Over the course of the 2014-2015 fiscal year, the Family Integrity Program (FIP), Quality Assurance Department, completed four different types of reviews on cases. Reviews were determined by evolving needs assessments, guided by the Department of Children and Families and Community Based Care agency input. The review types included a continuation of the Rapid Safety Feedback (RSF) tool, which was established at the end of the 2013-2014 fiscal year, in addition to Targeted Permanency and Targeted Well Being reviews. The Targeted Permanency reviews focused on children 13-17 years old, who had entered out of home care at the age of 13 and had been in care for a minimum of six months. The Targeted Well-Being reviews focused on children who were in out of home care, ages 5-12 years old. Rapid Safety Feedback continued to focus on children who were receiving in home services, and were age birth through three years old. In addition to these focused Safety, Permanency and Well-Being reviews, Quality Assurance staff also began to utilize the Children and Family Services Review (CFSR) tool; this allowed the Quality Assurance staff to become familiar with the CFSR tools and procedures, in preparation for the federal CFSR that will occur in 2016.

For each of the four quarters, a total of 15 reviews were completed using the specific Safety, Permanency, and Well-Being reviews. The number of reviews were based upon the agency’s distinct population and were adjusted for the agency’s needs. Due to the Family Integrity Program’s smaller size, RSF reviews had to be adjusted to reflect the agency’s “In Home” population. The quarters in which a smaller RSF sample was used, the number of Permanency and Well-Being reviews increased to ensure a total of 15 reviews for that quarter. In addition to the 15 targeted reviews, a total of two CFSR reviews were completed.

In the 1st quarter, two RSF reviews, seven Well-Being reviews, and six Permanency reviews were completed. One CFSR review was completed for a child who was in Out of Home care. A second CFSR on a family receiving in home services could not be completed because prior to the review being conducted, the child was sheltered and placed into out of home care. During the 1st quarter, the agency’s population of children receiving in home services was limited. This is in part due to the QA staff completing 12 RSF reviews in the 4th quarter of the 2013-2014 fiscal year. Children who were reported to be receiving in home services were filtered out by those children receiving Diversion/ Voluntary services, were out of the age range, or had not yet been in the home for a minimum of 30 days.

In the 2nd quarter, four RSF reviews, five Well-Being reviews and six Permanency reviews were completed. The number of reviews conducted were adjusted due to an increase in children meeting the criteria for a RSF review. The number of Permanency reviews remained the same from the previous quarter due to the agency wanting to determine appropriate permanency planning for that age population in out of home care. One of the agency’s main focuses is reducing the time that children spend in out of home care, which is to align with the Safety Decision Making Methodology, as well as look into the best outcomes for the Independent
Living population that the agency serves. Due to unforeseen circumstances, staffing issues, and the agency physically moving its offices to another building, the QA team was not able to review any CFSR reviews for the 2nd quarter.

In the 3rd quarter, three RSF reviews, four Well-Being reviews, and six Permanency reviews were completed. All the CBCs were able to reduce the number of reviews by two, due to having to review two additional CFSR reviews for training purposes. The two additional CFSR reviews were completed on a case provided from another CBC and on a “mock case” that was reviewed during receiving online training for the CFSR. In addition to the 13 targeted reviews and the training CFSR reviews, two CFSR reviews were completed on children receiving services through the agency. The 3rd quarter again focused on Permanency reviews, as the agency continues to look toward reducing time in out of home care, as well as identify appropriate services for Independent Living youth.

In the 4th quarter, five RSF reviews, five Well-Being reviews, and five Permanency reviews were completed. To obtain five RSF reviews, the age range for the children receiving in home services had to increase for one child. The child reviewed was 8 years old, however was reunified for a second time and it was best felt that reviewing the case was best practice. Two CFSR reviews were also completed in the 4th quarter.

Overall, the specific age groups that the practice areas of safety, permanency and well-being targeted were to ensure the specific populations were receiving the most appropriate services aligned with their needs. Although the three different review tools focused on a specific area, reviewers continued to look at cases as a whole to see “the big picture” in a case and identify any unresolved needs. The data collected through these reviews have helped in determining the agency’s strengths and areas for improvements. Throughout the quarters, there were slight decreases in performance, especially seen between the first and fourth quarters. This decline in performance can correlate to the increase in Safety Methodology cases that the agency has received. No Safety Methodology cases were reviewed in the first quarter; in the fourth quarter, four of the cases reviewed were Safety Methodology cases (a total of 27%).

