Eckerd Community Alternatives
Fourth Quarter QA Side by Side Review
Exit Conference

Outcomes: 4th Quarter FY 08/09 2nd Quarter FY 09/10 3rd Quarter FY 09/10 4th Quarter FY 09/10
Safety 61% 57% 75% 65%
Permanency 66% 45% 78% 79%
Well-Being 64% 51% 72% 48%
Overall 63% 54% 73% 59%

The ECA exit conference was held on May 28, 2010 and the review period spanned nine months from July 31, 2009 through March 31, 2010. The sample was comprised of three children who were in out of home care, four children who were in home care and one child who was both in out of home and in home care during the review period. Four cases had the goal of maintain and strengthen two cases had the goal of reunification, and the remaining three cases had goals of adoption and permanent guardianship. The number of months the case had been opened as of the end of the review period ranged from ten (10) to twenty-four (24) months, and three cases were closed during the period under review.

During the course of the side-by-side reviews; held on May 17th and 18th there were two Requests for Assistance (RFA) generated for both a child safety and administrative concern. The first RFA had concerns that the case was closed prematurely by the court without evidence that the presenting issues were resolved. A staffing form dated after the closure of the case reflected that the case manager did object to the closure; however, there was no supporting documentation located in Florida Safe Families Network (FSFN) as to the court proceedings. There was also no documentation to support the child’s mental health needs were being met, or that the mother was in compliance with her case plan tasks. On April 29, 2010, a new investigation was received and is currently being investigated. In the second RFA, reviewers had concerns due to the child being reunified with the father in March of 2010 when there was no evidence located in the file of a reunification staffing, an updated family assessment or an updated case plan. The father and his paramour have six children in the home including two children with behavioral/mental health needs, one child who is medically needy and a newborn. The father has a job that requires him to be away from the family for extended periods of time and the file did not include documentation to support that these concerns were assessed and addressed.
Positive Steps

- Seven of the eight cases were found to have no reports of re-abuse, re-neglect received during the period under review.
  In one case the family had two new abuse reports during the review period; the first was in August 2009 and was closed with some indicators of substance misuse. The reviewers felt at that time appropriate actions were not taken to ensure the child’s safety, such as increasing the frequency of visits to the home due to the child’s age. In February 2010, a second abuse report was received which was closed with verified findings of inadequate supervision and substance misuse. This investigation led to the child’s removal from their mother.

- Use of FSFN Family Assessments.
  A family assessment was located in FSFN on all cases reviewed. During the review period one case met the criteria for the completion of an initial assessment, which was completed timely and was thorough. The remaining seven cases required an updated assessment either at the six month mark or at a critical juncture in the case. Three of the seven cases had an updated assessment rated as being qualitative. Reviewers noted those assessments were completed timely and at critical junctures in the case, and the information provided a detailed and thorough account of events going on in the case. For instance, one case reflected the changes in the child’s placement, the birth of new child, and the mother’s instability. It also contained a safety plan requiring the maternal grandmother only being allowed supervised contact with the children in the household.

  It was also noted by the reviewers that towards the end of the review period the quality of the updated assessments were improving and the historical facts were very detailed and thorough.

- Services referrals were consistent with identified needs.
  In six of seven applicable cases, services referrals were completed and consistent with the identified needs of the case subjects.

- Case plans had appropriate permanency goals.
  In each of the cases (five) that contained a current case plan the appropriate goal was identified.

- Children’s current placements were stable and appropriate to meet the child’s needs with no apparent or significant risks or projections for disruption.
  In the four applicable cases in the sample, no child experienced more than two placement changes during the review period and all placements were appropriate and stable at the time of the review.
• Educational needs were assessed and when needs were identified, necessary services were engaged and services effectively reduced or resolved the issues that interfered with the child’s education. Two children met the criteria for educational assessments. One was found to have educational needs, had an IEP and was receiving the appropriate educational services through the school system. Documentation supported the child was later mainstreamed in to regular classes. The other child was assessed and did not require intervention as the reports cards located in the file reflected they were meeting or exceeding grade level expectations, and had perfect attendance. The remaining six cases did not require an educational assessment be completed because the children were in in-home care, and education was the not the reason for their involvement with child welfare, or the children were preschool age and either a had a developmental evaluation or a comprehensive behavioral health assessment.

• Judicial Review Social Study Reports were timely and thorough. In seven of eight cases reviewed the JRSSRs were being completed timely, and information contained in the reports provided the court with thorough updates.

• ICWA was located in seven of the eight cases reviewed. ICWA has been a continual need, but an increase in completed forms was seen during this review.

• In two cases a 175-72 staffings was completed. During the period under review there were two cases when a 175-72 staffing was required and appropriate actions were taken.

Opportunities for Improvement

• The frequency and quality of family assessment. Although six month family assessments have been completed in FSFN, continued efforts are needed to ensure that they adequately reflect an assessment of immediate and emerging safety concerns pertaining to the family. Additionally, it is critical that they are updated at least every six months and at critical junctures in the case, such as when new reports of abuse and/or neglect are received or when there are changes in family factors. Reviewers noted that the updated family assessments lacked the identification of barriers that precluded parents from engaging in services. They also noted the lack of documentation to support those barriers were being assessed and addressed with those subjects.

