Introduction

This report provides a summary of the findings and recommendations from the Peer Review of OurKids, Inc. This review was completed as a follow-up to the “The Barahona Case Findings and Recommendations Report”¹ issued on March 14, 2011. Long term action step 4: Upon completion of a mutually agreed upon Corrective Action Plan between the department and OurKids, a Peer Review will be formed to assess the quality of OurKids case management services. This Peer Review will be conducted by representatives from other CEO organizations across the state as selected by the Secretary.

Serving children and families within the state’s child welfare system requires the Department of Children and Families, Community-Based Care (CBC) lead agencies, and their sub-contracted providers to work together as a unified team to ensure children are kept safe, that they live in permanent, nurturing homes, and that their educational, physical and emotional well-being needs are met. Each entity may have a different function or focus during the process, but ultimately each has the same goals.

The Department is responsible for the investigation of reports taken by the Florida Abuse Hotline that allege child abuse, neglect or abandonment. If the investigation determines that the child and family need ongoing services (protective supervision, foster care, adoption, etc.) from the local child welfare system, the Department requests assistance from the CBC lead agency OurKids, Inc., who in turn assigns the case to one of their six case management organizations (CMO). The CMO then provides case management services until services are no longer needed, permanency goals are achieved, or the court has terminated the dependency proceedings upon which time the case is closed.

To conduct this review, peer reviewers were recruited from the Community-Based Care (CBC) lead agencies around the state. Fifteen of the eighteen CBCs participated in the peer review. Department staff partnered with the private sector peer reviewers so that each case could be reviewed by teams of two. A total of forty-seven reviewers participated.

¹ Full report available on the Department’s web-site.
Methodology and Approach
All children aged 12 years and under being served under the auspices of OurKids, Inc., were identified as the “universe” from which to select a sample of cases for review. From the universe of all children 12 and under, a random sample of a fairly proportionate number of child cases was selected for each CMO for a total of 42 open child cases. It is important to note that this review was conducted remotely with emphasis on case review and interviews with key case participants such as the caregiver, Guardian ad litem, day care provider, case worker, supervisor, therapist, etc. Peer reviewers were unable to interview teachers from the Miami-Dade school system because school was out for the summer at the time the OurKids Corrective Action Plan was approved. If child safety, permanency or well-being concerns were identified during the course of the review process, a Request for Action (RFA) was generated. This is a formal notification process of the identified concern(s) to agency management staff that requires the agency take immediate corrective attention to resolve the stated concern(s). Of the 42 cases reviewed, three (3) RFAs were generated. In addition to RFAs, peer reviewers entered a note in FSFN when applicable. The demographics of the 42 cases reviewed are summarized in the graph below.

Key Findings

Strengths:
1. In all 42 cases, the child was deemed safe from exposure to threats of harm and was determined to be free from self-endangerment;
2. There are many good resources in the area that provide quality services to children and families.
3. Case management effectively linked appropriate services based on strengths and needs of the child and family.

Recommendations for Improvements:
1. Eliminate the practice of placing children under five in shift care.
2. Establish processes that ensure teaming and ongoing communication and coordination among and between service providers and the CMOs.
3. Fully implement “concurrent case planning” to ensure staff are more cognizant of and more effectively apply the concept in case work activities.
4. Closely analyze placement stability and develop a plan to ensure the first placement is the “right” placement. Multiple moves create trauma for children and strong strategies must be developed to address placement decisions.

5. Review cases of children in the sample who were identified as being in placements that may not endure life-long or were living in temporary placements. Address casework activities needed to ensure children are with caregivers who will sustain until the child reaches adulthood.

6. Immediately begin documenting all case activities in FSFN. There is a significant lack of documentation in FSFN which is considered the child welfare system’s official case record. Case management organizations (CMOs) input critical case documents into another system known as ASK.

Peer Review

The peer review tool included nine (9) Child and Family Status indicators and six (6) Practice Indicators. The following describes the area assessed and the total results from the review of 42 cases. Each indicator was rated as either “acceptable” or “not acceptable” based on a defined set of guidelines provided to peer reviewers. When performance was rated “acceptable” overall, the descriptive language in that category explains the reasons why; however, when there were some “not acceptable” findings, additional detail follows to help the reader fully understand the rationales. The following information outlines the key areas of assessment and findings obtained from the peer review.

