United for Families

Community Based Care Annual Summary of Quality Assurance Review Findings

July 22, 2010
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Introduction:
During the first quarter of 2009-10 case file reviews were suspended due to a special review of psychotropic medications. This report provides findings from the reviews that were conducted during quarters two, three and four of fiscal year 2009-2010. Twenty-five cases were reviewed each quarter with a total of 75 cases reviewed for fiscal year 2009-2010. The QA review of case management practice is a three step process.

The Regional Quality Management System requires a minimum number of case files to be reviewed by Quality Assurance (QA) staff from the Regions and Community Based Care (CBC) agencies each quarter.

The process known as “Base Reviews” requires CBC’s to conduct an internal review of 17 of the 25 randomly selected cases.

The process known as “Side by Side Reviews” requires the Region and CBC’s to conduct a review of the remaining eight cases jointly. Regions and CBC’s, working together, review the same case, at the same time, using the same standards, and subsequently reach consensus on measuring performance. This process creates an environment that helps ensure ongoing inter rater reliability and builds effective partnerships.

The process known as “In-Depth Review” requires the Regional QA and CBC staff to identify two cases each from the Side-by-Side’s and base reviews for a more in-depth review. In this process, staff conducts case specific interviews, e.g., interviews with the child, the parents, foster parents, providers, and others involved in the case. In addition, interviews are conducted with other community stakeholders not involved in the specific case.

Sampling Methodology:
The Department of Children and Families Family Safety Program Office data unit provides an extract for CBC’s that lists all children who are eligible to be reviewed during the forthcoming review period. The sample represents a range of permanency goals as listed below.

1. Maintain and Strengthen
2. Reunification
3. Adoption
4. Permanent Guardianship
5. Permanent Placement with a Relative
6. Another Planned Permanent Living Arrangement (APPLA)
Summary of Case Management Practice Trends:

During the July 2010 Continuous Quality Improvement (CQI) meeting, the comparison chart below was presented to our sub-contracted providers as an overall view of Circuit 19’s qualitative record review performance. The chart illustrates Circuit 19’s continual commitment to quality improvement. The following chart represents data for 08-10 FY with a total of 175 cases reviewed.

Promising Practice Trends and Focus Group Data:

United for Families is showing promising trends in the area of the quality of the services worker's visits with case participants being sufficient to address issues pertaining to the child's safety, permanency and well-being. During 09-10 FY the data indicates an improvement in quality of home visits, increasing from 68% to 80%.

57 - The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being. (applicable to all cases)
Another area of promising practice is concerted efforts being made to actively engage fathers in the case planning process. During 09-10 FY the data indicates an improvement in engaging fathers, increasing from 9% to 60%.

Continual efforts have been made to increase the qualitative supervisory review process. United for Families has focused attention on whether supervisors have ensured follow through on guidance and direction and/or documented the reasons the guidance and direction were no longer necessary. During 09-10 FY the data indicates an improvement in qualitative supervisory reviews, ranging from 44% to 80%.

20 - Qualitative supervisory reviews and follow through were conducted as needed and required. (applicable to all cases)
United for Families attributes the significant improvement in scores to quality improvement processes put in place, such as focus groups conducted during the past year. Quarterly, United for Families holds Continuous Quality Improvement meetings with all subcontracted providers. Also in attendance for these quarterly meetings are the Department of Children and Families Contract Manager and other DCF department representatives. Quarterly CQI meetings focus on reviewing record data, performance measure updates, improvement initiatives, Quality Management Plan activities and conducting quarterly focus groups. Focus groups are held in order to capture information on specific problem areas identified from previous record review data. The focus groups review the identified standard, conduct root cause analysis, promote attendees’ engagement in the improvement process through interactive, hands-on exercises, and provide valuable input for improvement initiatives.

Process improvements that have come from these focus groups have been as follows:

In the area of home visits, United for Families created an in-depth In-Home/Out-of-Home Visit form for case management to utilize during monthly visits. This tool includes best practice and compliance indicators and focuses on assuring a qualitative home visit has occurred.

Another improvement area surrounded mentoring through qualitative discussions. United for Families Quality Management team presented the mentoring guide during a quarterly CQI meeting. Quality Management then trained all CMA supervisors and Program Directors on how to use the guide. Once the training was completed, QM met individually with CMA Supervisors for one-on-one training, including observation of supervisors conducting actual qualitative discussions during supervisory reviews.

