This is the year-end report for the Eckerd Community Alternatives (ECA) FY 2010-2011 Quality Assurance File Reviews, part of the Statewide QA Plan. Cases selected for this review follow the state’s sampling methodology which provides a list of all applicable children from which cases were selected based on permanency goals. Ninety-four cases were reviewed during the fiscal year, utilizing the state’s Case Management Tool, Quality of Practice Standards for Case Management.

The below chart shows the comparison over time by domain:

During fiscal year 2010-2011, there was a very slight increase in the overall score of two percentage points from last fiscal year 2009-2010. This can be attributed to the overall increase in the Permanency and Well-Being measures. In Safety there was a slight decrease, while the Federal Child and Family Service Review (CFSR) standard remained the same. In these areas reviewers reported in the majority of the cases the child was not re-abused or re-neglected, and if there was re-abuse or re-neglect, immediate and ameliorative interventions was taken. It was also noted that children removed from their parents were placed within close proximity to the parents to facilitate face-to-face visits. They also felt the Judicial Review Social Study Reports (JRSSR) were completed timely and provided thorough and pertinent details relating to the child. However, over the past two fiscal years there has been very little improvement in the standards that are measured; Safety, Permanency, CFSR, and Well-Being. The current initiatives will be re-evaluated to determine if they are addressing the current needs of the program. As a result of this internal evaluation, different measures were needed to impact poor performance. A summary of the agency’s strengths and opportunities for improvement are summarized below as well as ECA’s plan for improvement.
Summary of Case Management Practice Trends

Of the 94 cases, 26 were managed by Directions for Mental Health and 34 by Gulf Coast Community Care in Pinellas County. In Pasco County 34 cases were managed by Youth and Family Alternatives. This was the first fiscal year 2010-2011 that Youth and Family Alternatives was the sole case management provider in Pasco County.

The below shows the comparison between the two reviews during the year, by domain:

<table>
<thead>
<tr>
<th></th>
<th>First Semi-annual Review</th>
<th>Second Semi-annual Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>67%</td>
<td>70%</td>
</tr>
<tr>
<td>Permanency</td>
<td>73%</td>
<td>75%</td>
</tr>
<tr>
<td>CFSR</td>
<td>61%</td>
<td>66%</td>
</tr>
<tr>
<td>Well-being</td>
<td>68%</td>
<td>65%</td>
</tr>
<tr>
<td>Overall</td>
<td>69%</td>
<td>69%</td>
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Practice Trends

1. Assessment

During this fiscal year the Case Management Organizations (CMO) were being held accountable for the first time on the timeliness and contents of the Florida Safe Families Network (FSFN) Family Assessment. There were twenty-four cases in which services were initiated during the review periods. Thirteen of the initial reviews were rated as being qualitative in that they assessed the caregiver’s needs to protect, observe interactions between the child and all household members, and when there were emerging risk factors they were appropriately addressed. However, only eight of the initial assessments were completed within fifteen working days of the Early Services Intervention (ESI) Staffing. In addition, only thirty-two percent of the cases contained an update assessment every six months and/or at critical junctures as required. Some examples of critical junctures at which the assessments should have been updated include a paramour being reunified in the family home and a new abuse report being received on the family. In addition to frequency, the quality of assessments continues to be an area needing improvement. Not all case participants and/or caregivers are included in the assessments, often time, old information that is no longer relevant to the current situation is being cut and pasted into the new assessment, and there is lack of quality documentation to support a thorough assessment was completed.

An area that showed significant improvement over the past fiscal year was Exit Surveys. An exit interview was completed in fifteen of the twenty applicable cases. Also, when there were documented concerns, appropriate actions were taken in the
majority of the cases to address issues. ECA expected significant improvement in the area of CES as the process, procedure, and form have been changed to drive improvement in surveys which are timely, face to face, and followed up. Systemically, ECA has tracked the timeliness of all CES from 31% the beginning of the fiscal year to 93% in April.

Another area, which continues to show improvements, is the ongoing assessment of the child’s needs other than their educational, physical/dental and mental health. This standard measures if the case manager is assessing the on-going normalcy issues of the child and what efforts are made to allow the child to participate in extra curricula activities and if the child has appropriate clothing and allowances. This was assessed with the child and caregiver during home visits. ECA has contracted with Connected by 25 to provide additional IL support and training to address these needs as well as spending time in licensed care placements to address normalcy.

Concerted efforts are needed when assessing the child’s medical and dental needs, and as a result of the Barahona review, ECA put in action steps to be in 100 percent compliance with these standards by the middle of August, 2011. It is imperative that all children are receiving the routine medical/dental care. When a mental health/behavioral assessment were needed, it was completed in eight-nine percent of the applicable cases. These were located in mental health provider’s assessments and Comprehensive Behavioral Health Assessments (CBHA) complete on the child.