Child and Family Status

1. **CHILD SAFETY AND VULNERABILITY.** The degree to which the child was free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings. Safety is central to child well-being. A child is considered safe when there is a balance between known safety factors and the identification of protections that are put into place by all responsible persons. This includes the capability and reliability of parents and/or out-of-home caregivers, school personnel, child care providers, and others having immediate responsibility for the child in recognizing safety factors. The child should have food, shelter, and clothing adequate to meet basic physical needs as well as adequate care and supervision of parents/caregivers, as appropriate to the child’s age and developmental needs.

   Child vulnerability refers to a child's capacity for self-protection. It is the degree to which a child can avoid, negate or modify safety threats, or compensate for the caregiver’s missing or insufficient protective capacities. Child vulnerability encompasses child attributes such as age; developmental level and mental disability; physical disability and illness; whether a child acts provocatively or passively; whether a child seems powerless or defenseless; the visibility of a child to others; a child’s ability to communicate; a child’s ability to meet basic needs; and, whether the child is seen as a scapegoat.

   - In 100% of the 42 cases the child was believed to be free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings and supports were in place to protect the child from known threats of harm in the home and in other settings.

   - In 100% of the 42 cases the child was not demonstrating behaviors that cause harm to self, others, or the community. Peer reviewers believed necessary protective strategies had been developed and were working dependably.
The peer review findings correlate with data in the Florida Safe Families Network (FSFN) regarding abuse of children during services and while in foster care. OurKids is below the National Median of 99.58% for children not abused while in foster care.

Abuse during Services and in Foster Care
FSFN Statewide Comparison

<table>
<thead>
<tr>
<th>Percent of Children Not Abused</th>
<th>While Receiving Services</th>
<th>7/1/2010 - 6/30/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>97.84%</td>
<td></td>
</tr>
<tr>
<td>OurKids, Inc</td>
<td>98.72%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Florida Safe Families Network (FSFN) Charts 1-2

<table>
<thead>
<tr>
<th>Percent of Children Not Abused</th>
<th>While in Foster Care</th>
<th>1/1/2011 - 3/31/2011</th>
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</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>99.73%</td>
<td></td>
</tr>
<tr>
<td>OurKids, Inc</td>
<td>99.86%</td>
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</tbody>
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Source: Florida Safe Families Network (FSFN) Charts 1-2

2. **STABILITY.** The degree to which the child’s daily living and learning arrangements were consistently stable and free from risk of disruptions in daily settings, routines.

In 93% of the cases, peer reviewers believed that child had stability in his/her living arrangement and school settings. Placement moves that had occurred were based on the child’s needs and were executed with a thoughtful transition. As needed and appropriate, caregiver supports had been identified and implemented to manage risks to child stability. Future disruptions (unplanned moves) appeared unlikely within the next 6 months.

In 7% of the cases, the child had inadequate stability in living arrangement and/or school settings.

- The child was less than one year of age and has had four placement changes since being removed from his mother in November 2010. The current caregiver is not interested in long term care or adoption, but the reviewer found no evidence other permanency options were being explored.

- Twenty-three month old twins were in their fourth placement at the time of the review after being in care for 22 months, since the age of one month. The third placement was in a group (shift care) facility in which they lived for almost nine (9) months.

- A five year old who has been in foster care for two years is placed with a foster parent who has no intention of adopting the child even though the child constantly says she wants to stay with the foster parent. A change in placement is inevitable, but even though a prospective adoptive family has been identified, the reviewer noted that a home study had not yet been completed.
According to FSFN, 85.99% of the OurKids children who are in foster care for less than 12 months had two or fewer placement moves. Additionally, 67.09% of the children in care for 12-24 months had two or fewer placement moves. OurKids does not meet the National Median of 83.3% for children with two or fewer placements in the first 12 months and the National Median of 59.9% for children with two or fewer placements between 12 and 24 months. Improvement is needed in both areas.