**Other Initiatives**

Another area of consistent performance is ensuring that information and documentation surrounding psychotropic medication is complete and accurate. United for Families created a web-based system portal called uRx. This psychotropic medication web-based system is located on the Intranet and allows for uploading of consents/court orders and treatment plans. United for Families along with CLS has provided group and individual training on procedures and protocol of obtaining express and informed consents. United for Families’ Behavioral Health Specialist is working individually with Case Management in tracking the completion of the appropriate consent forms and uploading the required documentation as appropriate. The Behavioral Health Specialist interfaces with the University of Florida for all of the children birth to five years old in Circuit 19 who need UF approval. During 09-10 FY data indicated accurate documentation of the child’s psychotropic medications in FSFN in 80% to 83% of the cases reviewed.

**Strengths:**

United for Families has demonstrated excellence (strengths) in the areas of service referrals, initial family assessments, case plan goals, ongoing assessments of the child’s needs, and psychotropic medication.

In reviewing the data, there is evidence that referrals are consistent with the case participants’ identified needs. When appropriate and timely referrals for services are completed it contributes to the achievement of permanency goals in a timely manner. The Team One program is a quality improvement initiative that was put into place to identify needs and concerns and to strategize service
delivery to the families at the time of case transfer. The primary goal of the program is to review and analyze all cases requiring dependency services, ensuring that the full family history is ascertained and appropriate services are matched to the families’ needs. During 09-10 FY, data indicated that appropriate service referrals were made in 96% to 100% of the cases reviewed.

Another area of excellence is the completion of thorough initial family assessments that sufficiently address child safety factors and emerging risks. During 09-10 FY, data consistently indicated that a thorough initial family assessment was completed in 100% of the cases reviewed.

Continual efforts have been made to ensure that the case plan goal was appropriate based on the child’s and family’s circumstances. During 09-10 FY, data consistently indicated that the case plan goals were appropriate in 100% of the cases reviewed.

Concerted efforts have been made to ensure that the child’s needs are assessed on an ongoing basis. During FY 09-10 data indicated that an ongoing assessment of the child’s needs was conducted in 96% to 100% of the cases reviewed.

**Areas Needing Improvement:**

Through Continuous Quality Improvement efforts, United for Families will be focusing on the following areas for specific improvement initiatives.

1) Family assessment focusing on the immediate and prospective safety of the child, as well as any changes and implications in the family's situation related to emerging concerns and service needs. The 09-10 FY quarterly data reflects the following performance in this area:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Performance</th>
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<tbody>
<tr>
<td>2nd Qtr</td>
<td>8%</td>
</tr>
<tr>
<td>3rd Qtr</td>
<td>8%</td>
</tr>
<tr>
<td>4th Qtr</td>
<td>36%</td>
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2) Ongoing assessments of the father's needs conducted to provide updated information for case planning purposes. The 09-10 FY quarterly data reflects the following performance in this area:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Performance</th>
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<tbody>
<tr>
<td>2nd Qtr</td>
<td>47%</td>
</tr>
<tr>
<td>3rd Qtr</td>
<td>56%</td>
</tr>
<tr>
<td>4th Qtr</td>
<td>47%</td>
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3) Concerted efforts were made to assess the child's dental health care needs. The 09-10 FY quarterly data reflects the following performance in this area:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Performance</th>
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<tbody>
<tr>
<td>2nd Qtr</td>
<td>64%</td>
</tr>
<tr>
<td>3rd Qtr</td>
<td>38%</td>
</tr>
<tr>
<td>4th Qtr</td>
<td>59%</td>
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**Practice Trends**

The charts below represent three quarters of 09-10 FY and 75 cases reviewed. Note that each standard is not applicable to every case:

1) *Assessment:* United for Families developed Team One to provide a comprehensive assessment of risk within the family. Team One’s risk assessment process takes into account the entire family history and gives a clear summary of current involvement with the family. The family risk assessment captures physical and mental health, behavioral and criminal issues. Team One reviews the entire case history including all prior investigations and services in the system. Information is gathered on the family history from a myriad of systems and incorporated into the risk assessment document. The initial risk assessment contains a summary of all services recommended for the family. These services target their specific needs and are tied to the allegations against the family.

2) *Family Engagement:* United for Families created an In-home/Out-of-home visit form that includes family engagement based on qualitative case management. Continual efforts are being made by case management agencies to locate and engage fathers to ensure their case participation. Case Management has received training on thoroughly documenting all efforts to locate missing fathers.
3) **Service Planning and Provision:** United for Families created two web-based systems called “uRx” and “uRefer” for monitoring children in out-of-home care prescribed psychotropic medication and/or needing service referrals. The web-based systems are designed to upload and retain required psychotropic medication case documentation and service referrals. Case documents retained in the uRx system are express and informed consents, court approvals, and treatment/medical plans. The uRx system allows United for Families’ Behavioral Health Specialist and the Quality Management Department to monitor case documents for timeliness and policy compliance. United for Families’ Quality Management Department will perform ad-hoc case file reviews for verification of appropriate case file documentation. In the uRefer system, case management makes service referrals directly to the service provider through the web-based system.