The ongoing assessment of the parent’s needs continue to be an area needing improvement. In only forty of the seventy-two applicable cases, there was an ongoing assessment of the mother’s needs and in twenty-eight of the sixty-two applicable cases was the father’s needs assessed. There are several areas that continue to lead to below average performance in these areas. Reviewers noted in a number of cases that documentation does not show that cases managers are addressing what issues and barriers parents are encountering or assessing their needs. Also, when there is an absent parent, documentation does not show concerted efforts are made to located and/or engage that parent.

2. Family Engagement

Concerted efforts were made to ensure visitation between the child and the parents occurred in 91% of the applicable cases, and if a child’s placement changed the case manger was ensuring parents were notified of change in 17 of 21 applicable cases. When siblings groups were not placed together concerted efforts were made to ensure there was visitation between siblings occurred in 71% of the applicable cases. The documentation supports in a majority of the cases, efforts were made to ensure the child’s important connections were maintained; whether it was the child remaining in the same school or that they were allowed to maintain contact with their relatives.
Family engagement as to the parents continues to be an area needing improvements. Documentation should provide evidence that parents were encouraged and supported to participate in making decisions about their child’s needs and activities, school meetings, medical appointments, and extracurricular activities. In only 48% of the applicable cases was the mother found to be encouraged and supported in this process, and in only 30% of the applicable cases was the father encouraged and supported to participate. It was also noted by reviewers that concerted efforts were needed by case managers to support the parent’s engagement with services, as this is critical in assisting families to achieve permanency. When appropriate services are identified, documentation does not show that efforts are made to address with the parent’s what services have been beneficial to them, what have they learned, how have they changed, and what, if any, are barriers to meeting their case plan goal. It is important that the case manager is able to communicate with the parent’s, so they can assist with resolving the identified barriers. In 60% of the applicable cases the reviewers felt the mother was supported in her engagement of services, and in only 58% of the applicable cases was the father found to be supported in his engagement of services.

3. Service Planning and Provision

There were completed services referrals that were consistent with the subjects identified needs in 85% of the applicable cases, and over the past fiscal year there has been noted improvement for concerted efforts being made to locate and evaluate potential relatives and permanent placements for the child.

Over the past fiscal year it was revealed that the frequency of case manager’s visits with the parents, caregivers, and child need to improve as it only occurred in forty of the ninety-three applicable cases. The frequency of visits needed to ensure quality occurred in only 41% of cases for the mother and 37% of cases for the father. It was notes that when the goal was reunification the parents were not always seen face-to-face at least every thirty days, and when the whereabouts of the parent was unknown there was seldom documentation to support diligent attempts to locate them. The child was seen with sufficient frequency in 48% of the applicable cases, but reviewers noted that documentation did not always support that at least one in every three visits was conducted unannounced at the child’s residence.

In sixty-four of the ninety-three applicable cases, the visit with the parents, caregivers, and child was rated as being qualitative, as documentation supported issues related to the child’s safety, well-being and permanency was addressed. The first semi-annual review saw an improvement in the quality visits with the parents, caregivers, and child. The results from the second semi-annual review saw a decrease in the quality of these contacts, as documentation did not support the case managers were engaging the parents, caregivers, and child on case plan progress. ECA has contracted with MindShare Technologies to assist with tracking systems of both parent and child visits. ECA and the CMO’s both plan to utilize the MindShare data to drill down to review the quality within the compliance data.
4. Promoting Case Progress

Seventy of the Ninety-four cases reviewed had a current (not expired) case plan, and the case plan goal was appropriate based on the child and families circumstances in 94% of the applicable cases. In 93% of the applicable cases the case plan was designed to achieve permanency, safety and stability through appropriate task. However, only twenty-seven out of forty cases reviewed specifically addressed visitation and other contact plans with the parents, a caregiver and/or siblings. Several cases were not found to have a specific visitation plan created in FSFN, or in the case plan. Visitation plans that were located in the case plan were pre-populated and did not address the specific plan for each subject.

An area that is in need of improvement is the communication between the case manager and service provider regarding the effectiveness of services provided to the parents, caregivers, children and out-of-home providers. Though case records do support that paperwork from providers is regularly obtained, there is no documentation to support the case manager is in direct contact with providers to determine the subject’s progress or lack thereof, so that an assessment can be made on the direction of achieving the case plan goal.

During this past fiscal year when a child was placed in out-of-home care, the child was placed within close proximity to their parents in 100% of the applicable cases reviewed. This is important, as it helps facilitate face-to-face contact between the child and parents. Also, when a child entered care with their sibling, that child was placed with their sibling in 67% of the applicable cases, and in 79% of those cases when siblings were not placed together was there clear evidence to support separation was necessary. A few examples of times when sibling separation is necessary would be when one child may need a specialized treatment facility, or if siblings have different father. The shortage of placements is not a valid reason for separation, except if the size of the sibling group (five or more) necessitates separation because there was no foster home able to provide care.

