Summary of Case Management Practice Trends

Child and Family Connections reviewed case management files for fiscal year 2011-2012 by utilizing the Quality Service Review (QSR) Protocol. The QSR Protocol is designed to evaluate cases using a series of intensive interviews with case participants on child and family status indicators as well as practice performance indicators. Reviewers sought to learn the “family story” for each case and discover what information each comprehensive review gave about how the Child and Family Connections system of care is performing in the areas of safety, well being and permanency for the children we serve. For each individual case reviewed, reviewers had the opportunity to debrief the assigned case manager and/or supervisor to lead a discussion about the findings and focus ideas for better results and relevant “next steps” for the case.

A total of 20 cases were reviewed, five each quarter. The reviews were conducted by the CFC Quality Assurance (QA) Department in a pair format and scheduled over a period of 2-3 days. For some reviews, the Quality Management staff from the subcontracted Case Management Organizations (CMO) performed and assisted in the reviews alongside CFC QA staff. Participation together in these reviews proved to be a very positive experience and further enhanced working relationships. Cases were chosen randomly from a selected population of children served in out-of-home and in-home care each quarter. The following illustrates the type of cases reviewed during the four quarters:

- **Quarter 1:** The sample was made up of cases that had the goal of Reunification and had been in care 9-11 months.

- **Quarter 2:** The sample was made up of cases that had the goal of Maintain/Strengthen as a direct file and also post reunification cases.

- **Quarter 3:** The sample was made up of cases that had the goal of Reunification, placed with a relative/non relative in care for greater than 15 months.

- **Quarter 4:** The sample was made up of cases that had the goal of Adoption, in care greater than 30 months.

Planning in this regard was important and beneficial as it allowed the QA Department to better analyze trends in the areas for the commonalities in the cases since performance was based on a relatively small sample. The focus populations were identified as these areas tend to be challenging and Child and Family Connections continues to focus on improving performance in the areas of timely reunification, service provision and safety for in-home cases, and timely achievement of adoption. Also, in fiscal year 2011-2012, although not required, CFC Quality Assurance did organize Peer Reviews for the case management files using the Quality of Practice Standards tool. This experience allowed case managers to review files using the standardized tool and be trained on quality standards that are used to measure performance at
the same time. Completed reviews and results were shared with case management as a method to focus on quality improvement.

Child and Family Connections continues to perform well in the area of child safety, exceeding the target this year for keeping children free from maltreatment while in out of home care. Child and Family Connections and Children's Home Society of Florida, the subcontracted provider in Palm Beach County for Adoptions met the target set for Adoptions for this fiscal year; 153 adoptions were finalized, exceeding the target of 137. Adoptions that occur within 24 months of the latest removal resulted in an overall compliance rate for the year at 50.4%, also exceeding the goal set for this contract performance measure. There is also evidence that children with longer length of stay in care are achieving permanency prior to their 18th birthday at a rate of 35% for the year. This does exceed the target set at 29.1% for the year. There are areas noted for improvement this year for CFC performance on contract measures. Two areas pertaining to reunifications fell below the goal. For children reunified within 12 months of the last removal, compliance was found to be at 66.9% while the goal is 75.2%. For the re-entry measure, the goal is that no more than 9.9% of children reunified re-enter care within 12 months, CFC performed at 10.7% for the year. Regarding placement stability, an area of acceptable performance in previous years, did experience a decline, compliance for the year was at 84.5%, 1.5% below the goal for this fiscal year. Seeing children every 30 days remains an area of focus. A decline in compliance was noted after January 2012, with the month of March 2012 the lowest (89.85%) but an increase was achieved by the end of June 2012 with compliance at 99.03%. It should be noted that March 1, 2012 represents the first day that CFC took over all case management responsibilities for cases that were previously managed under the Eckerd Youth Alternatives subcontract agreement with CFC for case management services. Since that time, CFC has continued to be in a state of transition with a well developed plan in place to move all remaining cases to Children's Home Society of Florida, who will then be the sole dependency case management provider for Palm Beach County by the end of October 2012.

The Quality Service Review process helped demonstrate throughout the year the strengths and gaps in the system, detailing performance for Child and Family Status Indicators such as Safety, Stability, Living Arrangement, Permanency, and Physical and Dental Health In addition, performance is explained in the area of Practice Indicators such as Engagement, Voice and Choice, Teamwork, Assessment and Understanding, Planning for Safe Case Closure and Implementation. More areas ranked in the lower range based on total percentage for the Practice Performance Indicators than the Child and Family Status Indicators. This finding is similar to the statewide rankings for the areas.