![Service Planning and Provision Chart]

4) **Promoting Case Progress:** United for Families implemented a policy of sending monthly compliance letters to parents, reviewing their case plan tasks and the current status of each task. Notification letters are also generated to all case plan participants several weeks prior to each permanency staffing. Team One has been instrumental in identifying appropriate tasks.

![Promoting Case Progress Chart]
5) Supervisory Review and Oversight: The supervisory discussion guide or “Mentoring and Modeling Quality” discussion guide was presented to Case Management Agencies (CMA) at United for Families’ quarterly Continuous Quality Improvement meeting. Quality Management also met at each service center to train the entire staff on the discussion guide contents, review tools to be utilized and the CBC’s expectation of supervisory discussions. United for Families’ Quality Management Department continuously analyzes the quality of the FSFN notes to ensure compliance with the mentoring guide.

<table>
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<th>Addressing Findings:</th>
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<td>United for Families will react to the analysis of findings through quality improvement systems currently in place. Currently, United for Families has the following processes in place for analyzing, tracking and trending performance: Ad hoc reviews, High Risk Case Reviews, Performance Measure Workgroup and Independent Living File Reviews. The Performance Measure Workgroup meets quarterly and works to identify root causes and performance improvement initiatives. The Quality Management Plan and the local Quality Improvement Plan will help to guide future improvement initiatives.</td>
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**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 UFF 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.

I. **Agency Responsiveness**

Stakeholders surveyed for this Systemic Factor: Circuit Administrator, UFF administrator, member of the UFF Community Board, and an adoptive/foster parent.

Responses from these stakeholders included the following:
UFF works with the case management organizations to ensure tribal representatives are involved in all aspects of case planning for tribal families. This activity is monitored as part of the quarterly quality reviews and UFF reinforces the importance of these activities during the quarterly continuous quality improvement meetings with case management.

ICWA forms are completed on all children in out of home care, to determine if they are of Indian descent. Once the determination is made, Children’s Legal Services (CLS) is notified per policy outlined in the Department’s operating procedure.

In Okeechobee tribal representatives are invited to the permanency staffings in addition to actively participating in the case planning process.

The adoptive foster parent expressed experience with the Seminole Tribe through the foster parenting of a child, who was later accepted for placement with the Tribe. The communication between the Tribe and UFF was excellent.

UFF currently surveys their clientele and uses the results to improve services.

Top management of UFF is dedicated to "listening" and "transparency."

Impressed with the open communications and spirit of cooperation of the group, observed at the State Juvenile Court Improvement Summit; which was an example of everyday communication in the Circuit amongst UFF, judges, attorneys, and DCF.

II. Case Review System

Stakeholders surveyed for this Systemic Factor: CLS Attorney.

Responses from this stakeholder included the following:

- Indicated preference that the case plan be completed prior to the settlement conference and sent to CLS for consultation and agreement, prior to approaching parents’ attorney.
- CLS believes there are currently checks and balances through the Judicial Reviews, Permanency Staffings and new baby staffing to ensure the children are receiving the services indicated in the case plan; however, a tickler system in FSFN would be a great improvement.
- The Dependency Case Managers (DCM) do include services in the case plan and make referrals for those services in which the parents and child request; however, the parents’ attorney will not allow any task to be placed in the case plan that does not directly correlate to the abuse or neglect.
- There is a 5 month permanency staffing held, wherein all tasks are reviewed and a joint plan generated for case direction.
- Turnover in DCMs and lack of feedback from providers seem to be a concern in some situations.
- Parents are invited to attend the permanency staffing, via conference call if needed. The attorneys are effective in requesting the termination; however, the Termination of Parental Rights (TPR) FACT sheets submitted by the DCMs are lacking the documentation and evidence to support the termination petition.
- UFF is not always ensuring foster parents, pre-adoptive parents, and relative caregivers receive notice of reviews and hearings regarding the children in their care, or ensuring the caregiver input form is completed.

