The fourth quarter Children’s Network of Southwest Florida Side by Side Quality Assurance Review was held April 12th and 13th; a debriefing with case managers and supervisors took place April 14th and the exit conference was held on April 15, 2010 with representatives from the lead agency, case management agencies and the DCF Circuit Administrator. The review period for the fourth quarter side by side review was July 1, 2009 through March 31, 2010. Six of the eight cases reviewed were in out of home care the entire review period, one child was initially in out of home care then reunified with his father during the review period and one child was in-home the entire review period (initially with her father and then reunified with her mother). The ages of the focus children included in this review ranged from 1 year of age to 17 ½ years of age.

Two cases closed during the review period with one being a successful reunification and the other a finalized adoption. The remaining six cases had goals of (1) maintain and strengthen; (1) APPLA; (3) reunification; and (1) adoption.

Children’s Network of Southwest Florida’s performance has steadily increased during each quarter this fiscal year reflecting improvement in the provision of services to the children and families under their supervision.

Strengths

- **There were no instances of re-abuse, re-neglect during the period under review nor were any immediate safety concerns noted in any case in the review sample.**

  This area continues to be a trend over the last several reviews. Three cases had emerging safety concerns during the review period which were appropriately addressed by providing appropriate referrals and the “missing kids” policy was followed for the child who was a chronic runaway.

- **Current case plans with appropriate goal and tasks.**

  All cases contained a current case plan with an appropriate goal and tasks.
- Child’s current placement was stable and appropriate to meet the child’s needs with no apparent or significant risks or projections for disruption. All children in out of home care had no more than 2 placements.

All children who were in out of home care at the end of the review period were in a stable placement. Four children were in the same placement the entire review period and the other three children experienced one move. Two of the children who moved went form licensed care to a relative placement and one child went to a Department of Juvenile Justice (DJJ) commitment program where she will age out of foster care. This child initially had difficulty adhering to the program rules; however appears to have stabilized in this setting.

- Concerted efforts were made to ensure visitation was sufficient between the child, parents (both mother and father) and siblings to maintain or promote the continuity of the relationship in out of home cases.

Visitation between the child, parents (both mother and father) and siblings was aggressively pursued in all cases with a hands on approach. Some children had weekly visits and transportation was provided for some parents. There were three sibling groups where visitation was facilitated. Two family support workers who assisted with visits completed exceptional documentation of observations and conversations that occurred during visits.

- Frequency of visits with children was sufficient to address issues pertaining to safety, permanency goal and well-being of the child.

Visitation between most children and the case manager occurred every 30 days with some visits being at the child’s daycare center if appropriate. Some children received unannounced visits each month, while others were more sporadic. Case managers are encouraged to work toward quarterly unannounced visits for all children. Visitation increased commensurate with risk factors such as reunification.

- Completed service referrals were consistent with the needs identified through assessments.

Six cases required service referrals during the review period with referrals being provided in 5 cases. Referrals were provided for services such as substance abuse, parenting, childcare and counseling. Random substance abuse screens were not routinely requested in the 6th case.

- Concerted efforts were made to support the mothers and fathers engagement with services.

There were 4 mothers and 3 fathers who needed assistance with case plan tasks. Each received appropriate support and was encouraged to attend their
required services. In order to meet the cultural needs of one family service referrals were made in Spanish for Spanish speaking providers.

- **Appropriate steps were taken to process and approve an adoptive family that matched the child’s needs for children placed in identified adoptive placements as well as those needing recruitment.**

  Two children were in placements where the caregiver was the identified prospective adoptive parent. In one case the adoptive home study was completed and the adoption finalized during the review period and in the other case the child is with a relative out of state and the adoptive home study request is in process.

- **For youth age fifteen to eighteen their progress was monitored towards successful transitioning from foster care to independence through regular staffings.**

  There was one child who met the age criteria for independent living services. The case manager monitored the child’s progress toward transition to independence, but has had difficulty with the DJJ commitment program providing independent living training specific to the child’s needs. This is a work in progress as the program was initially relying on the child achieving a certain level of program compliance to receive independent living training, however they now indicate the child will be provided with training regardless of her program level. The commitment program has provided the child assistance with educational and career planning during the review period.

- **Concerted efforts were made to provide appropriate services to address the child’s identified health needs and medical records were located in case files.**

  There were seven children with health needs where follow-up was needed. Each of these children received appropriate medical care. The children had health needs such as treatment for an ear infection, allergies, audiological exam, oncology follow-up, endocrinology, ophthalmology and H1N1 vaccinations.

