Quarterly Monitoring Report and Annual Summary:

ChildNet and Our Kids Community Based Care
Introduction

The annual monitoring report that follows consists of the following parts. The main document consists of the fourth quarter monitoring report. As with all prior reports, the monitoring report focuses on the results of case record reviews. In addition, the annual report includes the following:

- Summary of activities undertaken during the past year
- Results from interviews with individuals affiliated with a random sample of children whose case records were reviewed
- Results from a focused review of parent/child visitation
- A summary of work carried out as part of the performance management meetings, and
- A summary of outcomes

Monitoring Report

This final monitoring report covers the period from July 1, 2008 and June 30, 2009. The purpose of this report is to present the findings of case record reviews that were conducted by the monitor and the Community Base Care (CBC) providers. The report is divided into three sections. The first section discusses the field activities that were conducted during the quarter, describes the case record review process, and outlines the sample used for the review. The findings for ChildNet and Our Kids together with recommendations are discussed in the second and third sections respectively.

Monitoring Activities

The monitoring activities conducted during this quarter included case record reviews and interviews. Four different types of case record reviews were completed using one case record review instrument. Monitors conducted quality assurance and in-depth reviews, and in conjunction with the CBCs, the monitors completed Side-By-Side peer reviews on a subset of the sample. Furthermore, each CBC completed base reviews. The following paragraphs provide a brief synopsis of each of the reviews conducted during the quarter.

- Base Review - The CBCs employ a team of two internal reviewers to conduct case record reviews of seventeen cases using the same process implemented by the Side-by-Side peer
reviewers.

- Side-by-Side Peer Review (SBS) - This review involves a team of three individuals that conducts a full review of the case record along with all supplementary documentation provided by the CBC. Following the review of all documentation the team completes the case record review instrument. Side-by-Side peer reviews were conducted on eight of the twenty-five sampled cases. The team of reviewers is comprised of a representative from the CBC under review, a peer reviewer (i.e., a representative from the visiting CBC), and a monitor.

- Quality Assurance Review – A team of two monitors completes a review of the case record as well as all supplementary documentation previously reviewed by the base review team. The monitors complete a quality assurance review on four cases selected at random from the Our Kids base sample and from ChildNet’s sample.

- In-depth Review – These reviews involve both a case record review and case-related interviews with children, parents, foster parents, caseworkers and other professionals involved with the case.

**Case Record Review Process**

The case record review process involved three phases: training, case record reviews, and quality assurance reviews.

Prior to entering the field, the monitoring team met with the reviewers from each of the CBCs to provide an orientation to the instrument, to seek and provide guidance with respect to sources of information within the case record, and to answer questions about the interpretation of questions.

As stated earlier, two primary types of case record reviews were carried out: the base reviews and the Side-by-Side peer review. Both reviews used the same data collection instrument. However, the Side-by-Side peer review process differs in that the monitor’s presence provides an independent perspective whereas the representatives from the other CBC act in peer consultation. The three members of the Side-by-Side peer review team include a member from the CBC under review, a representative from the other CBC, and the monitor.

Prior to the rating of the case, the Side-by-Side peer review team reviewed the case record to establish the facts of the case such as date of placement, placement moves, exits from care, and maltreatment reports. Then, the record was reviewed using the review instrument. A response to each applicable question was recorded following a unanimous decision by the team. Upon completion, the CBC, monitor, and peer reviewers discuss the services provided, develop a summary of the services provided, and identify opportunities for practice improvements.
The base reviews are conducted by a team of two individuals from the respective CBCs using the instrument described above. Each CBC completes case record reviews on seventeen cases. The process employed by the CBCs mirrors that of the Side-by-Side peer review teams in that the facts of the case are established by the team prior to the completion of the case record. A response to each applicable question is recorded following a unanimous decision by the base review team.

The third and final phase of the case record review involves a quality assurance review of both the base reviews and the Side-by-Side peer reviews. The quality assurance review of the CBC base reviews is based on four randomly selected cases from the base review sample. The quality assurance review of those cases entails a full re-review of case record by a team of two monitors. Once the monitor rates all four cases, their responses were compared to those of the base reviewers. Discrepancies are compiled and then submitted to the appropriate CBC and DCF.

The monitors also conduct a quality assurance review of each Side-by-Side peer review case. The quality assurance review involves a crosscheck of answers to make sure that answers were recorded correctly. Findings of the quality assurance review were shared via conference call with the Side-by-Side peer review teams. All team members approve any adjustments made to the instrument as a result of the quality assurance review.

**Sample Specifications**

The sample utilized is an admissions sample of children aged ten and under who entered out-of-home care in September or October 2008. The review period includes a five or six month period from the date of the child’s entry into out-of-home care through March 31st 2009. In instances where sibling groups were selected, one child was randomly selected from among the siblings and the remaining siblings were dropped from the sample.

For Our Kids the total population excluding siblings included eighty-seven children. A sample of twenty-five children was randomly selected from the source population.

The total population excluding siblings for ChildNet was sixty-six children. A sample of twenty-five children was randomly selected from the source population.
Quarterly Case Record Review Findings for ChildNet, Inc.

Safety

Child safety is a fundamental objective of the child welfare system. In the context of the systems of care in Broward, Dade, and Monroe counties, the CBCs provide (or cause to be provided) a range of in-home and out-of-home services designed to protect children within a policy and practice context that favors keeping children with their families so long as doing so is consistent with the safety of the children. When placement is necessary, the policy and practice context directs the CBC and the provider network to place children in substitute living arrangements on a temporary basis. The regulatory framework in Florida specifies how work with families ought to proceed. In this context, monitoring repeat maltreatment and protecting children within their living situation are central to understanding how well the system is working.

Repeat Maltreatment

Findings

Of the twenty-five cases reviewed, there were five cases with a maltreatment report during the review period. Three of those five cases were found to have some indicators or verified findings. Of the three cases involving a maltreatment report with some indicators/verified findings, two children were living in an unlicensed home and one child was living with a parent at the time of the maltreatment report. One child experienced a change in out-of-home placement as a result of the maltreatment and the other two children remained in the placement with continuing supervision. Of the two in cases involving in-home supervision, services were offered and the child attended services in one case and in the second case, a referral for services was not submitted. The findings indicate that in four of the five cases with a recurrent maltreatment report appropriate follow-up by the agency occurred to ensure that the action taken effectively ameliorated any potential risk to the child

Risk of Harm

Findings

According to statutory requirements, children under the supervision of Department of Children & Families must be visited at least once every thirty days. One component of the home visit is a risk and safety assessment conducted by the child advocate. The purpose of the risk and safety assessment is two-fold. First, the child advocate must determine if the child is at imminent risk for maltreatment. Second, the child advocate must determine the likelihood of future
maltreatment, and when necessary, provide services aimed at reducing the potential risk and ensuring the child’s safety.

The findings regarding risk and safety assessment reflect whether such an assessment occurred (given that the visit took place) and identify the subjects involved in the assessment. When we examine the risk and safety assessment we look at the home visit forms and FSFN notes which contain the results of risk and safety assessments conducted during monthly and thirty day home visits, which ever occurred.

In 96% (twenty-four) of the twenty-five cases, the child received a risk and safety assessment during each scheduled monthly visit. There was one case in which the assessment did not occur because the assessment was not done during the monthly visit. In that case, the child was placed in another county. The base reviewers indicated that the risk and safety assessment was not completed monthly throughout the review period by the out-of town caseworker. Of the twenty-four cases with monthly risk and safety assessment, 38% (nine) met the state’s requirement for risk and safety assessments every thirty days. In a separate section, findings regarding the frequency of home visits are discussed.

A closer review of the risk and safety assessments conducted during any particular visit (whether scheduled or not) indicates that safety was a focus during worker visits with the child and caregiver in 92% (twenty-three) of the cases. With respect to assessments during worker visits with parents, we noted that with visits involving the mother, safety was a focus in 71% (twelve) of the seventeen applicable cases. With respect to the father, we found that the occurrence of the assessment of risk and safety was higher. The findings revealed that safety was a focus in 86% (six) of the seven applicable visits with fathers.

Additionally, we noted that in all of the visits with the child, the child advocate assessed the child’s physical appearance, and in 76% (nineteen) of the visits, the child advocate documented the child’s interaction with their substitute caregiver and other significant household members.

Prior to the publication of this report, ChildNet and the Department of Children & Families were alerted to the cases in which home visits and risk and safety assessments were missed, as home visits are a key component to ensuring the safety of the child.
**Process of Care**

The process of care review is divided into three sub-sections: assessment, case planning, and linkage to services and clinical follow-up. This module is designed to examine whether the child has received or is receiving a basic level of care. The process of care questions are rooted in the idea that children served by the child welfare system ought to receive services in accordance with their needs and in a manner prescribed by best practices and other applicable guidelines such as state statutes and regulations. For this sample of children, the process of care begins with placement. The questions used in the review consider whether the home into which the child was placed was properly prepared. Subsequent questions examine assessment, treatment planning, and the delivery of services.

**Assessment of the Home**

*Findings*

Children entering out-of-home care may be placed in a licensed placement (e.g., a foster home, group home or residential care setting) or in an unlicensed home (e.g., with a relative or with a non-relative family friend). Placement with a relative is the preferred placement option because it allows the child to maintain ties to their extended family and presumably their community. According to Florida’s standard of care, for children placed in an unlicensed home, a home study must be completed prior to placement. A home study involves three elements: an assessment of the physical residence; the substitute caregivers’ capacity to care for the child on an ongoing basis; and local, federal, national, and abuse registry background checks on the substitute caregivers and all other adults residing in the home. A juvenile background check is also required on all adolescents twelve years and older who are residing in the home.

Of the twenty-five cases reviewed, there were twelve children placed in an unlicensed home during the review period. One of those twelve children experienced two different placements in an unlicensed home during the review period. In six of those thirteen placements in an unlicensed home, the Broward sheriff Office initiated the placement, and in seven instances ChildNet arranged the placement.

When we examine the findings regarding initial placements in an unlicensed home we found that a complete home study was accomplished prior to placement in seven of the twelve cases involving one placement in an unlicensed home. Of the remaining five cases with one placement in an unlicensed home, a home study was completed following the child’s placement in 60%
(three) of those five cases. In three of those five cases, Broward Sheriff Office (BSO) placed one child and ChildNet initiated two placements.

Two of the remaining five cases with an initial placement in an unlicensed home did not have a complete home study prior to or after placement. When we examined the record of those two cases for missing portions of the incomplete home studies, we found that in both cases one or more of the background checks were missing. Additionally, the data revealed that BSO initiated the placement in both cases.

In one case the child experienced a second placement in an unlicensed home. In that case, a complete home study (i.e. a home study form and all required background checks) was done prior to placement.

All cases with incomplete home studies were reported to the Department prior to the submission of this report. The Department of Children and Families collaborated with ChildNet and verified that all aspects of the home studies were completed in all of the reported cases where the child is currently in the unlicensed placement.

Assessment of the Child

Findings

According to the standard of care established by the state of Florida, all children entering out-of-home care, regardless of placement type, are required to receive a Comprehensive Behavioral Health Assessment (CBHA). The purpose of this assessment is to identify the needs of the child and ensure that the child receives further assessments and/or services that are consistent with the identified issues. Furthermore, the recommendations offered in the Comprehensive Behavioral Health Assessment are integrated into the case plan and used to assist the child in achieving the desired permanency goal. In addition, the expectation is that referrals and linkage to services will be facilitated in a timely manner following the completion of the assessment. ChildNet has contracted with a provider to conduct the assessments, however; ChildNet has retained the responsibility of linking the child to services identified in the Comprehensive Behavioral Health Assessment.

The findings indicated that of the twenty-five cases reviewed 60% (fifteen) had a current Comprehensive Behavioral Health Assessment (CBHA); ten of the cases did not have an assessment of any kind.
In only three of the ten cases without a current Comprehensive Behavioral Health Assessment the documents contained in the case record indicated reason for the missing assessment.

Of the fifteen cases with a current CBHA, there were ten cases in which the CBHA recommended services. In one of the ten cases mental health needs were identified, eight cases had only health needs other than routine health care needs, and in one case both mental and health care needs were identified. In the two cases with mental health needs, a referral for services or further assessment was not completed within the required thirty-day timeframe; however, the referrals occurred following the thirty-day requirement.

Further examination of those two cases with mental health needs revealed that one of the two cases was linked to mental health services within thirty days of the submitted referral. In that case, documents contained in the case record indicated that services were consistent with the identified needs and/or recommendations in the CBHA Assessment.

**Case Planning Activities**

*Findings*

The case plan is the central legal document that establishes clear expectations for each party involved in the case and identifies the permanency goal of the case. The purpose of the case plan is to clearly identify tasks, services, and goals for all individuals and establish a road map toward permanency.

In 96% (twenty-four) of the twenty-five cases reviewed, we found that the case records contained documents that served as a general guide to the progression of the case, and that in 80% (twenty) there was a current, official case plan in the case record. There were five cases in which a current, official case plan was not located in the case record. In two of those five cases without a current, official case plan the court dismissed the allegations prior to disposition of the case, therefore eliminating the case plan requirement.

The findings revealed that in 96% (twenty-four) of the twenty-five cases reviewed an initial case plan document was located in the case record; and in the remaining case the court dismissed the allegations prior to disposition of the case, therefore eliminating the initial case plan requirement. Furthermore, of the twenty-four cases with an initial case plan, the court accepted the initial case plan in 79% (nineteen) of the twenty-four cases.
As to the question of parental engagement in the development of the initial case plan as evidenced by signatures of parents, the findings reveal that parental signatures were less likely to be present on the initial case plan than amended case plan documents. A closer examination found that there were a limited number of initial case plans with the mother’s and/or the father’s signature. The findings indicated that of the twenty-four cases with an initial case plan the mother’s signature was found on 8% (two) of the twenty-four applicable initial case plans and the father’s signature was not found on any of the fifteen applicable initial case plans. The data also indicate lower than required compliance regarding the presence of the Child Legal Services attorney’s signature on the initial case plan (4%; one). When we examined the data regarding the presence of the child advocate’s and their supervisor’s signature on the initial case plan, we found substantial compliance. While the data continues to illustrate minimal parental involvement in the development of the initial case plan we continue to see parental involvement in the modification of the initial case plan. This is typically achieved through the court’s mediation process.

To further explore case plan activities, we divided the sample into two groups: children who were discharged from out-of-home care during the review period and children who remained in out-of-home care throughout the review period. The report on case planning activities that follows is divided according to those categories.

