Eckerd Community Alternatives-Pinellas/Pasco conducted Quality Service Reviews (QSR) as required by The Department of Children and Families (DCF) State Quality Plan. These reviews were completed in accordance with the DCF Review instruments. Eight reviews were fulfilled each quarter with the exception of the first quarter, in which Eckerd negotiated with DCF to conduct four. Twenty-eight total QSRs were completed during fiscal year 2011-2012. Of the twenty-eight cases selected, ten were managed by Directions for Mental Health, nine by Lutheran Services Florida, and nine by Youth and Family Alternatives.

The QSR Indicators are divided into two distinct domains, status and practice performance. Per the statewide protocol:

"Status indicators" measure the extent to which certain desired conditions are present in the life of the child and the child's parents and/or caregivers within a recent time frame. Status indicators measure constructs related to well-being (e.g., safety, stability, and health) and functioning (e.g., the child's academic status and the caregiver's capacities). Changes in status for a recent timeframe represent near-term outcomes at a given point in the life of a case. Status indicators include: Safety from Exposure to Threats of Harm, Child Vulnerability, Stability, Living Arrangement, Permanency, Overall Physical Health, Emotional Well-Being, Early Learning & Development (0-5 years), Academic Status (6-18+ years), Pathway to Independence (14+ years), and Parent/Caregiver Functioning & Resourcefulness.

"Practice indicators" measure the extent to which core practice functions are applied successfully by practitioners and others who serve as members of the child and family team. The core practice functions measured provide useful case-based tests of performance achievement. The number of core practice functions and level of detail used in their measurement may evolve over time as advances are made in the state-of-the-art practice. Practice indicators include: Engagement Efforts, Voice & Choice, Teamwork, Assessment & Understanding, Safe Case Closure Planning, Supporting Transitions & Life Adjustments, Implementation, Maintaining Quality Connections, Evaluating & Adjusting, and Psychotropic Medication Management.

The QSR Protocol uses a 6-point rating scale for measuring the situation observed for each indicator. Each rating level describes conditions as one of six points along a continuum that ranges from high to low as follows: 6 = Optimal, 5 = Good, 4 = Fair, 3 = Marginal, 2 = Poor, and 1 = Adverse or Absent. The general timeframes for rating indicators is 4 = when sustained for 30 days, 5 = when sustained for 90 days, and 6 = when sustained for 180 days to reflect the durability of status conditions or practice performance over time.
Summary of Case Management Practice Trends

Child and Family Status Indicators rated higher than Practice Performance Indicators on average. Across the cases sampled, it was found that the majority of children’s needs were being met and that most are reaching desired outcomes in the areas of permanency, safety, and well-being as captured by the QSR ratings. Reviewers found evidence that Case Managers evaluated children’s needs, formally and informally, and ensured that services are provided as necessary. Medical, emotional and academic needs were matched with appropriate services and minimal concerns were identified in these areas. Safe, ideal living arrangements were seen in the majority of cases reviewed.

This is consistent with the Quality Practice Standards (QPS) review findings in past years, where a primary focus had been seen on child safety and attention to children’s needs, and concerted efforts with parents contained the most areas for improvement. Issues with parent engagement found in the QSR reviews could be attributed to lack of diligent search for an absent parent, inadequate efforts with an incarcerated parent, a parent living in another county or state, or a parent “not initiating contact”. As seen in the past, engagement issues were mostly in regards to fathers. Overall, interviews with parents were a combination of positive and negative experiences expressed. As expected, some parents were unresponsive to requests for interview; in these instances attempts to the home were still made if an address was available.

A trend seen among some cases was a lack of familiarity with family history that could be confirmed by facts contained in the case file or via contact with providers. An “unknown” father’s name, a father’s whereabouts, and a mother’s accurate diagnosis are examples of available information learned by reviewers during the QSR process that were not known to the Case Management Organization (CMO). From this, it was evident that staff are not reviewing file contents upon receiving a case or conferring with others working with the family (i.e. a probation officer who is aware of a father’s whereabouts).