### Placement Stability
**Statewide Comparison**

<table>
<thead>
<tr>
<th>Placement Stability</th>
<th>Statewide</th>
<th>OurKids, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>86.19%</td>
<td>85.99%</td>
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<tr>
<td>90%</td>
<td></td>
<td></td>
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<tr>
<td>80%</td>
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<td>70%</td>
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<tr>
<td>10%</td>
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<td>0%</td>
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**Children in Foster Care 12 Months or Less with 2 or Fewer Placements**

- **7/1/2010 - 6/30/2011**
- Statewide: 86.19%
- OurKids, Inc: 85.99%

**Children in Foster Care Between 12 and 24 Months with 2 or Fewer Placements**

- **7/1/2010 - 6/30/2011**
- Statewide: 65.56%
- OurKids, Inc: 67.09%

Source: Florida Safe Families Network (FSFN)  Charts 4-5

3. **LIVING ARRANGEMENT.** The degree to which the child was living in the most appropriate/least restrictive living arrangement, consistent with needs of the child for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. For children in out-of-home care, the living arrangement should meet the child’s needs to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group.

In 95% of the cases the child was believed to be living in a setting that was generally consistent with his/her needs. The living arrangement provided the conditions necessary to maintain family connections, including a relationship with the siblings and extended family members. The setting provided the necessary attention to health, dental, educational, family relationships, supervision, supports, and services to address the child’s needs. The setting was consistent with the child’s age, ability, culture, language, and faith.

In 2 (2) cases the child was not living in a home generally consistent with his/her needs. Case specific concerns were as follows:

- In one case reviewers found the foster parent did not have a full grasp of the child’s needs and/or day to day activities. For instance the foster parent had to consult paperwork to provide the name of the camp and day care the child attended; she did not know the name of the child’s therapist or where or when the child attended therapy, nor, according to the reviewers, did she display the inclination to make herself more knowledgeable about the circumstances.
• The child was residing in a group home because it allowed him to be with his siblings; however, reviewers were concerned that length of stay has exceeded the permanency goal and there were concerns about the child’s ability to transition to a family home setting.

4. **PERMANENCY.** The degree to which the confidence level of those involved (child, parents, caregivers, others) that the child is living with parents or other caregivers who will sustain in this role until the child reaches adulthood and will continue onward to provide enduring family connections and supports in adulthood.

In 83% of the cases, the child lived in a family setting that the child, parents, caregivers, caseworker, and team members expected, with short-term agency support, to endure until the child reached maturity. Readiness for permanency was evident, because a realistic and achievable child and family plan was being implemented, a permanent home had been identified, and the transition was being planned.

In 17% of the cases, the child lived in a home that the child, out-of-home caregivers, caseworker, and some other team members were not certain as to whether it could endure life-long or the child was living on a temporary basis with an out-of-home caregiver, but likelihood of reunification or finding another permanent home remained uncertain. The seven (7) “not acceptable” cases are briefly described below.

• The permanency goal is adoption but the child is living in a placement that is not permanent; there seemed to be no sense of urgency to get the child in a permanent home.

• The maternal aunt had expressed a desire to adopt the child, but there is no documentation to support the maternal uncle is in agreement and no documentation in FSFN or ASK regarding the work that is being completed by the adoption case manager to pursue the permanency plan.

• Child has had two disrupted adoptive placements involving family violence and behavioral issues. The agency is currently seeking another adoptive family, but had not yet identified one at the time of this review.

• The child is in a non-relative placement who does not wish to be a permanent home. There is conflicting information between all parties as to the goal and no discussion or planning with all parties to develop a sound permanency plan.

• The current goal of reunification is extremely unlikely; older siblings were previously adopted, yet there is no concurrent plan for achieving an alternative permanency goal.

• The current goal of reunification is unlikely as the father is non-compliant and the mother’s whereabouts are unknown. The child is in contact with the paternal grandmother who resides out-of-state, but there is no indication that concurrent plans are being made via ICPC or to terminate parental rights.

• The six year old child lacks permanency. The foster mother does not wish to adopt, but said the child could stay in her home indefinitely if needed. Reviewers were unable to discern if there was a concurrent plan or what efforts were being made to locate an adoptive home for the child.
According to FSFN, 90.87% of the children served by OurKids who were reunified did not re-enter foster care within a 12 month period. Additionally, 41.40% of the children served by OurKids were reunified within 12 months of removal. OurKids is exceeding the National Median of 85% on the federal measure regarding children not re-entering foster care within 12 months of reunification.