**Children in out-of-home care throughout the review period**

*Findings*

Of the twenty-five cases reviewed, twenty-three children were in out-of-home care at the end of the review period. Of the twenty-three cases, twenty children remained in out-of-home care throughout the review period; two children were returned to their parents during the review period following the dismissal of the case, and in another case, the child reentered care and was in out-of-home care at the end of the review period.

In all of the twenty-three cases, contact was made with the child by either BSO or ChildNet to initiate services within two working days of the case transfer or shelter hearing as required by statute.

For children who have entered out-of-home care, the Department and ChildNet require that an initial case plan be developed with the family within sixty days of the child’s placement. In 96% (twenty-two) of those twenty-three cases that remained in out-of-home care during the review
period, an initial case plan was present. In one instance the case was dismissed prior to the initial case plan requirement.

As to the question of parental engagement in the development of the initial case plan, the findings revealed that parents were less likely to be involved in the development of the initial case plan. In 48% (eleven) of those twenty-three cases, at least one parent participated in the development of the initial case plan within sixty days of the child’s entry into out-of-home care. A closer examination of the parental participation revealed insufficient involvement in the development of the initial case plan by the mother and the father. The findings indicated that in 77% (seventeen) of the twenty-two applicable cases the mother participated in the development of the initial case plan, and in 57% (eight) of the fourteen applicable cases the father contributed to the development of the initial case plan.

Turning to the current case plan, the data revealed that a current official case plan was present in eighteen cases that remained in out-of-home care throughout the review period. There were three cases in out-of-home care in which a current official case plan was not located in the case record. Furthermore, two cases were dismissed prior to the case plan requirement.

Of the twenty-three cases in out-of-home care throughout the review period, there were twenty-two cases in which the mother was a party to the case. In 73% (sixteen) of those twenty-two cases, the mother was engaged in completing case plan tasks. The father’s engagement in the completion of case plan tasks was noted in 65% (eleven) of the seventeen applicable cases. Additionally, the findings indicated that the child advocate and the substitute caregivers were engaged in completing case plan tasks in 82% (eighteen) of the cases.

With respect to tasks and services the data revealed lower than expected results. The child advocate identified tasks and services needed for the mother in 82% (eighteen) of the twenty-two applicable cases, and 72% (thirteen) of the eighteen applicable cases for the father. Furthermore, in 82% (eighteen) of the twenty-two applicable cases the child advocate identified tasks and needed services for both the substitute caregiver and other family members.

With respect to involvement in case plan conferences, staffings, and other activities, we found limited participation by the parents. In general, the case record identified only the individuals who participated in the staffings and/or case plan conferences. As a result, we were unable to determine if the lack of parental participation was the result of the parents’ absence from the proceedings or the child advocate’s lack of engagement of parents around conferences/staffings.
Of the nineteen applicable cases, the mother’s participation in case plan conferences, staffings, and other activities were found in 53% (ten) of the nineteen applicable cases. Similarly, we found that the father participated in case planning activities in 50% (seven) of the fourteen applicable cases.

When we examined documents that identified the notification of and participation of parents in court hearings, we found that in all applicable cases parents were notified of and given the opportunity to be heard at court hearings. With respect to substitute caregivers, the findings revealed somewhat lower levels of participation. Of the twenty-three applicable cases, the substitute caregiver was notified of court hearing in 87% (twenty) of the cases, and in 83% (nineteen) cases the substitute caregiver was given an opportunity to be heard in court. The findings also indicated that other family members were notified of and given an opportunity to be heard in only 40% (two) of the five applicable cases.

Quarterly supervisory reviews are required for all cases that are receiving case management services. An integral component of the supervisor’s review is to provide the case manager with feedback/case direction. In 74% (seventeen) of the twenty-three cases that were in out-of-home care at the end of the review period, supervisory reviews occurred quarterly. In 94% (sixteen) of those seventeen cases with quarterly supervisory reviews, documentation contained in the case record indicated that the supervisor provided case direction to the case manager.

Children discharged from out-of-home care during the review period

Findings

The findings presented in this section focus on children who were discharged from out-of-home care during the review period. Three of the twenty-five cases reviewed met that criterion. One of the children discharged during the review period reentered out-of-home care during the review period. The findings regarding the reentry case are incorporated in the previous section.

Turning to the initiation of services, we found that in both cases services were initiated within two working days of the case transfer or the shelter order.

With respect to initial case plans, the data revealed that in all of the cases an initial case plan was present in the file. When we examined the development of the initial case plan, we noted that in all of the applicable cases the mother was involved in the development of the initial case plan.
The fathers’ participation in the development of the initial case plan was found in the only applicable case.

Both cases that were discharged during the review period had current official case plans. In both of the applicable cases (two) with a current case plan, the mother was actively engaged in completing case plan tasks, in the only applicable case the father was engaged in completing case plan tasks.

When we examined the involvement of parents and other individuals in case staffings, case plan conferences, and other case planning activities, we found low results from all parties in each case. Of the two applicable cases, the mother’s participation occurred in 50% (one), and the father’s participation occurred in one case 50% (one) of the two applicable cases. The substitute caregiver’s participation was not present in any of the two applicable cases, and family members’ involvement occurred in 50% (one). As we previously indicated, the case records typically document who participates in case planning activities. With respect to attempts made by the child advocate to engage parents and others, the documentation was limited. Therefore, our ability to comment on ChildNet’s engagement of the parents and other interested parties is limited.

In most of the applicable cases involving parents, the findings indicated that all parents were notified of and afforded the opportunity to be heard at court hearings. Mothers and fathers were notified of and afforded an opportunity to participate in court hearing in all (two) of the applicable cases. In all (two) of the applicable cases the out-of-home caregivers were notified of hearings, and given the opportunity to be heard in these proceedings. With respect to family members, the findings indicated lower compliance. In neither of the two applicable cases were family members notified of and afforded an opportunity to be heard in court.

Quarterly supervisory reviews are required for all cases receiving case management services. An integral part of the supervisor’s review is to provide the child advocate with feedback/case direction. Supervisory reviews occurred quarterly and case direction was provided in both cases that were discharged from out-of-home care.

**Case Plan Requirements**

**Findings**

Florida’s Administrative Code requires that the case plan contain specific information pertaining to tasks, services, and goals. The case plan must also outline the type of services, the frequency
of services, and the provider responsible for each service. Furthermore, the signatures of all parties involved in the case are required on the case plan, as well as the names and addresses of the child’s medical and educational providers. Regarding ChildNet’s compliance with technical requirements of the case plan, the findings mirror the results offered in previous reports suggesting that there is some compliance with the technical requirement of the case plan.

There were twenty cases with a current case plan. Eighteen of those twenty case plans included the name of the medical practitioner. The address of the child’s medical practitioner was found on sixteen case plans. Immunization records were attached to four of those twenty case plans, indicating minimal compliance with Florida statute. Six children with current cases plans were known to have an identified medical condition. In five of those six cases the child’s medical condition was listed on the case plan. Furthermore, there were seven cases that required prescription medication. Four of those seven case plans listed the child’s prescribed medication.

Of the twenty cases reviewed with a current official case plan, two cases were eligible for mental health services. In one of those two cases that received mental health services, the name of the mental health provider was listed on the case plan. Furthermore, in two cases a mental health diagnosis was known but they were not listed on the case plans. In the only case in which the child was prescribe psychotropic medication, the medication was not listed on the case plan.

With respect to the technical requirements surrounding education, we noted that two children were eligible for school during the review period. Both of those two children had a current, official case plan during the review period. Each of the two case plans listed the name, of the child’s education provider; only one case plan provided the address of the school, and neither of the case plans had the child’s grade level. A copy of the child’s school grades were not attached to the case plans. Finally, special education and or IEP requirements were not applicable in both cases. Regarding the substitute caregiver’s involvement in the child’s education, the findings revealed that in all applicable cases the substitute caregiver reviewed the child’s school records.

Turning to the presence of a visitation schedule on the case plan, the mother’s visitation schedule was listed in 55% (twelve) of the twenty-two applicable cases; the father’s visitation schedule was listed on 45% (nine) of the twenty applicable case plans. There was one case in which the visitation schedule for relatives was listed. For children who are entitled to visits with their siblings (three), the case plan did not document those schedules.
Visitation

Findings

This section presents findings related to the different types of contact and/or visitation between the child advocate, the child, and the child’s family. We first offer findings regarding contact between the child advocate and parent; then we present the results for home visits between the child advocate and the child. We close with the results for parental and sibling visitation.

Child Advocate and Parent

In cases with a permanency goal of reunification the child advocate is required to meet with the parents at least every thirty days to discuss their involvement in services and their progress towards achieving the goal. In general, the level of the child advocate’s engagement with parents remained lower than the applicable standard for children with a permanency goal of reunification. Of the twenty-five cases reviewed, there were twenty-three cases that were eligible for face-to-face contact every thirty days between the parents and the child advocate. The findings indicated that in 4% (one) of the twenty-three applicable cases the child advocate met monthly with the parents; that case also met the state’s thirty-day, face-to-face requirement. When we examine all face-to-face visits with parents, the child advocate focused the discussion on issues pertaining to case planning, service delivery, and goal attainment in 72% of the eighteen eligible cases.

Child Advocate and Child Face-to-Face Visits

Florida statute requires that the child advocate conduct face-to-face visits with the child every thirty days. We first looked for evidence of monthly home visits between the child advocate and the child. From those cases that had monthly visits; we looked for compliance with the state’s requirement of home visits at thirty-day intervals. Of the twenty-five cases reviewed, all had monthly home visits, and 36% (nine) of the twenty-five cases in which monthly home visits occurred met the thirty-day threshold. A closer examination of the visits that occurred revealed that in all of the applicable cases, the child advocate engaged the child on issues pertinent to case planning, service delivery, and goal attainment.

Parent and Child Visitation

Safe and frequent visitation between parents and child is an essential component to maintaining and supporting the development of the parent-child relationship. There are various types of visits (e.g., unsupervised visitation, supervised visitation and therapeutic visitation) that are available to parents. Parent-child visitation is established by the court and is based in part on the parent’s
ability to safely interact with the child. Though we noted the various types of visitation recommended throughout the case record review, the data will be presented in terms of the frequency of visitation, rather than type of visitation.

All of the cases reviewed had court ordered visits with their parents. Of the twenty-five cases, twenty-four children were eligible to have visitation with their mother (in one case, the reviewers indicated that visits with the mother were inappropriate), nineteen children were eligible to have visitation with their father, and three children were eligible for visits with siblings because they were not placed together in an out-of-home placement.

The findings indicated that of the cases that had a goal of reunification at the end of the review period and had parental visitation, the agency supported the child’s connection with their parents in 88% (twenty-two) of those cases. Yet when we examined the involvement of parents beyond typical visitation including involvement in the child’s education, medical appointments, and general needs we noted limited parental engagement. The child advocate promoted and supported parental involvement in decisions surrounding the child’s needs and activities in 41% (nine) of the twenty-two applicable cases. Low compliance regarding parental engagement was noted in activities such as special occasions, school activities, and doctor’s appointments (27%; six of the twenty-two applicable cases), and one case, the reviewers were unable to determine the presence of parental engagement.

For children who had visits with their parents during the review period we found that 64% (sixteen) experienced routine and regular visits with their parents, and all of the seven applicable were afforded other means of contact with their parents. In all cases where there was a change in visitation, parents were notified of those changes.

The data further describe each parent’s level of involvement in visits by identifying the frequency of the visits, and the barriers that impeded the parent’s ability to comply with the established visitation schedule.

Of the twenty-five cases reviewed, twenty-four children were eligible for visits with their mother, and 83% (twenty) had visits with their mother during the review period. In 92% (twenty-two) of the twenty-four cases that were eligible for visits with their mother, the agency promoted and supported the visits. With respect to barriers to visitation with the mother, there were nine cases with documented barriers to visitation. The reviewers noted the following barriers to visits with the mother: In 29% (seven) of the cases where children were eligible for visits with their mother,
the mother did not comply with the visitation schedule; in 4% (one) of the applicable cases the mother became incarcerated, the mother’s whereabouts became unknown in 13% (three) of the applicable cases, and in 17% (four) of the applicable cases the reviewers indicated that other barriers were identified.

With respect to visitation with their father, the findings indicated that visits with the father occurred in 63% (twelve) of the nineteen applicable cases. In one case, visits with the father were deemed inappropriate. The child advocate promoted and supported visitation in 76% (thirteen) of those seventeen applicable cases (in one case the reviewers did not provide a response to the question). In instances where visitation with the father did not occur, the reviewers noted the following reasons: In 33% (six) of the applicable cases, the father did not comply with the visitation schedule; in 6% (one) of the applicable cases, the father’s whereabouts became unknown; in 33% (six) of the applicable cases, the father was incarcerated during the review period and in 11% (two) of the applicable cases, other barriers were identified.

Sibling Visitation

Three of the twenty-five cases reviewed were eligible for sibling visits, and in 67% (two) of those three cases sibling visitation occurred. In 67% (two) of the cases the agency promoted those visits. Of the three cases that were eligible for sibling visitation, the child received routine and regular sibling visits in two cases. The reviewers indicated that in two of the three cases, the child was too young to engage their siblings other than through face-to-face contact. Yet, in the remaining case, other means of contact (i.e., telephone, letters) with siblings was not offered or supported.

With respect to the barriers to completing sibling visitation, the findings indicated that there were no barriers that would have prohibited sibling visitation.

Services

Mental Health Services

Findings

Of the twenty-five cases reviewed, a mental health assessment/screening was found in 64% (sixteen) of the cases. A current mental health assessment/screening refers to an annual assessment of the child’s emotional stability and or needs. Of those sixteen cases with a mental health assessment, mental health needs were identified in six cases. A referral for further
assessment and/or services was submitted in 83% (five) of those six cases, and services were provided in 67% (four) of those six cases with mental health needs.

Medical Services

Findings

Florida’s statutory requirement calls for children to be seen by a physician within 72 hours of their entry into out-of-home care, except in cases when the child enters the foster care system following a hospitalization. The findings indicated that in 70% (fourteen) of the twenty applicable cases the child received an initial health screening and/or medical care within the timeframe specified by statute. In the remaining five cases the initial health screening was not required given that the child entered out-of-home care following hospitalization.

With respect to preventative health care, case records indicated that 96% (twenty-four) of the cases received ongoing medical care, and immunization records were present in 80% (twenty) of the case records. Health care needs were identified in 58% (fourteen) of those twenty-four cases, and of those fourteen cases, treatment was provided in all cases.

