Annual Summary of Case Management Practice Trends  
FY 2013.2014

Community Partnership for Children’s quality assurance activities during the first two quarters of the fiscal year 13.14 were comprised of 34 Quality of Practice Standards (QPS) reviews, 4 Quality Service Reviews (QSR) and 20 Psychotropic Medication (Supplemental) case reviews. Activities during the last two quarters were devoted to reviewing cases targeting the safety of children 0-3 years of age receiving in-home services – as they were determined to be the highest risk population in the child welfare system. The reviews were completed using the Rapid Safety Feedback Tool with case review guidelines and sample size set forth by the Department of Children and Families.

**Quality of Practice Standards**

The agency continued to track and review the results obtained from the QPS case reviews by the five Windows into Practice: Assessment, Family Engagement, Service Planning and Provision, Promoting Case Progress and Quality of Supervision. The graph below illustrates the five-year history of data collected using this process and an overall pattern of improvement.

**Assessment**

Thorough initial and ongoing assessments are critical to identify the needs and services necessary to strengthen families and to ensure child safety.

**Strengths**

Identified strengths were in the areas of keeping the child safe, completing qualitative initial Family Assessments and Home Studies; and documenting thorough assessments of the mother, child and caregiver. Positive trends during the year occurred in ensuring the child’s medical and dental needs were assessed according to
the periodicity schedule and the child’s mental/behavioral health needs were assessed with necessary services provided, when needed.

**Areas Needing Improvement**

Improvement is needed with completing thorough assessments of the father and updating family safety assessments at critical junctures. Ensuring that timely post placement services are provided to manage the risks and prevent the child re-entry into out of home care was also an area needing improvement.

**Family Engagement**

Ongoing contact with the family is necessary to involve parents in the decision making process and support their engagement with services to successfully achieve case plan goals.

**Strengths**

Engagement strengths included facilitating and supporting quality visitation between family members, maintaining the child’s important connections and supporting the mother’s and father’s engagement with services.

**Areas Needing Improvement**

Documenting conversations with the mother and father (Voice and Choice) concerning their child’s healthcare, educational issues and activities was an area that needs improvement.

**Service Planning and Provision**

Ongoing service planning and provision is essential to update case progress and focus on changing needs of the family to attain successful outcomes.

**Strengths**

Noted strengths were documented in providing services to protect the child to prevent re-entry into OHC and in providing immediate interventions in all cases to keep the child safe. Identifying other potential relative and non-relative caregivers and documenting qualitative discussions with each child at each visit (when age appropriate) were strengths as well as completing timely referrals to match the child’s and family’s identified needs.

**Areas Needing Improvement**

Timely home visits, including the documentation of unannounced visits was an area needing improvement as well as obtaining medical/behavioral health information and records (from specialists/hospitals/service providers) to verify the child’s service needs are being met.
Promoting Case Progress

Promoting case progress is accomplished by completing critical activities that facilitate achieving and maintaining permanency for the child.

Strengths

Ensuring appropriate permanency goals and case plans with current target dates that were individualized and matched to the child and family’s present situation were noted as strengths. Activities and tasks were planned to achieve safe case closure and specifically addressed visitation for all parties. Strengths were also noted in documentation of improved communication with service providers and timely steps were taken to identify, recruit and approve an appropriate adoptive family that matched the child’s needs.

Areas Needing Improvement

Documentation of all of the child’s pertinent information into FSFn is an ongoing area needing improvement. Additionally, ensuring that family’s team meets at recurring intervals during the service provision to collaborate in problem solving.

Quality of Supervision

Quality supervisor reviews are essential to achieve case plan goals and ensure positive outcomes for families and children.

Strengths

The overall score from FY 13.14 reflects an increase of 47% from the previous year. Improvements in all components of the reviews - qualitative content, follow-up and direction, and timeliness were found in the review of the documentation in FSFn.

Areas Needing Improvement

Supervisor reviews are critical to achieving permanency and ensuring the safety and well being of our children. Based on the overall compliance rating, conducting regular and comprehensive supervisor reviews continues to be an area needing improvement for case management staff.

Quality Services Review

The four Quality Services Review cases completed during the first and second quarters continue to demonstrate an ongoing pattern of overall improvement in the quality of our case management practices and system of care. In comparison to previous years, positive gains were made in multiple areas within the Child and Family Status Indicators and the Practice Performance Indicators.

Permanency was reached in two of the cases where reunification occurred with parents who demonstrated positive behavioral change and increased protective capacities during
the case planning process. In one post placement supervision case, a parent who had abused both illicit and prescription drugs for years, was able to recognize her triggers and successfully complete a treatment program and maintain gainful employment with support from family members. The other case, also post placement supervision, involved a mother who physically disciplined her child when he did poorly in school. Through family-oriented therapeutic services the mother learned appropriate behavioral management techniques and was able to regain the trust of her son.