- **An assessment of the child’s mental/behavioral health needs was conducted and appropriate services were provided to address the child’s needs.**

  Five children required a mental health assessment during the review period and all were assessed. Two of these children were assessed to need ongoing mental health services and both received appropriate follow-up. There was one child who was residing out of state with a relative and the child’s former therapist from Florida visited to assess the child’s adjustment to the relative placement.
• Informed consent or court order was obtained for the use of each psychotropic medication deemed necessary by a physician to address the child’s mental/behavioral needs and all data fields in FSFN related to the medications were completed appropriately.

One child was prescribed psychotropic medications. Her parental rights had been terminated and appropriate steps were taken to secure a court order. Data was accurately entered into FSFN.

• An inquiry was made to determine if the child was of Native American or Alaskan Native heritage.

Seven of eight cases contained an Indian Child Welfare Act form signed by at least one parent. All denied Native American heritage.

Opportunities for Improvement

• Although six month family assessments have been completed in FSFN, continued efforts are needed to ensure that they adequately reflect an assessment of immediate and emerging safety concerns pertaining to the family and that pertinent information is provided to support the safety decision. Additionally, it is critical that they are updated at least every six months and at critical junctures in the case, such as when new reports of abuse and/or neglect are received or there are changes in family factors.

There were two cases where family assessments focused 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 services needed. The remaining 6 cases either had family assessments with inadequate information to support the safety decision, lacked changes that may have taken place in the family or no assessment at all during the review period. Although there may be components of a family assessment found in various documents within the file and in FSFN all information needs to be pulled together in the FSFN family assessment document.

This year credit has been given if there was only one assessment during the review period and it was thorough, however next fiscal year the standard will be enforced so that assessments will need to be both timely, completed at critical junctures and qualitative for a positive response.
• **Increased communication with service providers about the effectiveness of services for mothers and fathers in order to validate parent’s compliance with case plan tasks and determine if there has been increased capacity to parent their child(ren).**

Some communication with service providers was documented in FSFN notes and in written reports from providers, however the communication was mainly compliance oriented (i.e. – did the parent complete the sessions/program), however it is important that information be obtained as to whether the service provision had a positive impact on the parent’s ability to care for the child in a safe manner and alleviate the issues that initiated service provision.

• **The parents should be encouraged and supported to participate in making decisions about the child’s needs and activities.**

In addition to engaging parents in the case planning process they should also be included in the child’s school activities, conferences and after school activities as well as attending doctor and mental health appointments. Half the fathers and a third of the mothers were included in these activities.

• **Increased frequency of visitation with parents whose goal is reunification.**

There were four mothers who had the goal of reunification at some point during the review period and were accessible, however only two mother’s and no fathers were seen face to face each month (30 days). Frequent contact with parents is essential to open communication and ensuring engagement in the case planning process.

• **Concerted efforts should be made to assess the child’s dental health care needs and appropriate services provided to address the child’s identified health needs.**

There were four children who were age appropriate to receive a dental assessment during the review period. Half of these children were assessed and the one child who should have had follow-up services did not have documentation this was completed.

• **Increase comprehensive documentation to include who, what, where, when and why.**

Documentation focused mainly on case manager visits with children and their caregivers, but this documentation often lacked observations of the child’s interactions with other household members who were home during the visit. In addition, there is a lack of documentation regarding other types of case work activities such as court hearings and contacts with other parties such as DJJ and courtesy case managers.
• **Supervisory reviews should consider all aspects of the child’s safety, permanency and well-being and ensure follow through on guidance and direction.**

Three of the eight cases had supervisory reviews that were held quarterly, the supervisor considered all aspects of the child’s safety, permanency and well-being and the supervisor ensured follow through on prior direction or documented the reason this was no longer needed. Supervisory oversight is the key factor in facilitating progress in each of the above opportunities for improvement and should continue to be a focus.

**Initiatives to be Considered**

Due to the short period of time between the third and fourth quarter reviews it is recommended that the agency continue implementation of these initiatives which were recommended last quarter as well. The agency has begun these initiatives and additional time is needed to determine the impact on the quality of service provision.

1. It is recommended that the Case Management Organizations continue adopting a more “hands on” mentoring approach by supervisors to guide staff in learning and improving skills needed to more effectively engage families/children, such as supervisors going out in the field with case managers to better assess each case manager’s interviewing skills.

2. Continue efforts to track the timely completion of a qualitative initial family assessment upon meeting with the family in order to make a determination of immediate and long term family strengths and needs. Ensure that ongoing assessments continue throughout the life of the case and at critical junctures, utilizing information obtained from case participants, service providers, observations and interaction, as well as, information learned from other sources to provide a complete and accurate assessment of current family functioning as long as the case remains open to services.