5. **MEDICAL & DENTAL HEALTH.** The degree to which the child was achieving and maintaining positive health and dental status. And, if the child had a serious or chronic physical illness, the child was achieving his/her best attainable health status given the disease diagnosis and prognosis.

In 93% of the cases, the child’s physical health was somewhat close to normal limits for age, growth, and weight range. Nutrition, exercise, sleep, and hygiene needs are being met. Medical professionals confirm that the child is in fair physical health. In 95% of the cases, the child was receiving routine, age appropriate dental care, with minimal follow-up.

The table below provides a summary of health care information documented in FSFN. Although the majority of the cases in the peer review had appropriate care, it is clear that aggressive action must be taken to address the lack of information in FSFN.
EMOTIONAL WELL-BEING. The degree to which, consistent with age and ability, the child was displaying an adequate pattern of attachment and positive social relationships; coping and adapting skills; and appropriate self-management of emotions and behaviors.

In 85% of the cases, the child was demonstrating a steady pattern of emotional well-being or interventions and services are in place that were beginning to improve the child’s emotional well-being.

In 15% of the cases, the child was demonstrating an inconsistent or inadequate pattern of emotional well-being. Interventions and services to address emotional well-being had not been identified, have not been implemented, or were not working effectively to improve the child’s emotional well-being. The few cases that were found “not acceptable” for this indicator are briefly described below.

- The child (5 years of age) was referred for in home play therapy, but no documentation from the service provider regarding treatment and progress was located in the file. There is no documented communication between the case manager and the play therapist to determine the child’s emotional needs are being assessed and met.

- The child (8 years of age) was demonstrating an inconsistent pattern of emotional well-being; he has been Baker Acted four (4) times and has been sent home from school many, many times for displaying disruptive behavior. The child was severely physically abused and suffers from Post Traumatic Stress Disorder. He has also been diagnosed with Bi-Polar Disorder. Reviewers were concerned about the psychotropic medications and the need to re-evaluate and adjust medications as they do not seem to be working properly.

- The child (3 years of age) was reported as shy, quiet and withdrawn and cries when separated from her grandmother, yet these symptoms have not been addressed by the case manager. (Note: Although the reviewers rated as not acceptable, given the child’s young age, this is not considered unusual behavior.)

- The child (6 years of age) continues with tantrums and displays aggressive behaviors toward other children; therapeutic services have not yet been successful in overcoming these symptoms.

- The child (1 and ½ years of age) has ongoing behavioral issues even though she is receiving individual and family therapy.

- The child (11 years of age) is autistic which directly affects his ability to form attachments and positive social relationships, coping and adapting skills and appropriate self-management of emotions and behaviors.

6. EARLY LEARNING STATUS. The degree to which the child’s developmental status was commensurate with age and developmental capacities and the child’s developmental status in key domains was consistent with age- and ability-appropriate expectations. [For a child under the age of 5 years]

In 94% of the applicable cases, the child’s current developmental status was near age expectations in most of the major domains and may have been slightly below expectations in a few areas. Interventions to address any concerns, such as developmental assessments or follow up services had been implemented timely.
In one (1) case, the child’s developmental status was mixed, somewhat near expectations in some domains, but showing significant delays in others. Necessary assessments and/or recommended interventions had not been implemented.

7. **ACADEMIC STATUS.** The degree to which the child age 6 and older was:
   - Regularly attending school,
   - Placed in a grade level consistent with age or developmental level, and
   - Actively engaged in instructional activities, reading at grade level or IEP expectation level.

In 95% of the applicable cases, the child was enrolled in an appropriate educational program, consistent with age and ability. The child had a fair rate of school attendance (e.g., >85 <90% attendance with no unexcused absences). Needed behavioral or academic supports were being evaluated timely, and/or recommended supports at school and home were being implemented.

In one case, the child was reading well below his grade level and prior to coming into care he had a very erratic school history. The child needs an Individual Education Plan. Two Red Flag Summaries were completed that included recommendations, but no outcomes or progress were provided except that the child had regressed even more. OurKids is above the statewide average for creation of an educational record in FSFN.