III. Foster and Adoptive Parent Licensing, Recruitment and Retention

Stakeholders surveyed for this Systemic Factor: CPI and DCM Supervisors

Responses from these stakeholders included the following:
• Recruitment and training of foster parents and adoptive parents is contracted to Hibiscus House. DCM Supervisors felt staff is very proactive in recruiting foster homes and have seen many new foster homes; however, they were not sure of the methods used to recruit.
• DCM Supervisors attend the Alliance Meeting (Community Board for the UFF) and serve on the Recruitment and Retention committee.
• Foster Parent Associations are in every county who are represented on the committee as well as Hibiscus Recruitment and Licensing.
• CPI Supervisors have participated in many panels the trainer uses for one of the last sessions of the Foster Care Licensing or MAPP training.
• Foster parents seem to be eager to foster and always ask good questions, which indicates they want to learn as much as possible to help children.
• DCM Supervisors with many years experience with foster care case management have not observed many problems other than minor ones that are easily corrected.
• All of the foster parents are very dedicated to the children and overall quality of foster parents is believed to be high.
• Only concern with a few foster parents involves those who actually wanted to be adoptive parents, thus requesting removal of a child from the home because they are awaiting an adoptive placement.
• CPI Supervisors feel foster parent training is a difficult and hard problem to resolve, as they do not have the children placed with them and it is unknown if any follow up training occurs, such as observing foster parents after placement. They have found some foster parents ignore the training or resort to corporal punishment.
• UFF Foster Parent Liaison is proactive in assisting foster parents problem solve. The liaison and licensing counselor accompany CPI's during any investigation involving foster homes; they monitor exit interviews to identify areas for improvement. Concern that on-going compliance checks are left to case managers to handle and are not addressed, due to concern the placement may disrupt.

IV. Quality Assurance System
Stakeholders surveyed for this Systemic Factor: UFF Administration, UFF Quality Assurance (QA), and Family Preservation Services, Case Management Agency (CMA) Quality Improvement.

Responses from these stakeholders included the following:
• UFF’s overriding goal is to assure the quality and effectiveness of its service delivery. The Quality Management (QM) System is designed to strengthen practice through the collection, tracking and trending of “real time” data.
• QA data is properly and expertly utilized, uncovers root causes, and guides improvements in the timeliness and effectiveness of service delivery.
• Innovative system approaches compel adherence to best practice in the field of social services and increases natural and enduring community supports for children and families.
• UFF is COA accredited, which speaks to the effectiveness of the QA System.
• UFF instituted Team One, which allows a multidisciplinary team of high level experts to receive each case from the department and play a pivotal role in determining effective family service needs.
• Team One reports findings to the QM department.
• Contract Department and QA work hand in hand during the year to assure the contract captures the information QA needs to properly evaluate performance. QA also evaluates contract compliance.
• Weekly discussion of services provided occurs during the Senior Management Team meeting when all department heads report to the Chief Executive Officer (CEO).
• The CEO meets regularly with the Executive Directors of the CMAs, Director of Permanency and Chief Legal Counsel to look at all cases that have been in the system 12 months or longer to determine the quality of service provision.
• After each QA review all reports are analyzed and presented to the Senior Management Team and the provider. UFF creates focus groups that consist of UFF staff and case management supervisors and report back at the Quarterly Continuous Quality Improvement meetings with our providers.

V. **Service Array**

Stakeholders surveyed for this Systemic Factor: Director of one the Contracted CMAs servicing all four counties in Circuit 19 and a Child Protection Team (CPT) representative.

Responses from these stakeholders included the following:
• Other services contracted by UFF are very effective in helping provide services for the needs of the families and children. For example, a program called HOPE connected with families upon reunification; however, the program is no longer in place.
• Additional services for families for post placement period would be beneficial.
• Services appear to be effective most of the time; however, some children and families with more serious problems need more “customized” services.
• There are multiple services that specialize in prevention of removal, such as Family Builders and In-home parenting.
• CPIs can make these referrals instead of transferring cases simply to coordinate a referral.
• Recommended that CPI’s fully understand the process for requesting flex funds, thus eliminating the need for case transfer to services for the purpose of accessing funds.
• Additional need is identifying a funding source that can be accessed for orthodontics since this is not covered under Medicaid.
• Improvement seen in that, reunifications are occurring faster than in the past.
• Adoption process works well for children who are wanted by the foster parents; however, improvement is needed for children in need of recruited adoptive placements.

VI. **Staff and Provider Training**

Stakeholders surveyed for this Systemic Factor: CPI and DCM Supervisors.