Of the twenty-five cases reviewed, two children were eligible for dental care and received dental care. Although additional treatment needs were identified for both children, according to the case records, none of the children received the required dental treatment within the review period.

Educational Services

Findings

With respect to education services, two of the twenty-five cases reviewed were eligible for school. In both cases the child did not experience a change in the educational provider as a result of entering out-of-home care, and the child’s educational placement remained stable throughout the review period.

Turning our attention to the child advocate and substitute caregiver’s involvement in the child’s education we found substantial compliance. In both cases the child advocate monitored the educational services to determine if they are meeting the child’s needs, and determined whether progress is being made. Furthermore, in both cases the child advocate determined whether emerging needs had been identified, and addressed/advocated on behalf of the child for educational services. Regarding the substitute caregivers’ involvement in the child’s education
and review of school records, the results revealed that in both cases the substitute caregiver was aware of the child’s educational progress.

Placement Stability

Findings

In general, children in out-of-home care remained connected to their parents and/or extended family members. The findings indicated that all of the cases reviewed remained in the same county where their parents or extended family resided, with 88% (twenty-two) of the cases remaining in the community/neighborhood as their parents or extended family. Living in the same city or neighborhood allows the children access to their families, thereby making it easier for them to stay connected to extended families.

Of the twenty-five cases reviewed, ten cases involved siblings. In seven of those ten cases all siblings were placed together, one child was placed with one some of their siblings and two children were not placed with any of their siblings.

Of the twenty-five cases reviewed, 64% (sixteen) experienced a change in placement during the review period. Judging from the information contained in the case record, in fifteen of those sixteen cases the change in placement was directly related to achieving permanency. With respect to the appropriateness of placement following a placement disruption, the results revealed that in all of the cases reviewed placement settings were appropriate, and all of the placements were stable with no apparent change in placement projected.

In all twenty-five cases, either one or both parents’ whereabouts were known during the review period. The non-custodial parent was considered in the fourteen cases, and in one of those cases the child was placed with the non-custodial parent. In the remaining eleven cases placement with the non-custodial parent was not possible. In some cases both parents were offending, and in other cases the non-custodial parent was unknown. In 44% (eleven) of the twenty-five cases reviewed, the child was placed with relatives. In 69% (nine) of the remaining cases, the findings indicated that the agency considered relatives as a placement resource during the review period, and in 62% (eight) of those cases relatives were assessed as a potential placement resource throughout the life of the case.
Permanency

Findings

Of the twenty-five cases reviewed, five children were discharged from out-of-home care during the review period. Of those five children three were reunified and in two instances the case was dismissed. In one of the reunification cases, the child reentered out-of-home care during the review period. Therefore, twenty-three of the twenty-five cases were in out-of-home care at the end of the review period.

When we examined the permanency goal of the twenty-five cases reviewed, we found that at the beginning of the review period twenty-three children had a primary goal of reunification. In the other two cases the reviewers could not determine the legal goal (i.e., there were no legal orders identifying the permanency goal and the case record did not contain a current official case plan). Furthermore, five of the twenty-five children had a concurrent goal. There were four cases with a concurrent goal of adoption and one case with a concurrent goal of fit and willing relative. Turning our attention to the permanency goal at the end of the review period, we found that twenty-two children had a permanency goal of reunification, one child had a goal of adoption, and two children did not have a permanency goal on the last day of the review period.

Upon closer examination of the circumstances surrounding the three reunification cases, we find that in all of those cases, the reunification occurred within twelve months of the child’s entry into out-of-home care.

Turning our attention to the twenty-three children who were in out-of-home care at the end of the review period, we found that the agency took or was taking steps to achieve permanency in all cases. Among the cases that remained in out-of-home care throughout the review period and have a permanency goal, the reviewers determined that in all cases the permanency goal was appropriate to child’s circumstance, and that the child advocate identified barriers to permanency in 75% (fifteen) of the twenty cases.

In general, we found that the child advocate kept the court informed of the child’s ongoing needs, placement changes when applicable, movement toward permanency when applicable, and changes in educational placement. Furthermore, we noted that the court was consistently involved in multiple aspects of the child’s spell in out-of-home care. This is accomplished through scheduled court hearings and status reports to the court.
Quarterly Case Record Review Findings for Our Kids, Inc.

Safety

Child safety is a fundamental objective of the child welfare system. In the context of the systems of care in Dade and Monroe counties, Our Kids provides (or causes to be provided) a range of in-home and out-of-home services designed to protect children within a policy and practice context that favors keeping children with their families so long as doing so is consistent with the safety of the children. When placement is necessary, the policy and practice context directs Our Kids and the provider network to place children in substitute living arrangements on a temporary basis. The regulatory framework in Florida specifies how work with families ought to proceed. In this context monitoring repeat maltreatment and protecting children within their living situation are central to understanding how well the system is working.

Maltreatment

Findings

Of the twenty-five cases reviewed, there were four cases with reports of maltreatment during the review period. One of those four cases with recurrent maltreatment reports were found to have verified or some findings. As a result of the maltreatment report the child experienced a change in placement and was provided services aimed an ameliorating further harm. Furthermore, the reviewers noted that in all cases involving maltreatment reports during the review period, the agency’s intervention could not have prevented the subsequent maltreatment report.

Risk of Harm

Findings

According to statutory requirements, children under the supervision of the Department of Children & Families are to be visited at least once every thirty days. One component of the home visits is a risk and safety assessment that is conducted by the case manager. The purpose of risk and safety assessment is two-fold. First, the case manager must determine if the child is at imminent risk of maltreatment. Second, the case manager must determine the likelihood of future maltreatment, and when necessary, provide services aimed at reducing the potential risk and ensuring the child’s safety.

The findings regarding risk and safety assessment reflect how often the assessment occurred (given the visit occurred) and identifies the subjects involved in the assessment. When we
examine risk and safety assessment we look at the home visit forms and FSFN notes which contain the results of the risk and safety assessments conducted during monthly and thirty day home visits, which ever occurred.

Of the twenty-five cases reviewed, risk and safety assessments were conducted during scheduled visits as required in 84% (twenty-one) of the cases. In 72% (fifteen) of the twenty-one cases risk and safety assessments were conducted every thirty days. The findings reveal that assessments were not conducted during each visit that occurred as required. The findings regarding the frequency of home visits will be discussed in a separate section.

A closer review of the risk and safety assessments conducted during visits between parent and case managers indicated that of the visits that did occur, risk and safety were not always assessed. Risk and safety assessment occurred at similar frequencies between the case manager and the mother/father. During contacts with the mother, risk and safety assessment was found in 65% (thirteen) of the twenty applicable cases; with the father risk and safety were assessed in 63% (five) of the applicable cases.

When we inspected the data pertaining to the assessment of risk and safety during visits with children and substitute caregivers we found lower than expected compliance with Florida’s standard of care. In 82% (eighteen) of the visits that occurred with children, the case manager conducted a risk and safety assessment. In three cases, the base reviewers indicated that a risk and safety assessment was not applicable given the age of the child. With respect to the substitute caregiver, safety was a focus in 88% (twenty-two) of the visits that occurred.

During home visits the case manager is also required to observe and document the child’s physical appearance and interaction with substitute caregivers and significant others in the home. In the twenty-five cases reviewed, the case manager commented on the child’s physical appearance in 88% (twenty-two) of the visits, and recorded the child’s interaction with the substitute caregiver and other significant individuals in the home in 36% (nine) of the visits.

When we examined the findings regarding the overall services provided to the child to keep the child safe from abuse and neglect, we found that in 88% (twenty-two) of the twenty-five cases, services were provided to keep the child safe from abuse and neglect while in out-of-home care.
Process of Care

The process of care review is divided into three sub-sections: assessment, case planning, and linkage to services and clinical follow-up. This module was designed to examine whether the child has received or is receiving a basic level of care. The process of care questions are rooted in the idea that children served by the child welfare system ought to receive services in accordance with their needs and in a manner prescribed by best practices and other applicable guidelines such as state statutes and regulations. For this sample of children, the process of care begins with placement. The questions used in the review consider whether the home into which the child was placed was properly prepared. Subsequent questions examine assessment, treatment planning, and the delivery of services.

Assessment of the Home

Findings

Children entering out-of-home care may be placed in a licensed placement (e.g., a foster home, group home or residential care setting) or in an unlicensed home (e.g., with a relative or with a non-relative family friend). Placement with a relative is the preferred placement option because it allows the child to maintain ties to their extended family and presumably their community. According to Florida’s standard of care, for children placed in an unlicensed home, a home study must be completed prior to placement. A home study involves three elements: an assessment of the physical residence; the substitute caregivers’ capacity to care for the child on an ongoing basis; and local, federal, national, and abuse registry background checks on the substitute caregivers and all other adults residing in the home. A juvenile background check is also required on all adolescents twelve years and older who are residing in the home.

The findings revealed that fifteen children from the sample of twenty-five cases were placed in an unlicensed home during the review period. The protective investigator initiated the placement in eleven of those fifteen cases, and four of those fifteen cases placements in an unlicensed home were conducted by an agency sub-contracted by Our Kids.

Of the fifteen cases that experienced a placement in an unlicensed home, twelve met all of Florida’s home study requirements. In ten of those twelve cases, a protective investigator initiated the placement, and in two cases the placement was initiated by the agency subcontracted by Our Kids. In ten of the fifteen cases without a completed home study prior to placement, the provider subcontracted by Our Kids completed all missing components of the home study.
following the child’s placement in the home. In those ten cases the Protective Investigator placed
the child in an unlicensed home.

In the remaining three cases without a complete home study, all of the components missing from
the home study involved some or all aspects of the background checks. That is to say, the
FAHIS, Locals, FCIC, and or NCIC were missing at the time of the case record review.

All cases with incomplete home studies were reported to DCF prior to the submission of this
report. The Department of Children & Families collaborated with Our Kids and verified that all
aspects of the home studies were completed in all of the reported cases where the child is
currently in the unlicensed placement.

**Assessment of the Child**

**Findings**

According to the standard of care established by the state of Florida, all children entering out-of
home care are required to receive a Level of Care Assessment (which is used in place of the
Comprehensive Behavioral Health Assessment). The purpose of this assessment is to identify the
needs of the child and to ensure that the child receives further assessments and/or services
consistent with the identified issues. The recommendations offered in the Level of Care
Assessment are integrated into the case plan and used to assist the child in achieving the desired
permanency goal. The expectation is that referrals and linkage to services are facilitated in a
timely manner following the completion of the assessment.

The findings indicated that of the twenty-five cases reviewed 96% (twenty-four) had a current
Level of Care Assessment; one of the cases did not have an assessment of any kind.

In the only case without a current Level of Care Assessment the documents contained in the case
record did not indicate why the assessment was not completed.

Of the twenty-four cases with a current Level of Care Assessment, there were eleven cases in
which service needs were identified on the Level of Care Assessment. There were three cases
with only mental health needs; six cases in which health needs other than routine health care were
found, and in two cases both mental health and health care needs other than routine health care
needs were found. In three of the five cases with mental health needs, a referral for services or
further assessment was completed within the required forty-five day timeframe. In a fourth case,
a referral for services or further assessment was submitted; however it occurred following the
forty-five day requirement. Finally, in the fifth the documents in the case record did not
document the reason for the missing mental health referrals.

Further examination of those five cases with mental health needs revealed that two of the three
cases were linked to some mental health services within forty-five days of the submitted referral.
In one of the remaining three cases, documentation found in the case record indicated that mental
health services were initiated following the forty-five day requirement. Finally, in two of the five
cases with mental health needs, documents contained in the case record indicated that services
were provided to the children that were consistent with the identified needs and/or
recommendations in the Level of Care Assessment.

**Case Planning Activities**

*Findings*

Case plan development and case planning activities are essential to moving the case through the
system of care. According to Florida’s statutory requirements, an initial case plan must be
developed by the case manager and the family within the first sixty days of the child’s entry into
out-of-home care. The case plan document provides a road map for all parties involved in the
case and establishes the process through which permanency can be achieved. The expectation of
case planning activities (i.e., case plan conferences, staffings, linkage to services and monitoring
the parents’ progress in services) is that over time the documentation in the case record provides a
clear indication of the progress towards the permanency goal, the barriers to permanency, and the
steps taken by the agency to maintain the families involvement in tasks and services.

In all of the twenty-five cases reviewed, we found that the case record documents provided a
general road map of the case and a current official case plan. With respect to the initial case plan
document, the findings indicated all of the cases reviewed had an initial case plan. The court
accepted the initial case plan in 84% (twenty-one) of the cases reviewed. Furthermore, in 48%
(twelve) of the cases with a current case plan, the current case plan amended the initial plan.

We noted mixed results when we examined the initial case plan for the presence of signatures of
individuals who are a party to the case. When agency staff are considered, the case manager’s
signature was present on 92% (twenty-three) of the initial case plans, and the signature of the case
manager’s supervisor was found on all. At the same time, the results regarding the presence of
parental signatures revealed limited parental involvement. In 6% (one) sixteen of applicable
cases the father’s signature was on the initial case plans. The mother’s signature was found on
4% (one) of the twenty-three applicable initial case plans. The data also indicated lower than expected results regarding the presence of the Child Legal Services attorney’s signature on the initial case plan (48%; twelve).

To further explore case plan activities, we divided the sample into two groups: children who were discharged from out-of-home care during the review period and children who remained in out-of-home care throughout the review period. The report on case planning activities that follows is presented in two sections and divided according to those categories.

*Children remaining in out-of-home care throughout the review period*

*Findings*

Seventeen of the twenty-five children reviewed remained in out-of-home care throughout the review period. Turning to the initiation of services, the findings revealed that services were initiated within two working days of the child’s entry into out-of-home care in 82% (fourteen) of those seventeen cases.

When we examined the results regarding case plan development we found in 47% (eight) of the applicable cases that the case manager developed an initial case plan with the parents within the required timeframe. Mothers (six of the fifteen applicable cases) and fathers (four of ten applicable cases) were involved in the development of an initial case plan in 40% of the applicable cases. We found the child’s substitute caregivers were involved in the development of the initial case plan in 13% (two) of the sixteen applicable cases. Finally, in 18% (two) of the eleven applicable cases, other family members were involved in the development of the initial case plan.

With regards to the identification of tasks and services by the case manager, we found significant compliance in all applicable cases. The case manager *identified* tasks and services in all applicable cases for all parties of the case, which includes the mother, father, substitute caregivers and relatives when appropriate.