The Judicial Review Social Study Report (JRSSR) was held timely and provided a thorough investigation and social study concerning all pertinent details relating to the child in eight-five of the ninety-three applicable cases. This was partially due to ECA tracking timely submission of JRSSR’s to the State Attorney’s Office in our Data Packet which is distributed and discussed weekly.

5. Supervisory Review and Oversight

It is ECA policy that supervision is required on all cases every sixty days, with the exception of high risk cases that require supervision every 30 days; which are classified as children under the age of five in-home with a parent, children on psychotropic medication, and cases involving missing youth. Any case that is identified at an ESI Staffing or any point thereafter as a high risk case will also require reviews every thirty days. Any staffing, supervisory consult or family meeting
is not considered to be a supervisory review when ECA quality management is assessing compliance of supervisory frequency.

This fiscal year 81% of supervisory reviews were completed timely. However, the quality of the supervisory reviews continues to be an area needing improvement. Though there have been noted improvements over the past year with supervisory reviews, such as, previous supervisory recommendations being addressed in the current supervision, time frames being provided on recommendation, and the overall format of the supervision note. The quality of supervisory reviews for the fiscal years scored a 22%, with only twenty-one of the ninety-four cases reviewed were considered qualitative. Even with some of the above noted positive changes, reviewers continue to note the lack of guidance provided to assist the case manager with the identification of barriers that may prevent families from complete tasks. Two other areas reviewers noted was the lack of guidance provided to case managers to update family assessments at critical junctures, and to address medical and dental needs for the child. ECA has implemented the use of supervisory consults in between supervisory reviews when supervision does not occur monthly. ECA requested from CMO agencies that they conduct an analysis of supervisions. Findings showed that of 155 supervisions reviewed, 92.92% received a “Yes” in quality supervisions when consults were conducted versus 63.14% scored a “No” when consults were not conducted.

6. Request for Action (RFA)

During this review period there were fourteen (14) Requests for Action. To include eight (8) administrative, three (3) combined administrative/safety and three (3) safety RFA. Administrative concerns involved issues with ICWA, psychotropic medication court orders, expired case plans and staffings not held timely. Safety concerns included not reporting new allegations of abuse, safety plans not being implemented when necessary, and a case closing when the parent had not completed her case plan. All fourteen (14) RFA’s have been completed and were tracked to successful resolution.

Addressing Findings
As areas of need were identified, trainings were provided to case management staff during the past fiscal year and this current fiscal year. Some topics included:

- Family Assessment Tool
- The Effects of Trauma on Behavior
- Domestic Violence
- Family Centered Practice
- Supervision using modeling
- RDC Training
- ICPC/OTI Training
- Family Engagement and Family Team Conferencing (JWB)
- Assessment & Priority Setting for Services & Interventions (JWB)
- Diligent Documentation & Crucial Communications (JWB)
Training opportunities are repeated for refresher purposes and new hires, as well as relevant new topics. In addition, ECA and the CMO leadership staff attend monthly All Management Meetings, biweekly Program Director meetings and off line performance meetings to address any current issues identified through routine and special monitoring activities.

ECA QM is requiring that in between Modeling and Mentoring supervisions, each supervisor is to complete a Supervisory Consult in FSFN to provide more frequent guidance and ensure that task follow through and safety are addressed. ECA QM also reviews random supervisions to ensure timeliness, and those found to be out of compliance will be sent to the CMO Program Directors for a response which ECA QM will track.

In November, 2010, ECA quality management implemented the use of a quality focus tool that was used by all the Case Management Organizations supervisors, CMO QA Staff and ECA QA staff. The purpose of this tool was to expose CMO staff to quality and heighten their awareness of quality standards. CMO Supervisors completed two peer reviews a month on their co-workers while CMO QA staff completed 10 Focus tools a month and validated the CMO Supervisory scores. The tool measures home visits, family assessments, supervision, provider/collateral contact, case plans, Educational, Medical, Dental, HIPPA, and ICWA. These questions focused on both compliance and quality. In the upcoming fiscal year, the focus tool will be utilized by front line staff to continue the exposure to quality practices. Case managers will be required to complete one focus tool peer-review a month. Each month ECA quality management will validate the data, assess and identify trends, and provide an analysis and plan on areas in need of improvement.

ECA has established a PQI task force to address quality amongst the CMO Program Directors, CMO QA Staff, ECA Operations Staff, USF Trainers, Eckerd Contract Department, and ECA QM Department. This forum allows for collaborative discussion amongst the lead agency and all of the CMO providers which can lead to innovative approaches to the areas needing improvement.

Jennifer Kuhn______________________________________ 7/11/2011_____________
Director of Quality Management            Date
Eckerd Community Alternatives