecard”, to
identify deficiencies and track performance trends. QM staff does a great deal of collaboration with
corporate and contracted services staff. KCI is very effective at identifying strengths and areas needing
improvement, through continuous self-examination, using a very analytical approach to decision
making. QM can quickly generate a relevant report. KCI does a good job of having the analytical data to
support QM findings and conclusions. The Board often makes data requests and KCI QM always provides
timely and relevant information. KCI does very well at using QM analytical data when making decisions.
The feedback that QA provides to line staff is timely and pertinent.

V. Service Array

KCI’s service array is very effective and KCI takes a strong interest in their program’s success. The system
of care includes specific services to protect children in their own home and prevent removal. More
services would be beneficial, especially substance abuse counseling. Services are readily accessible and
FCMs and clients can initiate certain services in as little as three hours from the time of referral. Funding
is available to assist children/families in obtaining necessary services, but not enough. This is especially true for services to meet basic needs such as food, shelter, and clothing.

KCI's service array is moderately to highly-effective, and they continue to improve in meeting the needs of the children and families they serve. The moderate effectiveness rating does not stem from KCI's lack of effort or a gap in services; instead, it is due to deep-rooted issues that preceded KCI that require time. KCI is committed, really tries, and is very diligent in prevention efforts. KCI continues to improve service array and makes efforts to link with other community entities that provide similar services. The KCI Kinship Care program is very effective and, overall, families are buying into it. KCI does a good job identifying areas that need improvement. KCI is effective in providing transition and independent living services for children, but should double efforts to include children with emotional and behavioral issues in the independent living classes. KCI is very diligent in making efforts to prevent removal. One factor effecting KCI’s delivery in providing reunification services is staff stability, which is an issue in all social service agencies. Achieving timely adoptions has been a long-term area of concern that KCI continues to work to improve. Achieving timely adoptions has been problematic prior to KCI, and revolves around many issues beyond KCI’s control, but KCI is working on it. KCI is doing as well or better than any other agency whose responsibility includes timely adoptions. KCI will be addressing service accessibility through a “Waiting List Tracking Log” that they will utilize to follow and address waiting lists. The Department of Children and Families (DCF) has done well to address this issue with KCI. KCI has an array of services available to keep families intact and prevent removal, including in-home providers Devereux and the Crisis Response Team, which are both very effective. KCI is very effective in utilizing the multi-disciplinary team approach to enhance the family’s natural supports. KCI is a good team player within the community. KCI has fought to ensure the community receives a fair share of child welfare funding. Over the last two to three years, KCI has put extra money into the community at the end of the fiscal year. The KCI Kinship Care program is very effective. It is commendable that KCI is a data-driven organization when they consider changes to their system of care.

KCI has services such as Crisis Response Teams (CRT) and Family Team Coaching (FTC) that are good alternatives to removal, although sometimes they are utilized in cases where removal or dependency action is more appropriate. Many times, there are waiting lists, or a provider will not accept a case for services. Frequently, CPT recommends psychological evaluations for children and parents and is informed that there is no funding available.

VI. Staff and Provider Training

Since July 2009, KCI has assumed the responsibility for child welfare pre-service training and professional development. The KCI Training Unit consists of the Director, five trainers, and one Administrative Assistant. Florida International University developed the current DCF-approved pre-service training curriculum. The pre-service training consists of a pre-test, eight weeks of child welfare training, three days of FSFN training, and a post-test. An Enhancement Week includes county specific information and a presentation from each department. At the conclusion of the final training week, the FCM can have cases assigned. Each trainee, in conjunction with their supervisor and the trainer, develops their own Professional Development Plan. During this time, the trainer makes two trainee contacts per month. The contacts consist of field visits, office visits, court appearances, and home visits.
The goal is to certify each trainee within nine months. Monthly in-service training is offered on a variety of child welfare related topics. Staff are notified of upcoming training opportunities via an e-mail flyer with an online registration, and through the training link on the KCI website. Contracted CMOs track their staff training hours, and the contract unit monitors the CMO’s training compliance. The KCI Training Unit tracks the training of KCI corporate staff who are required to attend 15 hours of training a year. The KCI Training Unit tracks training through a specific training database and maintains a separate training file for each KCI employee. The KCI training philosophy is to develop training opportunities based on current trends and new initiatives that are actually working. KCI regularly consults with outside experts regarding new trends and initiatives, and provides ‘train the trainer’ opportunities to keep building momentum. Currently, KCI is developing substance abuse training with one of their contracted agencies to meet the needs of the local community, and recently conducted CPT training utilizing the CPT’s own medical experts. KCI has initiated training to take proactive steps and forecast system of care breakdowns before they occur. KCI leadership is very committed to training, as demonstrated through investment in the training unit, which includes a new computer lab and additional staff. In order to improve the training offered, staff attending training rate their trainers based upon their presentation, knowledge, and relevance of subject matter. The Training and QA units are both under the responsibility of the same Chief, which allows the units to work together in a more progressive manner. The Training Unit examines QA review results and workgroup recommendations that would benefit from additional training. Many compliance issues benefit from other improvement strategies besides additional training. Examples are the issues of completing exit interviews and family assessments. The KCI Training Unit has found that FCMs are adequately trained in completing exit interviews and do not require additional training; however, FCMs do not fully understand all of the elements of completing family assessments and have benefited from training. As the result of a recidivism workgroup, KCI conducted assessment training. KCI has also added psychotropic medication training as the result of a recent QA review.