With respect to *engagement* in completing case plan task and services, we found mixed results. Specifically, mothers were engaged in completing case plan tasks and services in 94% (sixteen) of the seventeen applicable cases. The data revealed somewhat less *engagement* from fathers. Fathers’ involvement occurred in 73% (eight) of the eleven applicable cases. In contrast the findings regarding *engagement* in completing case plan tasks and services revealed substantial
compliance for substitute caregivers and case managers. In all cases, the substitute caregivers and the case managers were engaged in completing case plan task and services.

With the exception of the case manager, all other individuals involved in the case had limited involvement in case planning activities such as case plan conferences and staffings. The mother’s participation was found in 38% (six) of the sixteen applicable cases, and the father’s participation in these activities was found in 40% (four) of the ten applicable cases. With respect to the substitute caregiver’s level of participation in these activities, we found their involvement in 45% (five) of the eleven applicable cases. In contrast, the participation of the case managers was found in 81% (thirteen) of the sixteen applicable cases.

Documentation in the case record suggests that in most cases the case manager arranged the services needed to attain the case plan goal for parties involved in the case. The findings indicate that services were arranged for mothers in all of the sixteen applicable cases; services were arranged fathers in 73% (eight) of the eleven applicable cases. With respect to the child, in 94% (sixteen) of the seventeen applicable cases services were arranged. Additionally the arrangement of services for the substitute caregiver was completed by the case manager in all cases.

With respect to the engagement of parents in court proceedings the data revealed that mothers were notified of and given an opportunity to be heard in court in all of the seventeen applicable cases. Results for the fathers’ engagement were also strong: 93% (thirteen) of the fourteen applicable cases. Turning to substitute caregivers, the findings were significantly lower. In 65% (eleven) of the seventeen applicable cases, caregivers were notified of and afforded an opportunity to participate in court hearings. Similarly, when we examined the data pertaining to relatives participation in court proceedings we noted lower than expected compliance. Relatives were notified of and offered an opportunity to participate in court proceedings in 50% (four) of the eight applicable cases.

Quarterly supervisory reviews are required for all cases that are receiving case management services. An integral component of the supervisor’s review is to provide the case manager with feedback/case direction. In all of the seventeen cases that were in out-of-home care at the end of the review period, supervisory reviews occurred quarterly. Quarterly supervisory reviews were found in 88% (fifteen) of those seventeen cases that remained in out-of-home care throughout the review period. Documentation contained in the case record indicated that the supervisor provided
case direction to the case manager in 73% (eleven) of those fifteen cases with quarterly supervisory reviews.

*Children discharged from out-of-home care during the review period*

*Findings*

Of the twenty-five cases reviewed, eight children were discharged from out-of-home care during the review period. None of those eight children reentered out-of-home care during the review period. Seven children were reunified with their parents and one case was dismissed.

Turning to initiation of services, we found that in 63% (five) of the cases that were discharged from out-of-home care during the review period, services were initiated within the required timeframe.

With respect to the *engagement* of individuals around the development of the initial case plan, we found limited compliance. The data indicated that in 20% (one) of five applicable cases, fathers were engaged in the development of the initial case plan. In 25% (two) of eight applicable cases, mothers were engaged in the development of the initial case plan. The findings revealed that of the applicable cases, substitute caregivers (14%; one of seven applicable cases), and family members (none of six applicable cases) had limited involvement in the development of the initial case plan. However, the case manager’s involvement was found in all cases.

Results regarding the engagement of individuals in the completion of case plan tasks, services, and case planning activities revealed substantial compliance. All mothers (eight applicable cases) and all fathers (five applicable cases) were engaged in completing case plan tasks and case planning activities. In 60% (three) of the five applicable cases, additional family members were engaged in completing case plan activities and tasks. When we examined the data for substitute caregivers, we found that in all of the seven applicable cases the substitute caregiver was engaged in completing case plan tasks and case planning activities.

At the same time, we noted less involvement by all parties except case managers when we looked at their participation in case plan conferences and staffings. In 40% (two) of the five applicable cases fathers participated in case planning activities. When we examined the mother’s engagement in this category we found that they participated in case planning conferences and staffings in 43% (three) of the seven applicable cases, and in none of the five applicable cases did substitute caregiver participated in case planning activities such as case plan conferences and
staffings. Furthermore, the data revealed no engagement of relatives in case plan conferences (five applicable cases).

Turning our attention to court proceedings, findings revealed that in all of the applicable cases, both mothers and fathers were notified of and given an opportunity to be heard in court. With respect to the participation of the substitute caregiver in court proceedings, the findings were significantly lower than expected. In 50% (four) of the eight applicable cases, caregivers were notified of court hearing and given the opportunity to participate in court hearings. When we examined the data regarding the relatives’ participation we also observed minimal compliance. In 33% (two) of the six applicable cases relatives were notified of and given an opportunity to be heard in court.

With respect to quarterly supervisory reviews, the findings revealed that these reviews were completed in 88% (seven) of the eight cases discharged from out-of-home care during the review period. Of those cases with quarterly supervisory reviews, case direction is found in 86% (six) of the reviews.

**Case Plan Requirements**

**Findings**

Florida’s Administrative Code requires that the case plan contain specific information pertaining to tasks, services, and goals. The case plan must also outline the types of services, the frequency of service, and the provider responsible for each service. Regarding compliance with these technical requirements of the case plan, our findings mirror the results offered in previous reports and suggest consistently limited compliance in this area.

With respect to the identification of health care providers on the case plan, we noted that the pediatrician’s name was listed on twenty-four of the twenty-five current official case plans, and the pediatrician’s address was listed on eighteen of those twenty-five case plans. Documentation (i.e., medical forms, e-mails, FSFN notes) contained in the case record indicated that in nine cases with a current case plan a medical condition was identified for the child, with the child’s medical condition listed on eight of those nine cases plans. In two of the seven applicable cases the child’s current medication was not listed on the case plan. Finally, the child’s immunization history was attached to the case plan in only six of the twenty-five case plans.
Of children who had a current official case plan, five were eligible for mental health services. The name of the mental health provider was listed on three case plans, and in two cases, the provider’s address was listed on the case plan. A mental health diagnosis was identified on the case plans of three children, and the case plan of the one child prescribed psychotropic medication contained the name of the medication.

In all of the four applicable cases the name of the child’s educational provider was listed on the case plan, and in two of the four applicable cases the education provider’s address was found on the case plan. In all of the four applicable cases the child’s grade level was listed on the case plan and in none of the four applicable cases the child’s education records were attached to the case plans. In addition, the reviewers indicated that in two of the four cases special education needs were identified. In both cases the child’s special education designation were listed on the case plans.

Seventeen of the twenty-five cases reviewed remained in out-of-home care throughout the review period. In 94% (sixteen) of those seventeen cases with a current official case plan, the child’s current placement was listed on the current case plan.

With respect to visitation plans, we found that all of the applicable case plans outlined the mother’s and father’s visitation schedule. For children who are entitled to visits with their siblings, 75% (three) of the four applicable case plans documented the visitation schedules. For relatives, visitation schedules were included in 11% (two) the nineteen applicable case plans.

**Visitation**

*Findings*

This section presents findings of different types of contact and/or visitation between the case manager, the child, and the parents. We will first offer our findings regarding contact between the case manager and the parents. Second we will present the results concerning home visits between the case manager and the child. We will close the section with a discussion of the findings related to parental and sibling visitation.

**Case Manager and Parent Visitation**

In cases where there is or was a permanency goal of reunification, case managers are required to meet with the parents at least every thirty days in order to discuss the parents’ completion of services and progress towards the permanency goal. Of the twenty-five cases reviewed, there
were twenty-one cases that were eligible for visits between the case manager and the parents. In 33% (seven) of those twenty-one cases, the case manager conducted monthly face-to-face visits with the parents. In 71% (five) of the seven cases involving monthly face-to-face visits, the case manager met Florida’s standard of care (i.e., face-to-face visit with the parents are to be completed at least every thirty days when the permanency goal is reunification). In 70% (fourteen) of the visits that occurred between the case manager and the parents, the visits focused on the completion of case plan tasks, service delivery, and goal attainment. In one case the base reviewers indicated that visits between the case manager and the parent did not apply.

Case Manager and Child Visitation

According to Florida’s statute the case manager is required to visit the child in their place of residence at least once every thirty days. However, we looked first at monthly home visits between the case manager and the child, and from those cases in which monthly visits occurred, we looked for compliance with the requirement that home visits occur at thirty-day intervals. In all of the twenty-five cases reviewed, the case manager met with the child monthly. In 72% (eighteen) of those twenty-five cases the case manager met Florida’s requirement that home visits occur at least once every thirty days. Of the twenty-five cases reviewed, there were two children who were old enough to engage in a discussion surrounding case planning, service delivery and goal attainment with the case manager. In both cases, the findings indicated that the case manager discussed with the child their involvement in services and progress towards goal attainment.

Parent and Child Visitation

Safe and frequent visitation between parents and children is an essential component in maintaining and supporting the parent-child relationship. There are various types of visits (e.g., unsupervised visitation, supervised visitation, and therapeutic visitation) that are available to the child and parent. The court’s decision to use a particular visitation type is based in part on the ability of the parents to interact safely with the child. Because the case record does not consistently document the type of visitation, we were not able to distinguish the types of visitation used in a given case. Therefore, the data is presented in terms of the frequency of contact between parent and child, rather than the type of visitation.

Of the twenty-five cases reviewed, 92% (twenty-three) of the children had court-ordered visits with their parents. Of the remaining two cases, one child did not have court ordered visits with their parents; in the second case the parents’ whereabouts were unknown throughout the review
period. Of the cases with a permanency goal of reunification and court ordered visits with parents, the findings indicate that the agency promotes and supports parent-child visitation in 95% (nineteen) of the twenty applicable cases. In one case the base reviewers indicated that they were unable to determine if the agency supported the visits. Additionally, we noted that in 82% (eighteen) of the twenty-two applicable cases with court-ordered visitation, the parents were having routine and frequent contact with their children, and in all such cases, parents were notified of changes to their visitation schedule. In 67% (six) of the nine applicable cases children were also provided with other means of contact with their parents.

However, we found a significant decrease in the agency’s encouragement of parents to participate in activities and decision-making with their child. In 50% (ten) of the twenty applicable cases, the agency encouraged and supported parental involvement in making decisions regarding the child's needs and activities, and in two cases the reviewers indicated that they were unable to determine if the parent was involved in making decisions about the child’s needs. Furthermore, in 35% (seven) of the twenty applicable cases the agency supported parental participation in activities with the child, such as school functions, special occasions, and medical appointments. In another three cases the reviewers indicated that they were unable to determine if the parent participated in activities.

Visits with the mother were court ordered in twenty-one cases of the twenty-five cases reviewed. Of those twenty-one cases, visits with the mother occurred in 90% (nineteen) of the applicable cases. Of the twenty-one cases with visits, the agency promoted these visits in 95% (twenty) cases. The reviewers noted the following barriers to visits with the mother. In 19% (four) of the applicable cases, the mother’s whereabouts became unknown, she did not comply with visits, visitation with the mother was determined to be contrary to the child’s best interest, and other barriers were identified. Furthermore, in 14% (three) of the twenty-one applicable cases the mother became incarcerated during the review period.

Visits with fathers occurred in 71% (twelve) of the eligible seventeen cases. In 18% (three) of cases visits with the father were deemed inappropriate and in two cases the visits did not occur. Of the fourteen cases in which paternal visits were possible, the agency subcontracted by Our Kids promoted and supported the visits in 86% (twelve) of those cases. In instances where visitation with the father did not occur, the reviewers noted the following reasons for missed visits. In 14% (two) of the twelve applicable cases, the father did not comply with the visitation schedule; contact with the father did not serve the child’s best interests, and in 21% (three) his
whereabouts became unknown during the review period. In 7% (one) of the fourteen cases, the father became incarcerated during the review period.

Sibling Visitation

Three of the twenty-five cases were eligible for sibling visits, and in one of those three cases sibling visitation occurred. In 33% (one) of the three cases the agency promoted those visits. Of the three cases that were eligible for sibling visitation, the child received routine and regular sibling visits in only one case. Furthermore, the findings indicate that of the three children, two children were too young to engage their siblings other than through face-to-face contact, and in the only applicable case the child was not afforded other means of contact with their siblings.

With respect to the barriers to completing sibling visitation, the data showed that in one case the siblings were placed more than fifty miles apart, and in one case the reviewers indicated that other barriers prevented regular contact between siblings.

Services

Mental health services

Findings

Of the twenty-five cases reviewed, there was evidence of a mental health assessment or screening in 96% (twenty-four) cases. Mental health needs were identified in 25% (six) of those twenty-four cases, and for 33% (two) of those six cases, a referral for further assessment was provided. In 50% (three) of those six cases with identified mental health needs, services consistent with those mental health needs were initiated.

Medical Services

Findings

To ensure that all health care needs are addressed and that children maintain good health throughout their spell in out-of-home care, Florida’s standard of care requires that children entering out-of-home care receive a medical assessment along with appropriate medical treatment within 72-hours of entering out-of-home care. It is expected that the initial medical visit be followed by periodic health check-ups, treatment when appropriate, and immunizations as determined by the medical practitioner. Preventative dental check-ups and treatment as needed are also required to ensure the continued health of the child.
For six children the initial medical evaluation was not required given that they entered out-of-home care upon discharge from a hospital. Of the remaining nineteen cases reviewed, 47% (nine) received the required initial medical assessment within 72-hours of the child’s entry into out-of-home care.

When we examined the results regarding preventative health care we found that in 92% (twenty-three) of the cases reviewed received ongoing preventative health care. Furthermore, immunization records were found in all of the twenty-five cases reviewed. Of the children that received preventative health care, health care needs were identified in twelve cases. According to documentation contained in the case records, all of those children received the required medical treatment.

Finally, of the twenty-five cases reviewed, five children were eligible for dental services. However, only one of those five children received preventative dental care during the review period. In that case treatment needs were identified but appropriate care was not provided.

Educational services

Findings

With respect to educational services, 16% (four) of the children were eligible for education services. Two of the four children experienced a change in educational placement as a result of their entry into out-of-home care, but the reason for the change in placement was outlined in only one child’s case plan. The findings also revealed that during the review period the child’s current educational placement was stable for 75% (three) of those four children. In instances when the child experienced a change in educational placement the court was kept informed of the change and provided the reason for the change.