There was clear evidence of a lack of communication with educational providers. While report cards may be located in a file, rarely was a guidance counselor, teacher, or school social worker integrated into the child’s team. Reviewers spoke to these individuals and learned a great deal of information about the child’s progress that oftentimes was not known to Case Management.

In addition, knowledge of what specific service a provider was actually delivering to the client was misunderstood by Case Management in some instances. There were providers who stated during their QSR interview that they worked with the child / parent / caregiver in a manner different than what was reported to reviewers by the CMO.

These trends are examples of how we can be “missing the mark” in our work with families, even though children are in ideal placements with their needs being met.
Child and Family Status Indicators

The majority of strengths found within this year's QSR results were found in the Child and Family Status Indicators. Over half (53%) of the 258 applicable ratings for the 11 indicators fell within the "Maintenance" zone, (Optimal or Good ratings), with Living Arrangement, Overall Physical Health, and Safety from Exposure to Threats of Harm resulting as the strongest indicators. 41% of the indicators were rated as either Fair or Marginal ("Refinement" zone), and 6% of indicators were found to need improvement (Poor or Adverse ratings).

While Safety from Exposure to Threats of Harm was an overall strength among the 28 cases reviewed, two Requests for Action (RFA's) were issued for safety concerns. Both were similar circumstances with unapproved adults in the home in caretaker roles, and one case also had allegations of the caregiver abusing cocaine. Resolution was reached for both cases with court involvement, including one child being removed.

Reviewers met with teens in foster care that were doing excellent in school and were involved in extracurricular and normalcy activities. However, Pathway to Independence is an area in need of Refinement, with services to five of the six applicable teens rated as Fair or Marginal. Three of these teens were 17 years of age and were not being provided intensive transitional services. Providers expressed concerns for their future as these teens approached the end of their time in foster care.

The Child and Family Status Indicator that had the most cases in the "Improvement" zone was Permanency, with five cases rated as Poor in this area. These children were experiencing a combination of factors that negatively affected the permanency measure, including length of time in substitute care, not living in placements that could become permanent, and subsequent re-removal episodes.
Practice Performance Indicators
The majority of the 10 Practice Performance Indicators were rated in the “Refinement” zone, with over half (56%) of the 240 applicable ratings answered as Fair or Marginal. One third (33%) of the indicators were rated Good or Optimal, and 11% of the indicators were found to need improvement.

Maintaining Quality Connections and Implementation [of services] were found to be strengths in system performance. Implementation represents accessible and utilized intervention strategies, as well as an adequate array of resources available for families.

The Practice Indicators that had the most cases in the “Improvement” zone were Teaming and Assessment and Understanding. Teaming, which is defined as provider formation and functioning to result in working collaboratively for the common big picture of the family, had 5 cases rated as Poor. Factors contributing to this outcome included differing views of the case goal among providers, lack of team functioning to ensure child safety, a child who lived out of county without collaborative effort to provide support to his caregiver, and an extended family with multiple issues that was lacking in support services. To meet the Teaming expectation, reviewers look for meaningful, frequent contact with providers beyond a certificate of completion, inviting providers to staffings, and holding discussions with a provider about parental change and growth.

Similarly, while parents may have received a formal assessment by a substance abuse or mental health provider, there were instances where parents weren’t assessed for barriers to changed behavior, for instance incorporating trauma informed care to best assess their needs.

Visiting a parent monthly when the goal is reunification is a historical area for improvement, and a consistent finding this fiscal year. Several parents expressed to reviewers that Case Managers were not coming to their homes. Consequently, the Voice and Choice Indicator was most frequently rated as Fair or Marginal. Within this indicator, parent participation in assessing their needs and setting goals for themselves was frequently found to be a gap, but child and caregiver participation was consistently observed.
Addressing Findings

Eckerd Quality Management staff met and debriefed each individual case with the case managers and supervisors to provide specific feedback regarding strengths and opportunities but also strategies for safety, permanency and well-being. In addition, overall findings for each Case Management Organization were discussed with their entire leadership team at their Performance Meetings. Over-arching systemic findings for the entire system of care were discussed at our Eckerd Performance and Quality Improvement Meeting in which The Department of Children and Families were invited to attend and participated. In these meetings, discussion surrounding strategies to impact improvement were held including suggestions for on-going improvement in the next fiscal year as QSR and QPS activities merge.