<table>
<thead>
<tr>
<th>Education Record Documented in FSFN</th>
<th>Statewide Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead Agency</strong></td>
<td><strong>Number of Eligible Children on 7/27/2011</strong></td>
</tr>
<tr>
<td>Our Kids Inc</td>
<td>924</td>
</tr>
<tr>
<td>Statewide</td>
<td>9586</td>
</tr>
</tbody>
</table>

8. **PARENT & CAREGIVER FUNCTIONING.** The degree to which the parent or caregiver, with whom the child was currently residing and/or had a goal of “maintain and strengthen”, was able to provide the child with the assistance, protection, supervision, and support necessary for healing from trauma and/or achieving emotional well-being. If added supports were required in the home to meet the needs of the child and assist the parent or caregiver, the added supports were meeting the needs.

In 93% of the cases the parent/caregiver demonstrated adequate parenting capacities on a reliable and daily basis at the level required to provide the child with appropriate nurturance, guidance, support, protection, discipline, education, medical care, and supervision.

In three (3) cases the parent/caregiver demonstrated a limited or inconsistent pattern of parenting capacities on a daily basis, less than the level required to provide the child with appropriate nurturance, guidance, support, protection, discipline, education, medical care, and supervision. The cases that did not meet the indicator are briefly described below.
• Based on documentation in the file and interviews, reviewers believed the mother was basically “farming out” the care of her children to relatives on and off and they were unable to discern mother’s intent for long term planning. The therapist was also having difficulty meeting with the child and family because of conflicts between the relative caregiver and the mother.

• During an interview with the physical therapist the child was said to come to therapy dirty, smelly and with clothes and shoes that did not fit. There was no documentation that this was being appropriately addressed.

• The foster mother had difficulty offering examples of the child’s positive attributes or strengths. She ultimately described the child as “mature,” but reviewers believed that description was more negative than positive as the foster mother went on to describe the child’s provocative dancing poses and preoccupation with getting married and having babies. Several interviewees indicated the child’s emotional well-being needs were not being met and that she was simply being “warehoused” in this placement. (Supervisor was advised.)

Child Welfare Practice (Based on activities between January and June 2011)

1. ENGAGEMENT. The degree to which those working with the child and family (parents or other caregivers) are:
   o Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child and family.
   o Focusing on the child and family’s strengths and needs.
   o Sensitive and responsive to traumas experienced by the child and family.
   o Engaging children in a developmentally appropriate manner.
   o Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning.
   o Offering transportation and child care supports, where necessary, to increase family participation in planning and support efforts.

In 79% of the cases there appeared to be adequate to good outreach efforts being used as necessary to find and engage the child, parents, some family members, and caregivers in meaningful discussions.

In 21% of the cases there were inadequate or inconsistent outreach efforts being used to find and engage the child, parents, family members, and caregivers. Based on reviewer responses, there were several emerging themes in rating this indicator. Overall, reviewers found adequate attempts were being made by case managers to engage with the child, family, and/or other caregivers. Several responses highlighted evidence of mutually respectful working relationships and meaningful conversations to promote family engagement, as well as cultural sensitivities and efforts to build trustful working relationships.

In the nine (9) cases that reviewers rated as “not acceptable” the main theme was the lack of efforts to fully engage a specific and singularly important person in the family unit such as one of the caregivers, an extended family member or other supportive team members involved with the family. In some cases the reviewers noted that family centered practices were not in place. Some examples include: case managers perceived as an authority figure rather than a working partner; children and families not encouraged to voice their own concerns; and difficulties with communication or making contacts with case managers or providers.
2. **TEAMWORK and COMMUNICATION.** The degree to which:

- Appropriate family members and providers have been identified and formed into a working team that shares a common “big picture” understanding and long-term view of the child and family.
- Team members have sufficient knowledge, skills, and cultural awareness to work effectively with this child and family.
- Members of the family team have a pattern of working effectively together to share information, plan, provide, and evaluate services for the child and family.
- The protective investigator and case manager worked together in partnership during the transition of this case from intake to ongoing services ensuring that appropriate services were implemented to address child and family needs.

In 85% of the cases the important expertise needed for this child and family had been identified to inform the interventions and services provided (team formation). Additionally, in 55% of the cases, the teams appeared to function well by providing support and services for the child and family.

The most prevailing theme in rating this indicator is that even when children and families have identified teams to work with on resolving child welfare related issues, there is a significant and worrisome lack of communication between and among the team members. If team members are working independently and not sharing information the team is ineffective.