Child and Family Status Indicators

Overall, performance was determined to be 84.7% for positive responses on Child and Family Status Indicators. Based on the scores for the individual indicators, a successful area was noted to be Physical and Dental Health. Reviewers found that the children's health related needs were met. Gaps were identified for dental care for five of the children placed in-home or in an unlicensed placement. While it was documented that the case manager was working to address the issue, the caregiver/parent had not secured the service for the child. There was also a concern about an unaddressed health issue for a child placed in relative care. Otherwise, all other physical health care needs appeared to have been met for the children reviewed. This will remain a priority area for Child and Family Connections as data entry issues
involving getting updated appointment information in FSFN as well as working with the community to address the lack of Medicaid dental providers in Palm Beach County. Living Arrangement was also another indicator that CFC demonstrated high performance. Based on the reviews, placements are appropriate, educational placements are appropriate and children are provided the opportunity to maintain connections. In terms of safety, the overall score for the indicators in this area was above 80%. Strengths were noted in the areas of home environment. For a number of cases the reviewers had the opportunity to visit the home and make observations first hand and reviewers also noted how the parties interviewed felt about the home environment for the children. There were however areas identified in at least two cases where the children were in-home with the parent and there were financial and physical concerns noted about the environment. Safety planning was found to be an area for improvement; some cases either required a safety plan in part from what the reviewers learned during the review or had concerns that safety planning was not being followed to the level it required. During the review process this year, reviewers looked closely at stability in case management in part due to the transitions of case management organizations and a high rate of turnover. Scores for stability in case management are as follows for the four quarters: first quarter 100%, second quarter 80%, third quarter 60%, and fourth quarter 80%. For January, February and March 2012, it was noted that for two cases, there was a significant amount of changes in case management for the children. Seeking a solution to high turnover, CFC began the use of a prescreening tool and additional interview steps for case managers and enrolled a total of 46 trainees in three cycles of Pre Service classes for dependency case management since January 2012. The training cycle beginning on August 13, 2012, has 11 attendees who will complete the nine week class. In addition, CFC administrative staff employee in a range of areas in the organization continue to support case management in various capacities including carrying caseloads to ease the number of cases per case manager and promote stability. While some instability was noted in the areas such as case management, it was evident that providers working with the families remained stable as well as current living arrangements for the children were found to be in an acceptable range for stability. Permanency remains an area for improvement. While some cases were noted to be making necessary progress towards reunification or adoption, a closer look at the cases reviewed for the children with the goal of adoption was found to be helpful. Regarding the set of cases reviewed in the fourth quarter whose goal was adoption and had been in care greater than 30 months at the time of review, it was evident that there were delays in permanency. Of the five children, two were in fact placed in an adoptive home but adoption could not finalize due to an appeal on termination of parental rights. Two children were available for adoption with active recruitment efforts occurring and not yet placed in a permanent home. The final child reviewed was placed with a relative willing to adopt and there were delays due to reunification case plan extension. It is important to note that these cases also showed low performance on the Practice Indicator Planning for Safe Case Closure with none receiving an optimal score. This insight will help emphasize the importance of appropriate planning early and ongoing in a case in order to achieve permanency. Emotional Well-Being, Early Learning & Development, Academic Status, Pathway to Independence (one child was applicable in the sample this year), and Parent & Caregiver Functioning all scored in the 80% to 90% range overall.