With respect to the case manager’s role in the child’s education, the data revealed that in general case managers were aware of the child’s educational progress. In 75% (three) of the applicable cases, the case manager monitored the child’s educational results to determine if their educational needs were being met, reviewed the child’s grades to determine if they were making progress, and to determine whether the child had emerging educational needs. When we examined the data regarding the case manager’s advocacy for educational services, the results revealed that in 67% (two) of the three applicable cases, the case manager advocated on behalf of the child to receive educational services from the school system.
Turning to the results regarding the substitute caregivers’ knowledge of the child’s educational progress we noticed similar findings to that of the case manager. The findings revealed that substitute caregivers reviewed the child’s educational records in 75% (three) of the four applicable cases.

**Placement Stability**

**Findings**

The placement philosophy of Our Kids states that children entering out-of-home care should be placed in close proximity to their parents, and when possible, their extended family in order to facilitate comfortable and frequent visits with their parents and family. They suggest that placement should be within the child’s neighborhood/community to ensure that children remain in their home school. The placement protocol also indicates that, when possible, children should be placed with their siblings.

Of the twenty-five cases reviewed, all of the children entering out-of-home care were placed in the same county and or community as their parents or extended family members.

The findings indicated that in 36% (nine) of the cases reviewed, the child experienced a change in placement during the review period, and in 78% (seven) of those cases the change in placement was directly related to helping the child achieve the permanency goal. Furthermore, in 89% (eight) of those nine cases the agency made reasonable efforts to prevent unnecessary moves. The data also indicate that in 78% (seven) of those nine cases the child’s placement setting was appropriate. Additionally, the court was informed of the reason, number, and type of placement change for all children who experienced a change in placement during the review period. Finally, for the cases in out-of-home care on the last day of the review period the data revealed that in 92% (twenty-three) of the twenty-five cases reviewed, the child’s current placement was stable. In one of the two remaining cases a change in placement was anticipated; in the second case the reviewers indicated that the information contained in the case record was unclear as regarding a potential placement change.

A philosophy of Our Kids is to maintain the child’s connections to their family and/or parents while in out-of-home care. Prior to placing a child in a foster home the CBC first explores two placement options. The CBC first turns to the non-custodial parent (when applicable), and second, to relative and or non-relative substitute caregivers.
Turning first to the data regarding non-custodial parents as a placement resource, we find that there were eleven cases involving a non-custodial parent. In all of those eleven cases the non-custodial parent was considered as a placement resource at the time of the child’s entry into out-of-home care. However, in none of the cases was the child placed with the non-custodial parent. With respect to the second placement option of placement with relative/non-relative caregivers, we found that 52% (thirteen) of the children were placed with a maternal/parental relative. Of the remaining twelve cases that were not placed with relatives, relatives were considered in 83% (ten) cases and in 25% (three) of those twelve cases, relatives were considered as a placement resource throughout the life of the case.

Of the twenty-five cases reviewed, there were fifteen children with siblings who are also placed in out-of-home care. Twelve of those fifteen children (80%) were placed with their siblings. In the remaining three cases, the reviewers noted the following reasons for the separation. In 33% (one) of cases placement of the sibling group together was impractical given the size of the sibling group, and placement of one or more of the siblings together was harmful; at least one sibling had exceptional needs in 67% (two) of the cases; in 33% (one) of the cases, the size of the sibling group limited the agency’s ability to place the siblings together. Relatives were willing to accept some siblings in 67% (two) cases, and in 67% (two) of the cases, the reviewers indicated that other reasons for the separation of the siblings group were found in the case record.

**Permanency**

*Findings*

All of the cases reviewed this quarter originated in Miami-Dade County. Eight of the twenty-five cases reviewed were discharged from out-of-home care during the review period, and none of the eight cases reentered out-of-home care during the review period. Of the eight cases that were discharged during the review period, seven children were reunified and one case was dismissed within forty-three days of the child’s entry into out-of-home care.

Of the seven cases that achieved permanency via reunification, all of the children were reunified during the review period. A closer examination of these cases revealed that reunification occurred within an average of fifty-four days and in-home services were provided to those families throughout the remainder of the review period.

Turning our attention to permanency goals, seventeen of the twenty-five cases reviewed were in out-of-home care at the end of the review period. At the end of the review period, fourteen of
those seventeen cases had a primary goal of reunification, two had the primary goal of adoption and one case had the primary goal of permanent guardianship. When we looked for the presence of a concurrent case plan goal, we found that fourteen of the seventeen cases had a concurrent goal and three cases did not. Thirteen of those fourteen cases had a concurrent goal of adoption, and one case had a concurrent goal of permanent guardianship. In two cases the primary goal changed to adoption during the review period, and three cases did not have a concurrent goal.

With respect to the three cases that were in out-of-home care at the end of the review period with a primary or concurrent a goal of adoption, the parents of one of those children committed a felony that resulted in serious bodily injury to a child, and in the remaining two cases the children were abandoned. In 67% (two) of the three cases the agency subcontracted by Our Kids filed a petition to terminate parental rights, took steps to place the child for adoption, and identified pre-adoptive parents.

With respect to the appropriateness of the permanency goal, we found that in 96% (twenty-four) of the twenty-five cases reviewed the permanency goal was appropriate (judging from the information in the case file), and in one case the reviewers indicated that the permanency goal was not appropriate. When we examine the data pertaining to the achievement of permanency for children who remained in out-of-home care throughout the review period, the data revealed that in 82% (fourteen) of the seventeen cases the case manager identified barriers to the achievement of permanency. Furthermore, when we examined the steps taken by the agency to achieve permanency we found that in 94% (sixteen) of the seventeen applicable cases, the agency took the required steps.

Finally, we found that in most cases the court was informed of the child’s ongoing needs, placement changes when applicable, movement toward permanency, and when applicable changes in educational placement via judicial review hearings. In one case the reviewers indicated that the court was not informed of reasonable efforts to prevent the child’s removal, and in another case the court was not informed of the changing needs of the child.
Stakeholder Interviews

To learn how selected stakeholders view the system of care, we conducted hour-long interviews with a variety of individuals including social workers, attorneys, Guardian Ad Litems (GALs) and caregivers. Respondents were asked to describe their perspectives on the system of care and their roles within the system in order to add perspective to the observations gleaned from the case record data.

The interviews were conducted during the first three quarters of the most recent monitoring year. Ten cases (five from each CBC) were randomly selected from the pool of reviewed cases. In total, twenty-two individuals with knowledge of the cases selected agreed to be interviewed. The sample included eleven individuals affiliated Our Kids cases (a mix of caregivers, case managers, supervisors and GALs) and eleven individuals involved in the five ChildNet cases (a mix of caregivers, child advocates, supervisors and attorneys).

The interview had two components. First, we asked questions about the facts of the case and how the agencies worked to promote permanency and monitor the well-being of the child in care. In the second part of the interview respondents were asked to discuss broader themes related to system of care functioning. These questions focused on stakeholder perceptions of the quality of collaboration and communication in the provider network, the availability and quality of services, and the level of internal support at the agency. Viewpoints of the participants that were shared with us are presented in the section that follows. Moreover, unless specifically noted, the findings refer generally to both CBCs. In the event there were sharp differences in how the respondents replied to the questions, those differences are highlighted.

Overview of system, strengths and challenges

When asked to describe the strengths of the child welfare system, CBC and legal staff alike spoke of stakeholders’ strong dedication to protecting children and promoting stable, healthy families. In addition, several of the informants argued that system functioning had improved since privatization. These stakeholders referred to perceived enhancements in interagency coordination, caseworker decision-making, collaboration between DCF and the CBC’s, overall support from DCF, and system accountability. Also mentioned was the perceived shift in focus toward keeping children in the home and improving rates of reunification. For example, several attorneys shared the perspective that the new time mandate for permanency facilitates effective service provision.
In general, CBC and legal staff spoke positively of the ways in which their agencies engage families. All respondents claimed that their agency takes a family-centered, strengths-based view of the family and aims to serve families in the communities in which they live. All staff answered “true” to the statement, “whenever possible, families are engaged in the decisions that affect the services they receive and what happens to their children.”

Also, the majority of CBC and legal staff stated that their colleagues “understand the mission of the agency” and “know the outcomes used to hold my agency accountable.” The staff respondents also spoke positively about the support they receive from their supervisors and the agency at large. They were unanimous in the claim that their agencies provided ongoing opportunities for professional development and promotion and that their feedback on practical challenges in the field is welcomed by agency leadership.

When asked to describe the weaknesses of the system the respondents were consistent in their answers. Four themes emerged as key challenges: caseload size, timeframe requirements, cross-stakeholder communication and resource availability. We turn to each of these points separately below. These challenges are central to the ability to promote permanency through access to the skills and resources necessary to support and engage families effectively. The interview data suggested that the new standards of accountability have brought changes in technical and workflow demands that necessitate strong cross-provider coordination and communication.

In general, the interviews paint a mixed picture of stakeholder experiences. Though respondents pointed to many aspects of the system that function well, they also spoke of significant challenges. For example, some respondents were adamant about the ease by which they are able to obtain services, but also claimed that particular resources are frequently difficult to obtain. Although all CBC and legal staff claimed their agency takes a strengths-based approach to family engagement, there was widespread concern regarding case managers’ and attorneys’ ability to fully engage families given typical caseload sizes.

**Case management: workloads and supervision**

Caseworkers at both ChildNet and Our Kids argued that caseload sizes (approximately 20 families per worker as cited in interviews) negatively affected the quality of case management, particularly family engagement. Similar views were shared regarding case management documentation requirements. For example, documentation forms make it difficult to engage the family more qualitatively beyond the technical requirements. Attorneys also spoke of caseload
challenges for both legal and CBC staff. Reported caseloads (68-70 cases at a given time) make it difficult for attorneys to be fully knowledgeable of all aspects of individual cases.

When asked if there were additional activities outside the scope of their job responsibilities that they would like to offer to clients, a few CBC staff claimed that they would like additional time to be more engaged in social activities with the families. In addition, caseworkers claimed they would like to have additional time to work more closely with teens in care.

As noted above, feedback regarding internal support at the respondents’ agencies was positive. Attorneys stated they have constant access to supervisors when they are in need of case guidance. CBC staff indicates that they have informal access to their supervisors to discuss individual cases as needed. As for structured meetings in which the facts and progress of the cases are formally discussed, ChildNet’s child advocates and their supervisors meet on a monthly basis. At Our Kids, formal meetings occur biweekly. All CBC and legal staff respondents claimed supervisor support to be crucial to the quality of their work. Several benefits were mentioned, including case guidance and direction, information about resources and feedback regarding case challenges.

A few participants mentioned staff turnover at CBC’s and contract providers as a factor that significantly hinders the pace of case progress. The need for training on how to adequately transfer cases so that information about the child’s progress is passed on adequately was discussed.

Service availability

Access to mental health, educational and medical services are crucial to the well-being of the child as well as to the family’s progress toward permanency. In all of the cases reviewed, children, parents, and caregivers were assigned case plan tasks that involved referrals for services. In general, many staff claimed they are typically able to access services for children and their parents, and the case-specific portion of the interviews corroborated this. In describing individual cases, all of the partners interviewed reported that the necessary services had been provided and had been helpful to the needs of the family. At the same time, the respondents who were critical of the new statutory timeframes for case milestones tended to attribute their dissatisfaction to service availability problems.

Waiting lists and service gaps were cited as a serious systemic problem. Some staff claimed that they commonly encounter waiting lists for parenting, Head Start and speech therapy. Among the services mentioned most frequently as difficult to obtain included parenting classes, anger
management, dyadic therapy, IL services, domestic violence services, housing aid and in-home mental health services. Almost all staff claimed they had notified their agencies of service gaps and that the agencies had sought their feedback.

A few CBC and legal staff claimed an urgent need for the system to provide more services in languages other than English, particularly Creole. Several respondents shared that the lack of services in multiple languages has been detrimental to moving some cases forward. In addition, a number of respondents noted a need for more resources that are focused on teens.

GAL, caregiver and CBC staff also spoke of the strain placed on families who may have limited capacity to travel to multiple locations in the county to complete case plan tasks requirements. The issue of service access and utilization seems particularly significant as parents’ lack of compliance with case plan services was a consistent problem noted in the case-specific portion of the interview.

The network: communication and accountability

When CBC and legal staff were asked how they monitor the progress of their families, they commonly responded that they rely on communication with providers. In general, respondents claimed that they have positive relationships with many providers in the network and see collaboration as a main strength of the system. Participants agreed that they are well connected to a neighborhood-based network of providers that include a broad range of partners. The main challenge regarding interagency communication is centered on the delivery of progress reports (i.e., regular notification as to client progress from service providers to the CBC). This is a key concern given that the timeliness and accuracy of reports is essential for the case to progress.

CBC staff and attorneys expressed frustration over the high number of provider staff who fail to submit reports in a timely manner. According to the stakeholders interviewed, the onus of obtaining progress notes falls largely on the CBC and legal staff, who often must persist in contacting the provider. One attorney noted the belief that providers of in-home services are

1 Other strategies of monitoring include: communication with parents and caregivers, and monitoring of visitation reports.
more reliable than those providing out-of-home services when it comes to prompt reporting. Another problem raised was the inconsistent quality of information shared by the providers.

Still, the majority of respondents claimed to have “mostly positive” relationships with service providers. To navigate the system successfully, staff tend to rely on those individuals and agencies with whom they have had consistent success. The staff worked to cultivate relationships with agency partners who were found to be consistently reliable and seem to provide high quality services.

Only a few respondents made reference to conflicts of interest or lack of trust between stakeholders.

**Training needs**

The skill level of staff is a key aspect of service delivery. Agencies are required to provide ongoing training to staff and foster parents. All staff interviewed had received trainings offered by the agency on an ongoing basis, a required 40 hours a year for case workers and 8 hours a year foster parents. At Our Kids the trainings focused on legal aspects of the system and medical resources. At ChildNet, child advocates spoke of trainings on case management tools and requirements such as emerging legal statutes and new paperwork systems. Attorneys had also recently attended trainings related to legal issues.

The monitors asked the respondents to describe what additional trainings, if any, they would like to be provided in order to carry out their responsibilities. For the attorneys, useful trainings would be those related to trial preparation and facilitation, guardianship, and resource availability. Caseworkers raised the following training areas: adoption, legal aspects of the system (including new regulatory requirements), and family team conferences. The caregivers interviewed also listed areas in which they would like additional training, including resources the local community has to offer children and the developmental needs of the children.