- In some cases reviewers found that communication with significant family members and providers was lacking and they were not being encouraged to become members of the support team.
- In one case a mental health organization refused to do a requested psychosocial assessment on the child for educational purposes due to a lack of insurance.
- It took five (5) months to get the results of an evaluation completed on a sibling group and the results were not provided to the school for several more months.
- Reviewers noted that the “…service providers or vendors, specifically Citrus Mental Health and FACTS agency do not seem to operate in the best interest of clients.”

3. **ASSESSMENT & UNDERSTANDING.** The degree to which those involved with the child and family understand:

- Their strengths, needs, preferences, and underlying issues.
- What must change for the child to function effectively in daily settings and activities and for the family to support and protect the child effectively.
- What must change in order for the child and family to achieve timely permanence and improve the child/family’s well-being and functioning.
- The “big picture” situation and dynamic factors impacting the child and family sufficiently to guide intervention.
- The outcomes desired by the child and family from their involvement with the system.
- The path and pace by which permanency will be achieved for a child who is neither living with nor returning to the family of origin.
In 83% of the cases, the assessment of child/family needs, functioning, life circumstances and support systems appeared to be adequately identified and understood by parents, caregivers and involved providers.

In 7% of the cases, the assessment process revealed a limited understanding of the child/family functioning, life circumstances, and support systems by parents, caregivers and involved providers. One of the barriers reviewers faced in this review was the lack of information maintained in FSFN, the official electronic case record. When reviewers began exploring the practice of assessment and understanding, the first place they looked was the Family Assessment Guide in FSFN, but no documentation was available to help them evaluate practice. Therefore, rating this indicator was almost solely based on interviews and other documents maintained in the ASK system. The seven (7) cases that were “not acceptable” are briefly described below.

- In one case the reviewer noted that after interviewing participants it was “…clear to the reviewers that the agency has a limited understanding of child/family functioning. The family was left to figure out the system on their own starting with the delay of six months in placing the children with their current relative caregiver.”

- In another case the reviewer noted, “After reviewing documentation and speaking with case participants, it does not appear that the case manager has a good understanding of the previous caregiver’s ongoing involvement with the child.” This was significant to the reviewer because the child was displaying particular behavioral issues directly related to the previous placement.

- In one case, the reviewer noted that other household members were not discussed or assessed in relation to the child or how “these individuals impact the family system and the child’s safety.”

- In this case the reviewer noted a lack of assessment of the mother’s needs and situation. There was a significant lack of communication and efforts to engage her in reaching a permanency plan/goal for her children.

- In another case reviewers found no evidence that the case manager acknowledged the negative dynamics between the mother and non-relative caregivers and how that impacted on the children’s sense of well-being. There were serious concerns that the mother did not understand (whether by choice or not) the full implications of the child’s injuries and the alleged perpetrator’s role in the family.

- In one case the reviewers had significant doubts that the father understood the developmental needs of his children, nor did he have or acknowledge the supports he would need if the children were returned to him.

- In another case the reviewers interviewed three people involved in the case and the only one they believed was able to effectively communicate a full understanding of the child’s strengths, needs and preferences and the need to develop a more appropriate and timely permanency option for the child was the Guardian ad Litem.
4. **PLANNING PROCESS.** The degree to which the planning process was individualized and matched to the child and family’s present situation, preferences, near-term needs, and long-term view for safe case closure.

In 79% of the cases, an adequate planning process was used that was individualized and relevant to child and family needs and to family changes that must be made. In many cases reviewers noted that the planning process was individualized and matched to the child and family’s present situation, preferences, near-term needs, and long-term view for safe case closure.

In 21% of the cases, an inadequate planning process was used that was not individualized and relevant to child and family needs and/or to family changes that must be made.

The common themes in the cases that were rated as “not acceptable” involved:
- The lack of coherent service planning processes that considered the family’s evolving situation;
- Plans were not modified when needed to help families reach their maximum potential; and
- In some cases there was a noted gap in conducting focused team meetings to discuss the planning process.

Findings also indicated that when there were insufficient assessment and engagement practices, the planning process was also negatively impacted. So, if the case manager did not carefully and continually assess the situation and work on effectively engaging the family toward a common goal, the planning process did not have a solid foundation from which to succeed.