**Practice Performance Indicators**

Overall, performance was determined to be 81.7% for positive responses on Practice Indicators. Child and Family Connections has made a concerted effort to emphasize to our system of care the importance of Trauma Informed Care. Through both offering training opportunities and
implementing it as a standard requirement in subcontract agreements with providers in our network, CFC has achieved an impact that was evidenced in these reviews. All but one of the cases reviewed showed evidence of Trauma Sensitivity. The case where a gap was found involved a parent caring for a child whose reasons for services were domestic violence. Additional supports and assessments were identified to help this parent gain a better understanding. Also in the area of Engagement Efforts, the concern is that engaging the fathers is an area of low compliance. This ongoing issue, identified in previous years, will need to continue to be a focus. The sample consisted of nine applicable fathers. Examples of positive engagement with the fathers located in this review include assisting the father to complete tasks despite his no contact order with the child, offering services to the father based on mediation and assessment, and making efforts to remain in contact despite incarceration. It would appear that problems with engagement occur when the father cannot be located but there are minimal documented timely attempts to try to locate and then involve the father. Engagement with the mother differed in that there were 16 mothers determined to be applicable and strengths were found for 87.5% of the cases. Regarding the Practice Indicator Voice and Choice, reviewers again determined low scores for the fathers' level of active participation and shaping decision about the child and family, but a much higher result for the mothers as well as caregivers in the cases reviewed. In addition, when assessing the area of Voice and Choice, the reviewers looked at Frequency and Quality of Visits with child and family members. This area does indicate a need for improvement. Reviewers had concerns with quality of visits for three of the cases that were considered as a gap, the other two cases were due to both lack of quality documentation of the visit and/or interactions occurring during the visit and frequency concerns. There is a supervisor review process in place to capture quality and frequency of visitation with the child as well as a significant drive for increased data capture of contacts with parents when the goal is reunification. While assessing the Teamwork indicator during these reviews, responses indicate that when teamwork is at its best, the parties involved work together, are invited to staffings and court, all "are on the same page" and the case manager acts as the "communication hub". This was especially true for the sample of in-home cases in the second quarter where the only gap was identified because not all parties were working together and only the case manager and supervisor were in attendance at the recent staffing. Better teamwork than what was found in the first quarter sample of children with the goal of reunification may have led to better outcomes. The concerns noted for those reviews involved minimal documentation to show that invitations were made to staffings so that all could work together as a team, a caregiver felt that she was not part of the team and the team had caused delays, and lack of communication. Teamwork and Family Centered Practice is expected to become an ever increasing priority for CFC and will be built upon during the intake process as well as the regularly scheduled permanency staffings conducted by specialists. When looking at the indicator of Assessment and Understanding, it is evident that while case managers work to build an initial understanding of the child and family, there is work to be done in the area of Update and Apply Understanding. Since reviewers were not only assessing the Family Assessment tool in FSFN for this area but based the scores on the information learned from the interviews, they were able to ascertain that quality assessment does occur during contact with the family and during staffings. Initial and Updated Family Assessment is an area that is to be covered by the supervisor during supervisory reviews. With the exception of three cases, Individualized Planning in the area of Planning for Safe Closure was considered to be a strength, 84.2%. The three cases were determined to be a gap were due to an inappropriate goal, no tasks assigned to an active father and a mother who did not appear to have input into her case plans both for Reunification and Maintain and Strengthen. One child was part of the sample of cases that were reviewed using the QSR protocol this year. The reviewers determined that the case met standards for medication use is safe and necessary, parents and
child participated in decision making, monitoring the use, coordination of other treatments, and provision of information to the prescribing physician. However, there were concerns about the delay in obtaining a court order since termination of parental rights had occurred and FSFN required entry of accurate information regarding the medication. CFC is currently conducting in depth reviews for all children in out-of-home care prescribed medications with feedback given to case management as well as Request for Actions made for any safety and administrative concerns. This review process is in addition to the directive given in June 2012 for supervisors to conduct a review of these children. CFC has mandated a series of psychotropic medication trainings for case management to better ensure that they have all information required to provide proper monitoring of children prescribed psychotropic medications. Regarding Implementation, reviewers sought to find out if there were outstanding needs that had not been addressed by case management. Overall, there appeared to be evidence of appropriate services and resources for the families based on the feedback received from the interviews. For the samples pulled in quarters two and four, there were no concerns and the areas scored in the Optimal and Good ranges for each. However, there were four areas noted to be a gap out of the 20 reviews conducted: (1) a relative needed more assistance with utilities and housing, (2) there were too many services involved for one family and it was found to be overwhelming, (3) a therapy service provided to a child did not have sufficient power to achieve the outcome desired and (4) referrals for therapy and Relative Caregiver Funds were required to address unmet needs for a relative caregiver. Planning Transitions and Life Adjustments, Maintaining Quality Connections, and Evaluating and Adjusting all scored in the 80% to 90% range.

As previously mentioned, a very positive aspect of this review experience using the QSR protocol was the debriefing format with the case manager and supervisor. It served as an opportunity to give accolades and recognition for hard work to the case managers and also lead a discussion on next steps for the cases. When needed, reviewers emphasized the importance of conducting quality announced and unannounced visits, family assessments, open and regular communication with team members, steps to ensure safe case closure, and problem solved about specific issues with the case manager and/or supervisor.

Addressing Findings
Child and Family Connections and the Quality Assurance Department at CFC believe that a system wide focus on quality will lead to better safety, permanency and well-being outcomes for the children we serve. This year has been a challenging year but the focus remains on the CFC mission to promote a safe living environment, permanency and sense of stability for the children and families of Palm Beach County. In keeping with our guiding principles, work will continue in order to improve our Community-Based Care Lead Agency Scorecard performance, and focus on the wide range of areas in our system that require timely improvement. It is expected that under the very stable leadership of Children’s Home Society of Florida, case management will improve performance. Frequent meetings with supervisors are taking place with a focus on quality supervision and performance mandates. QA will assist in that process whenever necessary. The transition process for the case management files leaving the supervision of CFC and transferring to CHS is well designed and involves a review process not only by case managers and supervisors but also by Quality Assurance staff. Using a tool developed to focus on the most critical items, the files will be better organized with less missing items and much needed additional supervisory direction on action steps will be provided. Currently, all children in out-of-home care prescribed psychotropic medication are being reviewed using the Quality of Practice Standards for that area. In addition, CFC QA will be reviewing Supervisory Reviews for not only frequency but also quality. Feedback is provided to case management on the cases.

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reviewed regardless if there was a Request for Action or not. For the new fiscal year, CFC QA will not only continue with the reviews to help improve performance and for the transition, but will also utilize the Quality of Practice Standards once again along with the Quality Service Review protocol to assess performance in the system.

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8/15/12  
Date