The two remaining cases involved children with Adoption goals. In one case, the focus child and her sibling were placed in an identified pre-adoptive home and permanency was imminent within the next six months. In the other case, with a TPR/Adoption case plan, the focus child and her sibling were placed in a safe and stable living environment while efforts were underway to find an appropriate forever home.

**Child and Family Status Indicators**

The graph below illustrates the positive outcomes over the past three years.

![Child & Family Status Indicator Outcomes](image)

**Strengths**

On-going positive trends were evidenced in many indicators: Safety, Physical and Dental Health, Emotional Well-Being, Early Learning, Academic Status and Parent & Caregiver Functioning. Substantial corroboration through the interview process noted the child’s physical and dental health assessments were completed according to the periodicity schedule and any identified needs, including behavioral services, were provided in a timely manner to address any emotional well-being needs. Also noted was a significant improvement in Academic Status due to case managers, along with other team members, providing the appropriate assessments and follow through with tutoring or other educational tools for the child in need.
**Areas Needing Improvement**

Permanency and Stability outcomes were slightly lower than the previous year but in alignment with the overall trend. An Adoption case during the second quarter rated a fair status in both indicators.

No cases were reviewed that met the criteria for Pathway to Independence.

**Practice Performance Indicators**

The graph below illustrates substantial improvement in all domains over the past three years.

![Practice Performance Indicator Outcomes](image)

**Strengths**

Trending indicated improved performance in all indicators. Specifically ongoing progress was documented in engaging each parent to participate in all phases of service provision and completing quality home visits. Frequent private conversations were documented with the child; communication between team members improved and maintaining the child’s quality connections with family, friends, and community were evidenced.

One indicator, Planning Transitions, had an applicable case this fiscal year and team members identified a need for a plan during the adoption process to help support the child and adoptive parents to ensure a successful transition.

**Areas Needing Improvement**

An identified gap in teamwork was noted in one case (Adoption) due to an appropriate team being formed but not collaborating on information at critical junctures to attain optimal and certain permanency.

No Psychotropic Medication cases were reviewed during the QSR.
Psychotropic Medication Review

Twenty supplemental case reviews were completed using a tool that targeted the agency’s performance on compliance measures and case management practices. The graph below displays the results obtained from the study.

Results revealed the agency demonstrated strengths in engaging the mother and the child in conversations pertaining to the child’s medication and behavioral treatment plan, providing pertinent medical information to the prescribing physician and obtaining parental consent or ensuring a current court order is in effect.

Concerted efforts are needed to improve engagement with fathers, to monitor and document the child’s medication administration logs; and to ensure completion of a pre-consent by a second party when applicable.

Rapid Safety Feedback Review

During the third and fourth quarters of fiscal year 2013-2014, Community Partnership completed one hundred and one Rapid Safety Feedback Reviews on cases targeting the highest risk population of children in the child welfare system. This population consisted of in home children ages 0-4 where at least one prior report was received on the victim child and the parent or caregiver had been an alleged perpetrator for family violence threatens child and/or substance misuse. The six month review allowed the agency to ensure that systemic or case-related practice issues relating to child safety were correctly identified and urgently responded to.
All of the cases were reviewed in planned weekly roundtable discussions that included the Chief Operating Officer, the Director of Case Management, Training Supervisors, QA Specialists and the appropriate case management personnel (Program Administrators and Supervisors). Each case was reviewed as to its strengths and areas needing improvement, and if improvements were identified, additional guidance was provided. This guidance, written as Action Steps, was agreed upon during the discussion and then followed through to completion by the QA Specialists.

The graph below is based on the final data compiled from the web portal and the outcomes from each indicator are described in the following sections.

### Planning

In order to achieve the desired programmatic outcomes of child safety, interventions must be well-planned and purposeful. Outcomes are achieved through two types of plans: a Case Plan and a Safety Plan and these plans should be developed collaboratively, when possible, among the case manager, the family, and service providers.

### Strengths

Case planning was an on-going strength where concerted efforts were made to provide or arrange the appropriate services to the family to ensure the child’s safety and prevent removal into out of home care. Case plan tasks and services were aligned with the identified maltreatment(s) to address the safety issues in the home.
Areas Needing Improvement

Safety planning was identified as an area needing improvement based on the reviews conducted. Continued training and emphasis is needed regarding having safety planning discussions with the family to plan appropriate actions or interventions to keep the child safe. Efforts have been made to incorporate new safety methodology practices in this area to address the identified danger threats or safety concerns and to ensure that safety plans are updated at critical junctures as the family’s situation evolves.