KCI is effective in providing and ensuring adequate staff training, but staff would benefit from attending the Mapping Behavior Modification classes and some of the MAPP licensing classes that foster parents attend. KCI is effective in providing and ensuring the completion of adequate foster and adoptive parent training. Foster parents receive frequent updates regarding training opportunities, including e-mail updates. Training opportunities are also available at the foster parent association meetings. When KCI does not offer daycare, it is a barrier to a foster parent’s ability to attend training.

KCI is diligent in ensuring that training is readily available, and their supervisors are conscientious about ensuring they complete required training. The CMO might also track case management training hours, but that they are responsible for tracking their own. Overall, they do not utilize or access Skillnet. For the most part, trainings conducted are useful and effective. Because of QA reviews, there has been documentation training, six-month family assessment training, and psychotropic medication training.

There are ample training opportunities available to include on-line, outside trainers, and internal staff training. CPIs track their own training hours and training requirements. If the supervisor has a responsibility to track their training, they are unaware of it. All CPIs identified Skillnet as being problematic. Skillnet problems that CPIs have encountered included not being able to log in, lost training hours, and having to go back and identify past trainings. Pre-service training provides a great deal of
useful information, but CPIs do not receive county specific information until assigned to their service center. Examples of training opportunities based on QA or special reviews included Interstate Compact on the Placement of Children (ICPC), death investigation, Indian Child Welfare Act (ICWA), and QA standards.

VII. Statewide Information System

The Circuit has an assigned Family Safety Specialist that compiles all of the weekly reports. The reports include reports closed in 45 days, commencement, and children seen. The Circuit utilizes the reports to detect data trends, monitor caseloads, and measure performance. The FSFN reports are very useful and the results are compared to reports generated by the Region Family Safety Program Office.

FSFN is utilized daily and reports are used to track several case management milestones. Many times, there are mistakes made by the CPIs that require correction once the case is transferred. One problem is that once a CPI makes an initial data entry error and closes the report, services cannot correct it, and the error continues throughout the life of the case. One improvement has been the Placement Unit’s responsibility for entering data relating to the child’s licensed placements. CLS is responsible for entering specific legal information, which has proven to be helpful. There is good communication between KCI and CMO staff, and a lot of checks and balances that ensure FSFN accuracy.

FSFN is the system of record and used daily. The case plan, home study, and judicial review social summary templates are cumbersome and time-consuming. There are also formatting issues with the templates that negatively affect the appearance of the FCM’s work. FCMs check their initial FSFN entries against the information in the case file. Prior to ESI staffing, the FCM has little control over data integrity. If the CPI makes an error and their report closes, the FCM cannot edit the error.

The reports produced by FSFN are useful, aid in unit time management, and track several critical investigative milestones. Supervisors need a report that tracks when CPI’s submit updated child safety assessments, similar to when CPI’s submit initial child safety assessments. Supervisors state that there is no formal process in place to resolve data errors. If an error occurs following Early Services Intervention (ESI), the service provider notifies the supervisor who directs the CPI to make the correction. If an error occurs after the report is closed, the CPI can enter an additional chronological note.

FSFN is the basis for managing CPI abuse reports and workload. The level of CPI knowledge regarding reports varied widely, and it was felt more report training would be beneficial. The CPIs identified their own actions of going into the FSFN system, along with supervisory reviews, as the two processes in place to resolve data errors. They were not aware of any other data error resolution processes.

Summary and Recommendations:

Based upon the interviews conducted, overall systemic factors are an area of strength. The following systemic factors may also offer ongoing opportunities for improvement for KCI’s consideration:

Case Review System

- Amending case plans when needed.
• Attaching required health and education records to JRSSRs.
• Filing JRSSRs timely.
• Preparing FCMs for court.
• Parents signing the case plan as required.
• Including older children in case planning.
• If they are age appropriate, children complete a questionnaire to self-identify their needs in the case plan. The FCM should assist the child in completing the questionnaire instead of mailing it to the child to complete with the assistance of the foster parent.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

• Recruitment and retention outreach to local community social organizations.
• Foster parent guide or checklist for new foster parents.
• Sheltering children in the county from which removed.
• Foster parent training on teenage normalcy issues.

Service Array

• Substance abuse counseling services.
• Including children with emotional and behavioral issues in the Independent Living classes.
• Utilization of CRT and FTC when dependency action is more appropriate.
• Funding for psychological evaluations for children and parents.

Staff and Provider Training

• Encourage FCMs to attend some of the MAPP licensing classes.
• Daycare services for foster parents to attend training.
• FCMs do not utilize or access Skillnet.

Doris D. Banks
August 6, 2010
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August 6, 2010