To impact immediate improvement, each CMO conducted monthly Focus Tool Reviews. These reviews not only provided frequent feedback on the impact of practices the CMO’s put in place to address findings, but also served as an opportunity to correct deficits identified in the reviews. For every incident of a negative score, the CMO had ten days in order to correct the deficit. For instance, if it was noted that a parent had not been seen in over 30 days, staff had ten days to engage the parent and conduct a face to face visit. Another example would be if a parent is missing, that a diligent search be requested within ten days. Eckerd believes that with this increased accountability to ensure quality case work, and the combination of improving the case transfer form, the knowledge of the front line staff will enhance.

Through the information obtained during the QSR process, as well as other available data, Eckerd has determined that the need for additional resources surrounding educational and physical health were necessary. Eckerd has partnered with both School Counselors and CMS nurses to assist with meeting educational and medical needs. The impact these staff can provide is in obtaining records, setting appointments, explaining documents and process, and acting as a liaison for staff. Both entities are co-located in the same building as the lead agency and case management. This partnership allows for easier access and collaboration between the multiple providers.

Deficits in Independent Living Services (ILS) have been a continuing finding in Circuit 6. Eckerd increased monitoring of ILS over the 2011/2012 fiscal year. Although improvements have been noted through Contract Oversight Monitoring in the 18+ children, there is still room for improvement and specifically as identified in the QSR, for children leading up to adulthood. The QSR findings were shared with Camelot Community Care, our ILS provider. Camelot has made adjustments thorough out the 2011/2012 year to include changing the Independent Living Staffing Form to better address needs. To assist with ensuring 17 year olds are being served effectively, they have one individual completing all IL staffings for 17 year olds for consistency. ILS has also partnered with school guidance counselors to monitor educational needs for all high school students in care to ensure that after the age of 18 if the child is still in high school, there needs are met. ILS has plans for continued improvement moving into next fiscal year.

The QSR process identified that most cases were in need of improvement regarding permanency. A subsequent removal episode, which has impacted this area, has been a concern for circuit 6. QSR findings were in line with what Eckerd has identified through contract measure FS 302- Percent of Children Removed within 12 months of a prior reunification. To address this finding, Eckerd has put significant emphasis on reducing the children returning to care. These include data included in our weekly data packet and discussion
during our weekly data calls. Moving forward, Eckerd will discuss specific children that are impacted and conduct analysis as to trends. Also, Eckerd recognizes that to impact children not returning to care, we must be conducting quality reunifications. Eckerd is reviewing all children between the 6 and 11 month mark on a regular basis to ensure that appropriate services and safety planning is occurring to result in successful reunifications.

Moving forward next fiscal year, Eckerd will combine the activities of the QSR and QPS to achieve a more holistic response. Specific additional details moving forward will be included in Eckerd’s QM/System Improvement Plan for Fiscal Year 2012/2013. After each QPS review, Eckerd Quality Management staff will debrief with the case management staff to discuss findings and identify next steps for the case. Any deficits found in the case that do not meet the level of a Request for Action, will be tracked by the QM staff to ensure completion. CMO staff will also be trained and review side-by-side with lead agency staff to develop the knowledge within case management to shift to a culture of quality. Additionally, although CBC/DCF Side-by-Sides are not required this upcoming fiscal year, Eckerd will continue to partner with our Regional DCF so that we are sharing our best practices and remain open to opportunities for improvement.

Jennifer Kuhn, Director of Quality Management

7-30-12

Date

Judith Warren, Executive Director

7-30-12

Date