Responses from these stakeholders included the following:
• DCM training has improved a great deal in the last few years, to include "hands-on" training for case plan preparation and writing, FSFN and Family Assessments.
• Trainees are over 80% prepared to handle a full caseload even though they are assigned only two for the first month.
• Specialized training is offered monthly and DCM supervisors can send staff in need of the specific training being offered.
• During the monthly staff meetings the DCM supervisors go over any training issues or desires. DCMs can also request training, which is usually offered in reasonable time.
- CPIs believe UFF and their trainers are trying their best.
- Recommended that there needs to be much more "field" work, monitored by the trainers (previously recommended as well).
- CPIs are "swamped" and do not have the time to explain and train the CPI new staff.
- DCMs use the UFF and the Family Preservation Services tracking systems. DCM supervisors ensure all training systems match Skillnet the statewide system.
- CPI supervisors also use Skillnet as well as their own tracking devices.
- UFF trainers are very helpful in coming to the units and engaging the individual staff concerning training issues, answering specific questions and providing "cheat sheets" to the staff on various functions and tasks.
- CPI’s do not feel the training includes local procedures or of the specific agencies, who to contact and for what. Recommended a formal training session regarding local protocols.
- QA reviews are analyzed to identify areas in need of improvement; and enhanced training indicated for those areas. Each unit is also analyzed for unique needs and special training or tools are developed.
- UFF QA staff has been conducting "side-by-side" base reviews with the assigned supervisor and case manager. This has been very helpful in understanding what is expected and gaining help where they can improve.
- CPIs report that local CPI management arranges for various trainings to take place when needed.
- The Central Region’s CPI Program Specialist provides some training.
- "Real Time Reviews" really help, particularly when the QA specialist meets with CPI supervisor along with the investigating CPI to go over the results. The CPI gets to hear from a different source, who can emphasize the need to improve and provide suggestions.

VII. Statewide Information System

Stakeholders surveyed for this Systemic Factor: Circuit Management, and CPI and DCM Supervisors.

Responses from these stakeholders included the following:
- UFF has contractual performance measures monitored by UFF QA and DCF.
- UFF has Child and Family Service Review measures that are tied to child safety, permanency, and the well-being of the children served. Constant data reviews of performance measures, children entering care, their demographics, etc., occur and further clarify when System of Care changes are needed.
- CPI supervisors use the "Victims Not Seen report" and "Child Investigations and Special Conditions report by District" to view case loads, victims seen, progress on investigations and determine any inconsistencies in the data, as well as other reports to find information not contained in these management reports. They use the reports to manage workload, review Initial Assessments of every report, always check the data accuracy and include guidance to the CPI for that particular investigation. CPI supervisors hold unit meetings to go over the common errors they are finding.
- Every morning the Circuit's CPI Specialists review FSFN reports and provides another report of errors or corrections that have to be made. CPI specialists and Program Administrator also checks the data entry during the second party reviews.
- DCM supervisors use FSFN to track children not seen, fingerprints, photos, birth records, ID's, checking for data entry errors in management reports and during supervisory reviews, and determining status of Family Assessments.
• FSFN reports are very useful because they provide a snapshot at any point in time; provide data on particular performance measures, client counts, etc.
• UFF’s Chief Operating and Information Officer ensure compliance of information systems and data integrity.
• UFF System Administrator (full time staff position) keeps information updated and accurate in FSFN; working on a continual basis with DCF Region and Headquarters staff to conduct data integrity tasks, ensuring unduplicated counts within FSFN and coordinates with case management for missing information, such as medication and accurate dates entered into FSFN.
• Real Time Reviews are conducted every month Region QA specialist, as well the semi-annual CPI QA Reviews.
• UFF has a tracking system and log of kids not seen, exit interviews, as well as a "tickler" system.
• UFF and DCF Region QA conduct quarterly reviews of random cases; wherein FSFN data is checked for accuracy.

Summary and Recommendations:
Overall the persons interviewed during the survey were very pleased with UFF services and programs. The experience of most of those surveyed were diverse from Administrators, QA/Quality Improvement staff, CFT, foster and adoptive parent, UFF Board member, CLS attorneys, UFF Contract providers, and CPI and DCM supervisors. The general theme seemed to be that improvement is always UFF’s goal of providing the best services to their clients and community.

Some suggestions made for improvement were:

1. Improved communication with CLS attorneys during case plan activities and inclusion of all case and provider participants in staffings and hearings. Case managers need to improve in providing enough evidence and documentation at the time of TPR staffings for TPR to be sought in the justified situations.
2. Prospective foster parents whose intent is to adopt should be identified as such and special care should be attempted to deal with the issues before placement.
3. Provide foster parents with enough techniques for parenting and discipline in order to avoid the temptation to use corporal punishment. Utilize licensing counselors to make home visits with the purpose of checking the compliance of the foster parents with the training that was provided.
4. Include specific protocols or knowledge of local services in training of the CPI’s and DCM’s.

[Signature]
CBC Signature

7/29/10
Date

[Signature]
DCF Signature

7/29/10
Date