**Case plan engagement**

The respective CBC’s process of care, as described by CBC and legal staff, is similar, though there are important differences. Each child coming into care is assessed through a standard process. In Miami-Dade, children receive a Level of Care Assessment. Children coming into care in Broward County receive a Comprehensive Behavioral Health Assessment (CBHA). These assessments, as described by the respondents, serve the purpose of assessing the mental
health and medical needs of the child as well as documenting the family situation and history of the case. As we learned from our respondents, staff relies on the Level of Care Assessment and CBHA assessments as well as the case allegations to develop the initial case plan.

According to the ChildNet participants, the case plan is typically developed by agency staff (e.g. child advocate and supervisor) who then send the draft plan to the attorneys representing the family and GAL’s for feedback. Parents are engaged during the mediation process in court where their assigned tasks are explained and they are given the opportunity to voice their feedback. In describing their work with families, child advocates claimed that they engaged the parents prior to the development of the case plan draft. We infer from this data that the agency may engage the parents in the early development of the plan, in instances when the parents are available.

Based on the responses we obtained, the case plan development process at Our Kids is less clear. The process as described by the participants did not point to a standard practice. Though some staff referred to case plan staffings in which parents were invited, other staff claimed that the case plans are typically designed by case plan coordinators without the engagement of the family.

**Caregiver support and engagement**

Lack of communication and support for caregivers was raised as an issue by the caregivers interviewed as well as by several CBC staff. First, there was mention of the need for a greater support system for foster parents outside of their connection to the case managers, which some regard as inadequate. It was pointed out that having a foster parent liaison to whom they could talk to about their children on an informal basis would be useful. Responsiveness to caregiver concerns, when brought to the attention of CBC, was also raised as a concern. Reimbursement rates and timely payment were mentioned as issues by caregivers, a viewpoint shared by the CBC staff.
In-depth Review of Visitation

We now turn to an in-depth review of parent-child visits among children served by ChildNet. Regular visits with parents while children are in out-of-home placement are associated with a host of positive child welfare outcomes including family reunification, shorter duration of placement and better child behavior. Although there is general agreement on the value of visits, there is little information on how to achieve routine parent-child visits. Given its value as a practice issue, we decided to explore visitation more deeply. We sought to identify factors that may affect regular parent visits and to elucidate possible ways to improve practice in this area when appropriate. To accomplish this goal, we examined ChildNet visitation data that was collected as part of the monitoring project. We then conducted focus groups with child advocates, non-relative foster parents, and relative caregivers.

The focus of our work was on the following questions:

1. Among children in out-of-home care with court-ordered visits, what child welfare practices and placement factors are associated with regular parent-child visits?

2. What differences, if any, are there in documented efforts to coordinate visits with parents and in the regularity of visits, when the responsible party is the child advocate versus a designated foster parent or relative caregiver?

The Sample

Two sources of data were used, each representing distinct samples. There were 75 children selected based on their records having been sampled as part of the quarterly case file reviews. Those samples included children who were admitted for the first time to foster care, who were served through ChildNet. The following quarterly samples of 25 children each were used: 1) fourth quarter 2007-08, 2) first quarter 2008-09 and 3) fourth quarter 2008-09.

The focus group sample included three groups: child advocates, foster parents, and relative caregivers. A sample of informants was randomly selected and invited to participate. Across the

---

2 A parent group was also planned. However, the vast majority of the parents were either unreachable or declined to participate.
three groups, a total of fifteen individuals attended. The information from the focus groups may not be broadly representative. Although they were randomly selected, the decision to participate was based on individual choice. Those electing to participate may have certain views or experiences that make them different from others who declined to participate. Furthermore, they were not selected based on any connection to the 75 children in the case record sample. The respondents provide a different and more personalized lens through which to view the case record findings. Their perceptions and experiences reveal how visitation practices may vary depending on the participant’s role relative to the child.

Findings

Findings from the visitation study are found below. The tables in this section report data from our analysis of the case records for 75 children. Summaries of the stakeholder interviews are included with the record review data, as necessary.

The admission age of children in the sample ranged from newborn to 10 years old, with a median age of 18 months. The two most prevalent reasons for placement were neglect (43%) and parental substance abuse (32%). At the start of the review period, 63% of the children were placed with a non-relative foster parent and 24% with a relative caregiver.

The purpose of visits & impact on permanency outcomes

How each party assesses visits is a result of their understanding of the purpose and goals of visits. Past research has shown that social workers, foster parents, and parents may perceive the goals of visits very differently and therefore assess the “success” of a visit based on different criteria. For example, foster parents may see visits as a way for the parents to prove themselves as capable parents, caseworkers may see them as a teaching opportunity for parents, and relative caregivers may view them as a time for the child and parent to stay connected. We asked the focus groups to share their views on the purpose of visits and their role in permanency outcomes. There was consensus across and within groups around the purpose of parent-child visits and the impact on permanency outcomes. Participants believed that regular parent-child visits improve the chances of reunification, and conversely, that inconsistent visits can decrease those chances.

When asked what they saw as the main purpose of parent-child visits, all groups first answered that it was to maintain a bond between the parent and child. Expanding further, the case workers also saw supervised visits as necessary for observing parenting skills and parent-child
interactions, which help them make judgments regarding the parent’s ability to safely and adequately parent the child.

The foster parents reported that they observed improvements in child behavior and mood when visits are regular. They suggested this might be because regular visits sustain the possibility of reunification in the minds of the children and the parents. The relative caregivers pointed more to child-oriented goals as the primary purpose of visits, including helping the children to feel less abandoned by their parents and giving the children a sense that “their families were still a family.”

Visiting Efforts

Agency efforts to reach out to parents by promoting and maintaining a strong, emotionally supportive relationship between the child and the child’s parents are described in Table 1. In nearly 79% of the cases, there was evidence in the records that the agency was making efforts to engage one or both of the parents with visits. Breaking this out by mothers and fathers, efforts were made to engage mothers in 76% of the cases and fathers in 48% of the cases.

In 44% of the cases, parents were notified of changes in the visitation plan. To a lesser degree, parents were encouraged to be involved with their children beyond visiting, by assisting with making decisions about their needs (40%), or participating in activities such as school functions, special occasions, or medical appointments (27%).
Table 1. Agency Efforts to Engagement with Parents

<table>
<thead>
<tr>
<th>Agency Efforts</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effort to Establish Visits and other Contact with Parent(s)</td>
<td>59</td>
<td>78.7%</td>
</tr>
<tr>
<td>Effort to Establish Mother-Child Visits and other Contact</td>
<td>57</td>
<td>76.0%</td>
</tr>
<tr>
<td>Effort to Establish Father-Child Visits and other Contact</td>
<td>36</td>
<td>48.0%</td>
</tr>
<tr>
<td>Parents were Notified of All Changes in Visitation Plan</td>
<td>33</td>
<td>44.0%</td>
</tr>
<tr>
<td>Child Afforded other Non-Visit means of Parent Contact</td>
<td>18</td>
<td>24.0%</td>
</tr>
<tr>
<td>Encouraged Parental Involvement in Decisions about Child</td>
<td>30</td>
<td>40.0%</td>
</tr>
<tr>
<td>Encouraged Parent Involvement in Child Activities</td>
<td>20</td>
<td>26.7%</td>
</tr>
</tbody>
</table>

Barriers to Visiting

There were a number of barriers to engaging parents in visits with their children. While there were court-ordered visits for all the children at the start of the review period, obstacles did arise that hindered visiting. For example, the parents’ whereabouts may become unknown for a period of time, a parent may become incarcerated, or visits may be deemed unsafe or not in the child’s best interest.

Table 2 presents common barriers to engaging parents in visits. For mothers and fathers, incarceration during the review period was the most common barrier to regular visitation. This issue occurred with 15 percent of the mothers and 21 percent of the fathers. Incarceration did not fully explain lack of visits, however. Ten of the eleven incarcerated mothers and seven of the sixteen incarcerated fathers visited with their child during the review period. Moreover three of the incarcerated mothers had routine visits.

The focus groups differed in their opinions as to which factors they believed were obstacles to regular parent visits. The relative caregivers and the foster parents reported that the visiting location had a significant impact on the parent’s decision to attend a visit. Both groups noted that the agency office was an unnatural and uncomfortable setting for visits. Relative caregivers also observed that having the dual role of being related to the parent and supervising the parent could lead to an awkwardness and tension that prevented parents from visiting. From their perspective, parents were not always ready to face the relative because they felt embarrassed and ashamed.
Table 2. Barriers to Engaging Parents in Visiting

<table>
<thead>
<tr>
<th>Source of Barrier</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers Among Mothers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Became incarcerated</td>
<td>11</td>
<td>14.7%</td>
</tr>
<tr>
<td>Whereabouts unknown</td>
<td>9</td>
<td>12.0%</td>
</tr>
<tr>
<td>Barriers Among Fathers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Became incarcerated</td>
<td>16</td>
<td>21.3%</td>
</tr>
<tr>
<td>Whereabouts unknown</td>
<td>9</td>
<td>12.0%</td>
</tr>
<tr>
<td>Visits unsafe/not in best interests of child</td>
<td>8</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

The child advocates shared a different perspective. There was consensus within their group that limited resources and logistics stood in the way of regular visits, such as lack of evening and weekend transportation, limited visitation space, and a shortage of providers to supervise visits.

Finally, the child advocates and the foster parents suggested that the reason for placement might affect whether or not the parents visited. Both groups generally believed that when the parent had a substance abuse problem, they were less likely to attend visits regularly.

**Responsibility for engaging parent to participate in visits**

Although the child advocate is most often the individual responsible for engaging parents and facilitating visits, the courts can permit the child advocate to designate another person for this duty. In the sampled cases, designees were foster parents or relative caregivers. Sometimes the child advocate shared the responsibility with the designee. During the review period, the child advocate assumed the responsibility for engaging parents in 83% of the cases. In 17% of the cases, the child advocates designated some or all of this responsibility to the foster parent or relative caregiver.

We asked the focus groups to identify who they believed should have the responsibility of engaging parents and encouraging them to visit. There was uniform agreement among the child advocates that, beyond an initial courtesy call, engagement was incumbent upon the parents themselves. However, some members of the group elected to reach out to parents even though they did not view it as a requirement.
The relative caregivers indicated that while they too saw the onus of engagement as resting with the parents, because the caregivers supervised visits in their homes, they shared some of the responsibility out of necessity.

There was consensus among the foster parents that the child advocates were responsible for engaging the parents, followed by the parent caseworker. Foster parents were more likely to avoid all contact with parents, in part because of active discouragement from child advocates and in part due to their own disinclination to interact with parents.

**Regularity of Parent-Child Visits**

The benefits of parent-child visits are more likely to be conferred when visits are regular. Inconsistent, unpredictable, or infrequent visits are similar to situations when parents do not visit at all.

Table 3 below reports whether mothers and fathers had visited at all during the review period and how many children received regular visits from their parents. A substantial proportion of the children had at least one visit with a parent: 84% had a visit with their mothers and 44% with their fathers. Only 45 percent of the children of the children had regular visits with one or both of their parents.

<table>
<thead>
<tr>
<th></th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Visits with Mother</td>
<td>63</td>
<td>84.0%</td>
</tr>
<tr>
<td>Any Visits with Father</td>
<td>33</td>
<td>44.0%</td>
</tr>
<tr>
<td>Regular Visits with Parents</td>
<td>39</td>
<td>45.3%</td>
</tr>
</tbody>
</table>

Table 4 displays the distribution of several child and placement characteristics by regularity of visits. Children who were between one and five years old at admission were more likely to have irregular or no visits (64%) than infants (41%) and older children (39%). Children who were placed for reasons of neglect were more likely to have regular visits (56%) than children placed because of parental substance abuse (63%).

There is a substantial difference in visiting frequency depending on who was responsible for engaging parents. When that person was the child advocate, 58 percent had regular parent-child
visits. When engagement was designated partially or fully to a foster parent or relative caregiver, 33 percent had regular visits.

Agency efforts to engage parents and encourage involvement are associated with regular visits. When the agency tried to engage the parents, about 58 percent of the children had regular parent visits, whereas 31 percent of those with minimal or no efforts had regular visits. Similarly, when parents were encouraged to join in their children’s activities and participate in decision-making, about two-thirds visited regularly.

<table>
<thead>
<tr>
<th>Placement &amp; Agency Factors</th>
<th>Regular visits</th>
<th>Irregular/ No visits</th>
<th>Total</th>
<th>Regular visits</th>
<th>Irregular/ No visits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child age at admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant</td>
<td>19</td>
<td>13</td>
<td>32</td>
<td>59.4%</td>
<td>40.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>9</td>
<td>16</td>
<td>25</td>
<td>36.0%</td>
<td>64.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>11</td>
<td>7</td>
<td>18</td>
<td>61.1%</td>
<td>38.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Placement reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>18</td>
<td>14</td>
<td>32</td>
<td>56.3%</td>
<td>43.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Parental substance abuse</td>
<td>9</td>
<td>15</td>
<td>24</td>
<td>39.1%</td>
<td>62.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Initial Placement Setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster parent</td>
<td>26</td>
<td>21</td>
<td>47</td>
<td>55.3%</td>
<td>44.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Relative caregiver</td>
<td>8</td>
<td>8</td>
<td>16</td>
<td>50.0%</td>
<td>50.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other setting</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>50.0%</td>
<td>50.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Person Engaging with Parents*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child advocate</td>
<td>34</td>
<td>25</td>
<td>60</td>
<td>57.6%</td>
<td>42.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Designee/shared responsibility</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>33.3%</td>
<td>66.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Efforts to engage parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency made efforts</td>
<td>34</td>
<td>25</td>
<td>59</td>
<td>57.6%</td>
<td>42.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Minimal/no effort</td>
<td>5</td>
<td>11</td>
<td>16</td>
<td>31.3%</td>
<td>68.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Encouraged parents in child activities</td>
<td>13</td>
<td>7</td>
<td>20</td>
<td>65.0%</td>
<td>35.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Encouraged parents to make decisions</td>
<td>20</td>
<td>10</td>
<td>30</td>
<td>66.7%</td>
<td>33.3%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*In three cases the designee was not documented because there were no visits.
We developed two multivariate models using logistic regression to determine if the above findings persisted when controlling for placement and child variables. First, we sought to better understand what factors might correlate with agency efforts to engage parents (Table 5). Then we estimated the odds of regular visits, given several key variables (Table 6). In the models, we set the statistical significance level at a probability of less than 0.05. For significant variables, the odds ratios greater than one indicate an increased probability of the outcome; ratios less than one indicate a decreased probability.