5. **TRACKING & ADJUSTMENT.** The degree to which the case manager routinely monitored the child and family’s status and progress, interventions, and results and makes necessary adjustments. Strategies and services are evaluated and modified to respond to changing needs of the child and family. Constant efforts were made to gather and assess information and apply knowledge gained to update planned strategies which creates a self-correcting service process that leads to finding what works for the child and family.

In 76% of the cases the strategies, supports, and services being provided to the child and family were adequately responsive to changing conditions.

In 24% of the cases intervention strategies, supports, and services being provided to the child and family were not responsive to changing conditions. Reviewers found this indicator moderately “acceptable” in that 76% of the cases reviewed were being appropriately monitored, adjustments made accordingly, and strategies in place to discover what works best for the individual family. In the cases that were deemed “not acceptable” reviewers noted the following.

- In some cases case file documentation and interviews revealed that home visits lacked quality in that issues such as sibling visitation, medical appointments, school progress and activities, etc., were not discussed or monitored.
• Some performance gaps were noted in ongoing communication with all parties and there was inconsistent documentation in FSFN regarding home visits and the monitoring of services and supports being provided to the child.

• In some cases reviewers noted that there may have been regular contacts with the child, family or caregiver, but no follow up was documented on issues that were raised during that contact.

6. DOCUMENTATION IN FSFN. The degree to which the documentation in FSFN is sufficient to serve as the official case record.

In 62% of the cases, reviewers noted a significant performance gap in documenting case work activities in FSFN. Based on their review notes, it appears that reviewers rated the indicator as “acceptable” even when the documentation in FSFN was considered within the moderate range. Some of the basic shortcomings in documentation in FSFN include:

- Medical screens were not completed.
- Notes do not address ongoing communication with providers, school, medical community, etc.
- No family assessments were documented in FSFN.
- Quality of information in FSFN was inadequate.
- Home visits were not found.
- Could not locate case plans or Judicial Study Reports.
- When FSFN notes were found, there was inadequate physical description of the child, the environment, and/or observations and interactions of the child and household members.

NOTE: Access to the OurKids document storage system, ASK, is limited to OurKids, Inc. Access was provided to peer review volunteers after a screening process was completed on each individual.

CONCLUSION

What is working well?
Review findings indicate children are safe and are overall living in stable environments. It is especially notable that the vast majority of children (albeit ideally it should be 100%) are receiving necessary physical and dental care. The following are a few statements documented by QA reviewers describing what is working well in the individual cases.

• The child's medical and therapeutic needs are being met consistently and the foster mother works well with all of the providers and feels supported.
• Child is placed with supportive and nurturing relatives while the mother who is actively involved with the family works out her case plan.
• The level of service provision is admirable.
• The case manager has good working relationships with family members.
• Adoption process is progressing in a timely fashion.
• Relative placement is meeting the child’s needs on an ongoing basis.
• Services are in place and meeting the child’s needs.
• Foster parents are doing an excellent job and have gone out of their way to ensure services are provided and are effective.
• Strong partnerships are in place to help achieve permanency goal.
• Child is in a safe and stable placement with loving and supportive caregivers.
• The parents report they found the techniques and strategies they learned from domestic violence, parenting, and counseling services very useful.

**What are the opportunities for improvement?**
The following are a few statements documented by QA reviewers that describe what they believed were opportunities for improvement in the individual cases.

• Need to improve documentation in FSFN especially medical records and medications to include psychotropic medications.
• Need to increase and improve communication among all team members which is necessary to achieve desired outcomes.
• Should encourage more opportunities so that the child can have a voice in the case.
• More contacts should be made with child care providers and the school system as excellent sources of information.
• Add more evaluative and descriptive information around home visits and family interactions.
• Carefully consider a child’s need for emotional stability and appropriately match the child with the best substitute caregiver available.
• Stay on top of the child’s educational track and ensure each child in our system has a good Individual Education Plan that is modified as necessary.

The OurKids Peer Review brought together fifteen Community-Based Care (CBC) lead agencies from around the state to assess child welfare case practice. This process provided an opportunity to involve a larger and more diverse group of people to make a more impartial assessment of practice. The QA peer reviewers spent many hours reviewing case information and interviewing key case participants. We hope the information presented in this report will assist leadership at OurKids and in the Southern Region as they continue to address system improvements.