Practice Performance

To ensure child safety and improve parental protective capacities, case managers need to monitor parental behavioral change, assess for emerging dangers, conduct quality home visits in a timely manner, complete essential background checks and home studies; and communicate with all stakeholders involved with the family.

Strengths

Noted strengths in the agency’s practice performance was monitoring of parental behavior change, the frequency of contacts with the child and family to ensure the child’s safety and completing thorough home studies and appropriate background checks/local callouts on parents or frequent visitors in the home when needed. Case file documentation regarding the parent’s behavioral changes included new safety methodology language describing the caregiver’s protective capacities and stages of change to determine if the parent was demonstrating actions of protection specifically related to the danger threat.

Areas Needing Improvement

Improvement is needed in the areas of assessing emerging dangers, documenting quality visits with the child and family and sufficiently communicating with all key individuals and service providers involved with the family. In assessing emerging dangers there were cases in which family behaviors, attitudes or situations led to incidents that could have been resolved prior to occurring if the emerging situation had been followed up on urgently. The quality of visits of the parents was sufficient in promoting case plan progress but lacked documentation of qualitative observations of the parent/child interactions.

Supervisory Case Consultation

Comprehensive supervisory consultation is critical to ensure the case manager is able to assess and evaluate the family condition and discuss why the child is safe or if present or impending danger concerns have been identified. Supervisory direction is also needed ensure that pertinent staffings/interventions are held at critical junctures to promote case progress and achieve positive outcomes for the child and family.
Strengths

There was evidence of qualitative discussions between the case manager and supervisor where concerns in the service provision were identified but the recommended actions were not followed through on in a timely manner.

Areas Needing Improvement

Efforts are needed by the supervisor to ensure follow through on their direction and to arrange staffings with appropriate parties at critical junctures during the case.

Request for Action (RFA)

The agency issued one Safety Request for Action during the Rapid Safety Feedback Review. Safety concerns were revealed during an in-home dependency case where a mother and her two children were moving from one hotel to another and the agency was unable to locate the family for safety and well-being checks. The reasons for supervision included domestic violence (there was a no contact order against the father), medical neglect and substance misuse. An abuse call was made to the hotline in January 2014 because of the family’s unknown whereabouts and allegations the father was having contact with the mother and children. A multi-disciplinary staffing was held and arrangements were made to stabilize housing for the mother and obtain medical checkups for the children. Although concerted efforts were made to keep the family together – the children were removed in March 2014 and placed into foster care.

Addressing Findings through Agency Actions

Ongoing quality initiatives put into practice during the previous fiscal year continue to develop and provide positive outcomes not only for our children and families but also for our case management staff. The results of the Quality Assurance Reviews highlight the improvements made in our case management pre-service and supervisory training programs. Additionally, The University of South Florida, our subcontracted child welfare training provider, developed and delivered Learning Circles for supervisors during this fiscal year. The purpose of the Learning Circles is to share best practices, be instructed on new policies and procedures and to be introduced to emerging innovative practices in child welfare supervision.

The addition of the Rapid Safety Feedback process continued to enhance the agency’s quality assurance and improvement processes. Overall, there has been a very favorable response from case management on the Rapid Safety Feedback process and case consultations. Community Partnership for Children incorporated our training staff in the consultations in order to identify ongoing training opportunities for case management staff. Additional pre-service training and individual mentoring was provided based on the reviews in the areas of safety planning, assessing protective capacities, engagement techniques and identifying emerging dangers. Due to the population sampled and cases reviewed, case management practices in our intensive in-home non-judicial programs
(case plans, safety plans and supervisor reviews) were improved by the case consultation process.

Other programs that continue to provide positive outcomes for our agency are the utilization of our Permanency Specialists and the Reintegration Staffing process for children who are reunified. Both programs allow administrative oversight to ensure service provision, compliance and appropriateness of the permanency goals and safe and stable placements for the children we serve.

Community Partnership for Children has coordinated and facilitated interagency workgroups in order to share training opportunities and have regular communication and feedback with stakeholders about our system of care and the children and families we serve. During this fiscal year, CPC was awarded a substance abuse integration grant to address the ongoing issue of parental substance misuse and lack of available treatment in the community. A system of care was developed in conjunction with the local substance abuse providers in order to expedite treatment services, enhance the feedback loop with case managers and develop in-home outpatient treatment to meet our parents’ unique needs.

Community Partnership for Children continues to actively identify and address current strengths and gaps in case management practices and implement quality initiatives in an effort to develop an effective system of care for our children and families.