Table 5. Modeling the Odds that Efforts are Made to Engage Parents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designee to engage (vs. child advocate)</td>
<td>1.02</td>
<td>0.981</td>
</tr>
<tr>
<td>Child age 1 to 5 (vs. infant)</td>
<td>0.81</td>
<td>0.760</td>
</tr>
<tr>
<td>Child age 6 to 10 (vs. infant)</td>
<td>0.85</td>
<td>0.848</td>
</tr>
<tr>
<td>Placement type: relative caregiver (vs. foster parent)</td>
<td>1.61</td>
<td>0.685</td>
</tr>
<tr>
<td>Placement type: &quot;other&quot; (vs. foster parent)</td>
<td>0.66</td>
<td>0.552</td>
</tr>
<tr>
<td>Removed for neglect (vs. all other reasons)</td>
<td>0.73</td>
<td>0.619</td>
</tr>
<tr>
<td>Removed for substance abuse (vs. all other reasons)</td>
<td>0.22*</td>
<td>0.018</td>
</tr>
</tbody>
</table>

*Probability < .05

Table 5 above presents results showing the odds that the agency made efforts to engage parents, given designee, child’s age, placement type, and placement reason. In this model, efforts to engage parents were much less likely if the child was removed because of parental substance abuse. The choice of designee did not affect efforts to engage parents. Child’s age, placement type, and removal reasons were also not statistically significant.

We then looked at what factors predicted regular parent-child visits, controlling for the same variables (Table 6). When the agency made efforts to engage parents, the parents were four times more likely to have regular visits than when the agency made little or no effort. The other variables did not meet the significance criteria, though both the designee (p=.079) and children aged 1 to 5 years (p = .066) were approaching significance.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effort to engage Parents (vs. no or minimal effort)</td>
<td>4.02*</td>
<td>0.047</td>
</tr>
<tr>
<td>Designee to engage (vs. child advocate)</td>
<td>0.26</td>
<td>0.079</td>
</tr>
<tr>
<td>Child age 1 to 5 (vs. infant)</td>
<td>0.33</td>
<td>0.066</td>
</tr>
<tr>
<td>Child age 6 to 10 (vs. infant)</td>
<td>1.39</td>
<td>0.646</td>
</tr>
<tr>
<td>Placement type relative caregiver (vs. foster parent)</td>
<td>0.80</td>
<td>0.734</td>
</tr>
<tr>
<td>Placement type &quot;other&quot; (vs. foster parent)</td>
<td>0.60</td>
<td>0.532</td>
</tr>
<tr>
<td>Removed for neglect (vs. all other reasons)</td>
<td>1.18</td>
<td>0.761</td>
</tr>
<tr>
<td>Removed for substance abuse (vs. all other reasons)</td>
<td>0.50</td>
<td>0.253</td>
</tr>
</tbody>
</table>

*Probability < .05
Hypothesis Development/Testing and Performance Management Meetings

Throughout the project, meetings with ChildNet and Our Kids were held in an effort to facilitate discussions regarding performance management and progress toward strategic goals selected by the CBCs. Dimas Consulting, Inc., as a subcontractor to Chapin Hall, facilitated the meetings. For all of the Contract Year. Three meetings except the final one, the ChildNet and Our Kids staff/provider agencies met separately, focusing on their progress toward their respective strategic objectives. At the final meeting (held June 11, 2009) the ChildNet and Our Kids staff/provider agencies met jointly and shared with each other their final progress assessments and some of their most important insights from the project. The meetings from year three are summarized below.

The hypothesis development and testing/performance management meetings gave each CBC the opportunity to discuss practice, methodological, and data issues that had arisen; and to engage in some group problem-solving related to those issues. The meeting discussions typically focused on identifying practice barriers that were impinging on the CBC’s ability to achieve their strategic objectives; the development of hypotheses as to what actions or interventions in the practice realm might ameliorate the encountered barriers; “coaching” on leadership, supervision, and performance management strategies that might support the CBCs’ efforts to overcome the encountered barriers; and identifying data integrity issues that were impacting the measured performance and developing strategies for addressing the identified data integrity issues.

The Year Three meetings dates, subjects, and formats are summarized below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Subject(s)</th>
<th>Format</th>
</tr>
</thead>
</table>
| July 27, 2008 | **Our Kids.** The Our Kids master tracking log was presented and the CBC’s thinking on the tracking process was discussed with the group of providers. Participants from the FCMAs described for the group their internal process for using the case listings, and discussed some of the barriers that were identified and shared lessons learned. Methodological considerations in setting individual FCMA performance targets were discussed.  
**ChildNet.** ChildNet reviewed its current data for each of the four outcomes identified in their action plan. Each outcome was discussed, and current concerns and data issues were discussed with the group. ChildNet indicated that some action steps were not completed as a | Separate, Face-to-face |
### September 17, 2008

**Our Kids.** The meeting focused on reviewing the case listings for each provider agency and discussing the ways these could be used to support the supervision of casework practice and to identify and resolve barriers to permanency. The importance of the agencies using these listings for their internal case management purpose between the group meetings with Our Kids and the Chapin Hall/Dimas Consulting team was underscored. The balance of the meeting was spent exchanging ideas between agencies about creative ways to overcome some of the barriers to permanency that had been encountered.

**ChildNet.** September data on the CBC’s progress toward its strategic objectives was reviewed and discussion ensued about ways the CBC might approach some of the problems encountered. The ability of ChildNet to disaggregate performance data by service center and unit was explored, and ideas were generated about how such disaggregated data could be used to explore variations in case practice across service centers and to identify and celebrate high-performing units. Action steps were identified for implementing performance management strategies using disaggregated data. Data integrity issues were also discussed along with action steps for addressing them.

### December 1, 2008

**Our Kids.** The process Our Kids used to set performance targets for the individual FCMAs was discussed with the group. Each FCMA shared a success story from the WIP IT initiative and discussed areas of organizational growth and learning. One provider’s data was used to demonstrate the process of using the WIP IT case listing to “prospect” for additional permanencies by identifying alternative ways to address barriers presented by certain cases. Another provider’s data was used to closely examine and discuss why some cases with a goal of reunification move through the system faster than others.

**ChildNet.** Data were presented for ChildNet’s four strategic objectives, disaggregated by ChildNet’s four service centers, and by unit within each service center.
<table>
<thead>
<tr>
<th>Date</th>
<th>Subject(s)</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 28, 2009</td>
<td>Overall progress toward the objectives was discussed, as well as underlying data integrity issues and the steps being taken to address them. Ways to use such disaggregated data to identify differences in “practice models” across the service centers were discussed, as well as ways to use such disaggregated data to identify “found pilots” to build momentum for practice changes.</td>
<td>Separate, Face-to-face</td>
</tr>
</tbody>
</table>

**January 28, 2009**  
**Our Kids.** Provider progress against their performance targets was reviewed. The data suggested a very impressive rate of progress with one agency but limited progress with another. The group walked through the data, highlighting the areas of progress, and exploring opportunities for permanency. The data pertaining to exit via reunification showed the agencies were within striking distance of meeting their targets. However, the results for permanent guardianship were not as impressive. As “homework” for the next meeting, the group was encouraged to dissect both the successful and complex cases, and to sort the current case listing into four conceptual “baskets” (surprise or “good luck” permanencies; intentional permanencies; cases for which permanency was within reach; and cases continuing to face substantial barriers to permanency) for use in “prospecting” for additional permanencies.

**ChildNet.** The agency presented data for each of its four strategic objectives and demonstrated the new dashboard of indicators which is available to all levels of staff. The dashboard reflects key point in time data related to organizational priorities, and provides a variety of management tools and work supports. Throughout the discussion ChildNet also provided examples of how the agency uses the data to develop systemic hypotheses and understand how case practice may vary on the micro level (i.e., unit, population type etc).

**March 17, 2009**  
**Our Kids.** The group reviewed their progress through March in achieving the strategic objectives related to increasing reunifications and relative guardianships among the children in the WIP IT target population. The group spent the remainder of the meeting discussing their “homework” from the previous meeting related to sorting their WIP IT cases into four conceptual “baskets.” The discussion focused on extracting lessons about what works from the intentional permanencies; brainstorming casework approaches that could resolve the residual barriers for cases for which permanency was
within reach; and discussing whether the agency’s point-of-view was still appropriate for cases continuing to face substantial barriers to permanency.

**ChildNet.** ChildNet walked the group through their process for managing performance and described in detail the work that has been done around each outcome. ChildNet's process includes two steps. First, reports are generated for the four outcomes listed and the QA team conducts a review of the data to ensure that errors have been addressed. Second, program staff drills down on all cases in each category to identify common threads and determine the action steps needed. The remainder of the discussion focused on performance management and casework strategies that might assist ChildNet in meeting its strategic objectives and ongoing data integrity issues and strategies for resolving them.

**April 22, 2009**

**Our Kids.** The April tracking data show that, as a group, Our Kids and its providers have met the performance targets for reunifications and relative guardianships among the WIP IT population that the group established. While some agencies exceeded their individual targets, others did not. The group examined qualitative differences in the case notes included in the case listings between agencies that met or exceed their targets to those that did not. The concept of “reflective practice” was introduced and explained, and the group spent the remainder of the meeting analyzing how reflective practice was revealed in the case notes of one of the agencies that exceeded their targets, and absent in the case notes of those that failed to meet their targets. The discussion centered on how the case notes of the latter group of agencies would likely look if they did show evidence of reflective practice.

**ChildNet.** ChildNet walked the group through the performance report for each of their four strategic objectives and described in detail the work that has been done around each outcome. The April data show that ChildNet has achieved its target for Outcome 1, related to child safety, and has demonstrated improvement on its other three strategic objectives, but is still falling short of attaining them. The remainder of the discussion focused on specific analytic, supervisory, and casework strategies that might be effective in helping ChildNet achieve the three remaining objectives related to reducing re-entries, reducing time to permanency, and
<table>
<thead>
<tr>
<th>Date</th>
<th>Subject(s)</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 26, 2009</td>
<td><strong>Our Kids.</strong> The meeting started with a review of the May tracking data, which showed that the Our Kids agencies continue to achieve reunifications and relative guardianships for the children in the WIP IT target population over and above the established performance targets. The focus of the meeting then turned to the question of how to extend the performance management approach beyond the initial target population in the coming year. Data from Chapin Hall on permanency exits by child age and exit type for Miami-Dade compared to the balance of the State were reviewed and analyzed. The group decided that the ripest target of opportunity, especially when compared to the rest of state, is to focus on increasing permanency exits, particularly those to relative guardianships, among 3-5 year olds. The discussion turned to whether this group should be added to the existing focus on children aged 2 and under, or replace that group as a new target group. The group concurred with the view expressed by Our Kids leadership that the existing focus on children aged 2 and under should be maintained and expanded to include children aged 3-5.</td>
<td>Separate, Face-to-face meeting with Our Kids Only</td>
</tr>
<tr>
<td>June 11, 2009</td>
<td>This pilot project wrap-up meeting focused on an exchange of ideas and lessons learned between the Our Kids and ChildNet CBCs. It was noted at the outset that both CBCs had adopted substantially different strategic objectives and had taken quite different approaches to meeting their strategic objectives. ChildNet developed macro-level objectives and pursued systems-level strategies in trying to achieve them. Our Kids developed micro-level objectives and pursued casework-level strategies to successfully achieve them. ChildNet showcased the work done to disaggregate the CBC-level performance data down to the Service Center and unit levels, and discussed the learning that had been precipitated by this work and the accountability systems that this work enabled. ChildNet also demonstrated for Our Kids their dashboard system of indicators and demonstrated its capabilities to support supervision and casework practice. <strong>Our Kids</strong> and its provider agencies discussed their use of case listings to track and manage the movement to permanency of individual children in their target</td>
<td></td>
</tr>
</tbody>
</table>

**Our Kids** and its provider agencies discussed their use of case listings to track and manage the movement to permanency of individual children in their target
population. Discussion centered on the benefits and challenges the provider agencies had encountered in using the tracking tool, and a more detailed description of how each provider agency was using the tracking tool to supervise casework and to hold workers and supervisors accountable for making progress toward the identified objectives in between their meetings with Our Kids management and with the Chapin Hall/Dimas Consulting project team. Our Kids also discussed the process employed to develop provider agency-specific performance targets related to the strategic objectives and to negotiate final objectives with the provider agencies. Finally, Our Kids shared with ChildNet their plans for expanding this work to an additional target population in the coming year.
Outcomes

One objective of the pilot project that established the independent monitor was tied to a review of the outcomes used to monitor the community based care agencies. Briefly, the specific request focused on the validity and reliability of the contract measures. Reports issued previously address findings with respect to the central questions, so no effort is made here to re-report that analysis. Instead, in this section, the focus is on outcomes for those children served during the pilot project relative to children served in prior years. Specifically, we examine reunification rates, placement stability, non-permanent exits, and reentry. For comparison purposes, we use the rest of Florida in order to place Our Kids and ChildNet into context.

For the analysis, we focus on children admitted to all forms of out-of-home care (licensed and unlicensed family care plus various forms of group care including shelter care and other forms of residential care). The review period compares children admitted in 2004 and 2005 with children admitted in 2006 and 2007. We examine permanency rates within 1 year. Because many children admitted to care during 2008 have not had a full year during which we can observe their placement history, we consider permanency rates after 6 months for the children admitted between January 1, 2008 and June 30, 2008, as part of a separate analysis.

The assessment of performance presented here incorporates risk adjustment (or what is sometimes called case mix adjustment). One issue current approaches to performance monitoring often miss has to do with the fact that agencies often serve different children. If these differences in children, which are often associated with how an agency goes about its work, are not taken into account, the latent assumption is that all performance differences are attributable to performance as opposed to other factors that may account for the difference, such as differences in the children served (i.e., more babies than teenagers). Moreover, changes in case mix may produce the appearance of performance changes when in fact the no such change took place.

One approach to adjusting for case mix involves the use of various statistical models that control for various child level and or system level attributes in order to isolate the impact of a given agency’s performance. The choice of a statistical model depends on how the outcome is measured. In the case of reentry, permanency, and non-permanent exits, the models used can differ depending on whether one is assessing the likelihood of exit (or reentry) or the timing of the exit. In the case of stability, the choice depends on whether one is counting the number of moves (i.e., event counts) or the time to the first move.
In the summaries that are presented here, we have opted to provide the results of our analyses in two forms. For simplicity, we present the raw or unadjusted outcome for each CBC separately and the rest of Florida. In addition to these basic data, we provide the CBC’s rank relative to all of the other CBCs. These rank data are based on adjusted estimates of performance. The characteristics used to adjust the estimates are: age of child, type of placement, number of prior admissions, and gender.