• Increased supervisory oversight. In four of the eight cases supervision was not completed at least quarterly, and in only one of the eight cases was supervision rated has being qualitative. Reviewers noted that the supervisor was not considering all aspects of the child’s safety, well-being and permanency; and there was no evidence that ensured
follow through was completed on supervisory guidance or the reason it was no longer necessary. Directives provided by the supervisor were generic or instructed the case manager to complete daily job functions, or did not provide specific directives and timelines. In one case there was a child-on-child report received in December of 2009, but no documentation from the January 19, 2010 supervision that this issue was discussed. In another case appropriate directives were provided; however, documentation did not support the supervisor was ensuring follow up was being completed by the case manager.

- **Frequency of visits and quality of contacts including unannounced visits with the child.**
  
  In four of the eight cases reviewed, the frequency of the case manager’s visits with the child was rated as not being sufficient to address issues pertaining to safety, permanency and well-being of the child. In one case that was closed out permanent guardianship in 2004, the mother filed a motion to reopen the case in May of 2009. In July 2009, services were initiated when the seventeen year old was reunified with his mother. It was recommended in the July 2009 supervision, that the case manager complete home visits weekly for the first month that the case was re-opened; however, there was no documentation to support this had occurred. In another in-home case, the reviewers noted visits were occurring at least every thirty days; but an abuse report was received in August of 2009 and was closed with some indicators to substance misuse. The frequency of visits should have increased with the family, due to the age (one year old) of the focus child, and his two siblings. A subsequent abuse report was received on February 11, 2010, which was closed with verified to substance misuse and inadequate supervision, leading to the removal of the child and his siblings. In five cases, documentation did not support that, at least once every three months, the case manager was making an unannounced visit to the child’s current place of residence.

  Documentation lacked observations and interactions of the child with household subjects, and that the child was being seen alone. It also lacked details as to how the case manager attempted to engage the child in conversation during visits to address key issues identified in the case. For instance, documentation did not support a seventeen year old was asked about how things were going at home since the reunification with his mother, about school and work, and whether or not work was impacting his grades. In another case, involving a four year child, documentation supported the child was being seen but didn’t support if the case manager attempted to engage the child during visits. It was unknown if the child was able or not able to verbalize.

- **Following all guidelines for youth taking psychotropic medications.**
  
  During the period under review one child was taking psychotropic medication, however the appropriate consent or court order was not located in the case record nor was it documented in FSFN that the child was on psychotropic
medication. Vyvanse was the medication the child was prescribed and documentation by the courtesy case manager stated that information from the pharmacy does not list vyvanse as being a psychotropic medicine. However, vyvanse is considered a psychotropic medication that requires the appropriate action be taken to either obtain express informed consent or a court order to approve the use of this medication for the child.

- **Evidence of current case plans.**
  Three cases were found not to have a current not expired case plan.

- **Verification of information provided.**
  In several cases reviewers noted the lack of verification to support information provided to the case managers by the parents, caregivers and child was obtained. In many instances the case manager is told by the subjects that they have either completed a service or have received a service, such as a parenting class, counseling or that a child has attended a medical appointment. However, there was no supporting documentation found to support these claims. Supporting documentation could be a documented telephone call to the provider, e-mail communications, obtaining records and/or documentation from the provider that the service was obtained by the specific subject.

- **Practice quality documentation.**
  There have been positive steps made with some case manager’s documentation, but it is sporadic and appears to be on a case by case basis. There were a couple of cases considered as having thorough detailed documentation, while the others reflected mostly home visits or a general account of ongoing activities such as court hearings, staffings, etc. rather than the specific details of these events. Each case was debriefed with the case manager, supervisor, and program administration so each agency is aware of their case findings and where improvements may be warranted. During the QA reviewer’s case debriefings and through the discussion that ensued it became even more evident that not all casework activities were being detailed or included within the case file or FSFN notes; and some documentation was inaccurate when compared with details in the family assessments. When reviewing court orders and staffing forms it is not clear what actually transpired during these events and what facts were considered that resulted in the outcome decision. FSFN notes, at a minimum, should reflect the facts and discussion that occurred during these events.

Overall case documentation continues to need improvement to help paint a picture to the reviewer of what the case manager is seeing during contact with providers, parents, caregivers, and the child. Documentation should answer the questions of who, what, when, where, why and how.
Initiatives to be Considered

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

2. Documentation remains an area for quality improvement. The degree of documentation may differ slightly depending on the elements of the case and the age of the child, but physical appearance, developmental progress, behavioral indicators, emotional state of the child and interactions with caregivers should provide a sense of each child’s state of overall well-being. Phrases such as “free of marks and bruises” or “child appeared happy, healthy and bonded” are not sufficient when assessing qualitative interaction and observations.

3. In order to support information provided by parents, caregivers, youths, and providers, verbal communication, documentation, progress reports and/or records should be obtained to verify the information is actual.

4. Be creative in supervisory functions.
   - Develop a strategy for enhanced oversight of case management supervisor by the case management organizations which will include mentoring and modeling opportunities.
   - Read FSFN chronological notes to determine current case activity.
   - Challenge case managers to use critical thinking.
   - Supervisors to periodically accompany case managers on field visits to use the opportunity to discuss case specifics, and identify issues.