**Permanency**

When children are admitted to out-of-home care, the central objective of the child welfare system is finding that child a permanent home, whether with the biological parents, through adoption, or through placement with relatives or other adults serving in a guardian capacity. Although achieving permanency in a timely manner is highly desirable, the child's safety is paramount. To gauge each CBCs performance relative to achieving permanency, we examined permanency without regard to type. That is, from the date of admission we examined FSFN to determine whether a child was still in care, had been reunified, adopted, or placed in a guardianship arrangement, or had been discharged to a non-permanent exit (i.e., transferred to another child-serving system). The percent of children admitted who then achieved permanency with one year is the outcome of interest in this section.

<table>
<thead>
<tr>
<th>Table 7: Permanency Rates within One Year by CBC/Rest of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Exits within 1 Year</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>Rest of Florida</td>
</tr>
<tr>
<td>Our Kids</td>
</tr>
<tr>
<td>ChildNet</td>
</tr>
</tbody>
</table>

*This is the unweighted average for all other CBCs.

**A higher rank indicates lower relative performance.

These data indicate that overall slightly more than half of the children placed in out-of-home between 2004 and 2007 from other parts of Florida left placement within one year of admission because of permanency. The figures for Our Kids and ChildNet are lower. For Our Kids about 4 in 10 children reached permanency with one year of admission, which is 22 percent lower than
the rest of Florida. The comparable figure for ChildNet was 47 percent (12% lower than other parts of Florida).

The adjusted rank, which takes population differences into account, indicates that out of 20 CBCs, the permanency rank for ChildNet was 15 out whereas Our Kids rank was 19. By way of comparison, the CBC with the highest adjusted rate of permanency, achieved permanency within 1 year for 63 percent of the children admitted. The CBC with the lowest permanency rate achieved permanency within 1 year for 34 percent of the children admitted.

**Non-Permanent Exits**

Most children admitted to foster care achieve one form of permanency or another, depending on the age at admission. However, a significant number of children leave placement for what are called non-permanent reasons. Non-permanent exits include transfers to other child-serving agencies, court dismissals, independent living, and running away. Young children are more likely to achieve permanency than older children, primarily because they are much less likely to runaway from or age out of placement. For example, in 2006, about 87 percent of the Florida children admitted to foster care prior to their 11th birthday left foster care to permanency. The comparable figure for children 11 and older was 67 percent.

<table>
<thead>
<tr>
<th>Non-Permanent Exits by CBC/Rest of State: 2004-2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Non-Permanent Exits within 1 Year</strong></td>
</tr>
<tr>
<td><strong>Adjusted Rank</strong></td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Rest of Florida</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Our Kids</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>ChildNet</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*This is the unweighted average for all other CBCs.

**A lower rank indicates better relative performance.

In Table 8, non-permanent exits within 1 year of admission (as a percentage of admissions) are presented. These data indicate that about 7 percent of the all children admitted between 2004 and 2007 left for a non-permanent exits. For all CBCs, the range was 4 percent to 12 percent. Both Our Kids and ChildNet had non-permanent exit rates that were higher than the average of the
other CBCs. In the case of Our Kids, the adjusted rank indicates that the rate of non-permanent exits was higher in 12 CBCs; for ChildNet, only 4 CBCs had a higher rate of non-permanent exits.

**Placement Stability**

Placement stability refers to whether and how often children change the home where they are living once placed into foster care. Stable placements (i.e., no moves) are preferred because repeated disruptions of a child’s living arrangement are associated with a variety of negative developmental effects. Placement changes happen for a variety of reasons including efforts to unite siblings, change in caregiver status, changes in the child’s needs relative to what the caregiver offers, and changes in the child’s safety within the substitute caregiver’s home.

The data presented in Table 9 show the percentage of children with at least one move (or two distinct placements). Of the children placed between 2004 and 2007 in the rest of Florida, 46 percent experienced at least one placement change. The range statewide for all the CBCs runs from 39 percent to 64 percent.

Our Kids has movement rates that are near the statewide average whereas the movement rates for ChildNet are the highest in the state.

<table>
<thead>
<tr>
<th>Table 9: Placement Stability by CBC/Rest of State: 2004-2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Children with Moves</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>Rest of Florida</td>
</tr>
<tr>
<td>Our Kids</td>
</tr>
<tr>
<td>ChildNet</td>
</tr>
</tbody>
</table>

*This is the unweighted average for all other CBCs.

**A lower rank indicates better relative performance.
**Reentry to Care**

Reentry to care occurs when children who have been reunified or released to a guardian return to foster care. With respect to reentry, two questions are of interest: how common reentry is and how soon after discharge reentry occurs? Statewide, not including Our Kids and ChildNet, the rate of reentry with 12 months of exit, for children admitted to foster care between 2004 and 2007, was 10 percent. The range for the CBCs not listed separately in Table 10 is 6 to 17 percent.

The adjusted rank is based on how quickly children return to care (in contrast to the likelihood of reentry). These data indicate that both ChildNet and Our Kids have low reentry rates when compared with other CBCs.

<table>
<thead>
<tr>
<th>CBC/State</th>
<th>Percent of Children Returning to Care w/in 1 year of exit</th>
<th>Adjusted Rank**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rest of Florida</td>
<td>10%*</td>
<td>-</td>
</tr>
<tr>
<td>Our Kids</td>
<td>7%</td>
<td>19 of 20</td>
</tr>
<tr>
<td>ChildNet</td>
<td>9%</td>
<td>17 of 20</td>
</tr>
</tbody>
</table>

*This is the unweighted average for all other CBCs.

**A higher rank indicates better relative performance.

**Permanency in Six Months**

One of the central challenges facing public child welfare agencies (e.g., DCF) when monitoring providers of child welfare services has to do with how much time has to pass before placement outcomes are known. For example, in the first half of 2009, several hundred children from Miami and Broward counties have been placed away from their homes. Recent data suggests that about half of those children will leave placement within one year; the remaining children will

---

Because children who are adopted cannot be followed with administrative data to see if they return to care, only children reunified and placed with guardians are included in the reentry analysis.
take somewhat longer before they leave placement. In practical terms, this means one has to wait for calendar 2010 before one can discern whether children are leaving the system more quickly. Even so, the information about what happened to children admitted in the first half of 2009 will be incomplete until each child admitted has been discharged.

There are several ways to work around the problem of incomplete data. One approach, presented in Table 11, standardizes the observation period across admission cohorts so that although we may not know what happened to each child connected with a given admission cohort, we do know what happened within 6 months. In this way we can consider what happened within 6 months for those children admitted in the first half of 2008 (that is, through the end of calendar year 2008) and compare those results with similar data from prior admission cohorts. Although these data are incomplete in the sense that a significant number of children stay in foster care beyond the 6-month mark, the data do speak to underlying trends (or changes) in length of stay.

The data in Table 11 indicate that over the five years between 2004 and 2008, about one-quarter of the children admitted to foster care left to permanency within 6 months. For CBCs other than Our Kids and ChildNet, the figure was slightly higher (27.5%); for Our Kids the figure is somewhat lower (22.4%). These data are consistent with the data reported in Table 7, which showed that permanency rates within one year are lower for ChildNet and Our Kids.

Table 11 also shows the trend over time, which is one indication of performance improvement over time. These data indicate that performance for other parts of Florida is relatively stable, varying by one percentage point around the 5-year average of 27.5 percent.

Six-month permanency rates for Our Kids and ChildNet exhibit greater variability over time. In the case of ChildNet, the highest 6-month permanency rates were reported in 2004 and 2005.

---

4 Two ways of solving the ‘time problem’ involve taking either a point in time sample of children and calculating how long they have been in care or calculating length of stay for children who recently left foster care. There is a long history of research addressing the problems with both of these alternatives. Briefly, both views provide a biased view of length of stay such that neither perspective offers a reliable measure of length of stay.
After 2005, 6-month permanency rates are generally lower but the trend is upward, all else being equal. That is, for children admitted during the first half of 2008, about 25 percent achieved permanency within 6 months, a figure that is inline with the 5-year average and higher than the two previous years.

For Our Kids, the data show more uneven results. The permanency rate in 2007 was higher than in any prior year; however, the rate in 2008 dipped a bit more than 11 percent, to a level only slight above the rate reported in 2005. Overall 6-month permanency rates for Our Kids remain lower than those reported in other parts of the state, which is consistent the findings reported earlier.

Table 11: Permanency within 6 Months by CBC/Rest of State: 2004-2008

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>5 Year Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rest of Florida</td>
<td>27.9%</td>
<td>26.6%</td>
<td>26.9%</td>
<td>28.4%</td>
<td>27.6%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Our Kids</td>
<td>19.5%</td>
<td>22.7%</td>
<td>20.2%</td>
<td>26.4%</td>
<td>23.4%</td>
<td>22.4%</td>
</tr>
<tr>
<td>ChildNet</td>
<td>25.5%</td>
<td>33.6%</td>
<td>20.0%</td>
<td>22.7%</td>
<td>25.2%</td>
<td>25.4%</td>
</tr>
</tbody>
</table>

**Summary**

When viewed over the range of outcome indicators, the results suggest a mix of performance for both CBCs. With respect to reentry, rates are lower for Our Kids and ChildNet, relative to statewide performance. Placement stability is an area of greater concerns for ChildNet than Our Kids. Non-permanent exit rates are higher for ChildNet than Our Kids.

With respect to length of stay, children served by ChildNet and Our Kids tend to stay in care longer than children served in other parts of the state. This is particularly true for Our Kids. Moreover, evidence pertaining to whether there has been an overall improvement in reunification rates, arguably the most important indicator of performance, is modest in the case of ChildNet. For Our Kids, the data are too inconsistent to draw a firm conclusion.
Recommendations

Insofar as this is the final report of the independent monitor, our recommendations focus on broader themes that have to do with whether we detected improved performance and whether there are areas that require on-going attention.

For ChildNet, although we did find some evidence over the course of our reviews to suggest that home study requirements are somewhat more likely to be completed today than when the pilot project started, we continue to see room for improvement. To that end, we recommend that ChildNet continue to implement practice and process improvements, as per prior recommendations.

Family engagement continues to be an area where practice improvements are needed, especially in light of the findings from the in-depth visitation review and the reviews with stakeholders. We believe a full review of the practice model as it relates such issues as visitation and connections with birth families, even though ChildNet has turned its attention to such issues in the past. We would strongly encourage the development of a consumer voice within ChildNet as it considers how to work more effectively with families.

Findings from the stakeholder interviews and the results of the case record reviews converge around two themes: better communication with providers and better engagement with foster carers, especially relatives. As is the case with other such issues, the question has to do with improving the approach to practice (i.e., selecting a practice model), training, resource development, and communication. Now that ChildNet has secured a contract to continue serving as the CBC for Broward County, we think a plan that involves focus groups with stakeholders is an essential first step in understanding what ChildNet might do to resolve these concerns. If necessary, to ensure a sense of candor, it may prove helpful to have the stakeholder meetings facilitated by an independent entity.

There was one area where the record reviews and the stakeholder interviews diverged. That area had to do with the availability of services. There is a general sense that services are in limited supply but that workers can get access to services for specific clients. It is hard to draw a firm conclusion from these differing perspectives. Again, this is an area where focused stakeholder meetings, using target questions may help resolve the differing viewpoints.
Risk and safety assessment continue to be an area of concern. Given recent events in Broward County, the need for careful review and follow-up of all relevant factors affecting risk and safety is obvious. To this end, we find that a clear protocol used to record the assessed risk and safety factors may improve judgments in this area. That is, rather the record the conclusion, child advocates should record into the record the information they use to inform their judgments. That way supervisors and others with an interest in the case have the information they need to render an independent judgment regarding risk and safety. We do note in this context that information pertaining to the use of medication was not always recorded on the case plan. This highlights the need to satisfy the technical requirements as they pertain to the case plan documents.

With respect to Our Kids, we note that there has been some improvement in the home studies, visitation per the 30-day requirement, better documentation of risk and safety during visits, and more regular completion of the initial assessments (CBHA). The steps taken to improve practice in these areas should be continued so that evidence from future reviews demonstrates sustained practice improvements. In addition, there was a modest improvement in compliance with case plan requirements, although in saying so we note that the role of family engagement in the case plan process is somewhat vague, based on what we heard. Given how important family engagement is to overall progress, we believe that substantial work remains in this area. Again, as is the case with ChildNet, Our Kids might profit considerably from giving parents with prior child welfare experience a greater voice when making practice model choices.

Concerns regarding the assessment of risk and safety apply to Our Kids as well. Case files document the judgment of the worker but the information used as the basis of the judgment is not recorded routinely. Because the record lacks that information, it is not possible to judge how the worker reached their decision. That is, what process was followed and what observations were made. Whereas we recognize that recording information at this level of detail adds to the paperwork burden mentioned during the stakeholder interviews, a sound quality assurance process depends on recording how visits with children unfold. Our Kids efforts to deploy a standardized risk and safety instrument will help in this regard. Nevertheless, it is important to have a comprehensive practice model in place.

Supervisory reviews have improved, at least somewhat. Again, this is an area where there is some incongruity between the sources of data. Caseworkers alluded to their work with supervisors which suggests that case records may not capture all that is happening. Although that is a plausible explanation, we go back to an early recommendation regarding the organization of
the case files and the importance of the case file as a reflection of the agency’s practice model. Documentation is purposeful to the extent it is connected to an overarching practice model. We would like to see a greater attention paid to how and why information is recorded.

Family engagement remains an issue and our comments regarding the issue apply to Our Kids. Child welfare agencies, to the extent they give an active voice to parents, stand a better chance of improving their practice vis a vis families. In light of how long children stay in placement in Miami, this is an area where small changes might yield substantial benefits.

Last, as responsibility for monitoring performance returns to DCF, we want to press for the use of validation processes. Case records are by their very nature difficult to interpret, especially when trying to gather facts and render judgments about whether what has happened in a given case is appropriate given the needs of the case and the applicable standards. Multiple perspectives coupled with meaningful exchange are the best way to ensure a fair and open process. Nothing less than the well-being of vulnerable children and families is at stake.