**Practice Trends**

- **Safety**

In regard to Rapid Safety Feedback reviews, a total of 14 cases were reviewed throughout the year. An area of strength in regard to Safety measures is the agency making concerted efforts to prevent re-entry after reunification. The agency performed at an average of 82% on this measure, throughout the four quarters and this increased from the first to the fourth quarters. This measure can correlate to the agency’s contract performance in regard to the percentage of children that do not re-enter out of home care following a reunification. An average of 92% of children who were reunified did not re-enter care within the 12 month time frame. The Family Integrity Program feels that ensuring the reunification is going to be permanent is paramount to the speediness of the reunification, which shows in the successful outcomes of these families (an average of 72% of children were reunified within 12 months). This can also correlate to safe case closure; the agency’s case management ensures that a case is safe to close and that the
family has a plan in place to continue without the security of the agency. The agency provides “in house” Diversion services, which is also felt to factor into the quality of services that the families served receive. This measure aligned with the statewide averages.

The other four safety measures, the agency performed lower than the statewide averages; although this can be attributed to the agency’s smaller population that is served, therefore the number of cases reviewed were decreased to account for this. In the 1st quarter, only two RSF reviews were able to be completed, therefore averages of “strengths” and “areas needing improvement” were either 0%, 50%, or 100%; this is not a true indicator of performance for the agency. Due to the small sample size, all four quarter’s data were averaged and compared to provide a more accurate account of performance.

Despite performing slightly lower than a statewide average, the agency continued to perform well in regard to initial and ongoing assessments of risk and safety concerns. This measure increased significantly between the 1st and 3rd quarters and averaged out to be 64% throughout the year. Again, this measure can correlate to the number of children achieving permanency and not re-entering out of home care. The agency’s case managers have continued to receive ongoing training in regard to assessing safety and risk factors within the families that are served. This is an ongoing process as the state and the Family Integrity Program continue to align with the Safety Methodology.

An area of improvement for the agency is developing appropriate safety plans if safety concerns were present. For the second and third quarters, the agency performed well in this area, although the first and fourth quarters had a decrease in this measure. Overall, this area was the lowest performance area, averaging a strength of just 42%. It is believed that the need for continued training in this area should be a focus of the upcoming year, as the agency evolves and aligns with the Safety Framework.

Another area of improvement for the agency is regarding sufficient background checks and home studies being utilized appropriately. With an overall average strength of 50%, the agency will need to focus on this area for increased trainings and focus with front line staff. It should be noted that this area continually increased throughout the four quarters and the fourth quarter achieved an overall 60% “strength” in this measure. The agency struggled with this measure during the previous fiscal year, with an average strength of 66% during the 3rd and 4th quarters.

**Permanency**

A total of 23 Targeted Permanency Reviews were completed throughout the year. Overall, the agency performs well in regard to permanency measures. A major area of strength for the agency is stability in placements (85%), establishing goals timely (90%), and ensuring siblings are placed together (100%). These measures maintained consistency across the four quarters and were at a higher average than the state average. The agency strives to achieve permanency goals timely and ensure children remain stable in their homes, as the agency
aligns with Trauma Informed Care. Despite children being removed from their homes, placement stability and timeliness of permanency is paramount. This data can correlate to contract performance such as the percentages of adoptions achieved within 24 months (82%) and the number of children in out of home care that have had two or fewer placement changes (84%). Consistency in this practice area are due to agency collaboration with providers, legal staff, ongoing trainings and a general focus of the agency to ensure children achieve permanency in a timely fashion.

Another area of strength for the agency is in regards to ensuring concerted efforts occur in placing the child with relatives (86%) and in maintaining the child’s important connections (83%). The agency has improved in understanding the importance in timely permanency and placing a child with a relative. Also, in utilizing informal supports for the family, especially initially with safety services, assists the agency in determining the important connections for the child and the families served. These factors assist in achieving permanency for the children in a timely manner.

An area of improvement that was noted is in regards to ensuring visitation between the child and the removal parents and/ or caregivers occur at a sufficient frequency to promote continuity and maintain that connection (75%). Although many unexpected factors can play a part in this measure, the agency is looking towards improvement with ensuring quality visitation occur between the parents and the children; the use of identified informal supports is being evaluated as a means to assist the families in increasing contact with the children in out of home care. The agency has struggled with engaging parents in the past and strategies to improve this measure are ongoing.

➢ Well Being

A total of 21 Targeted Well-Being reviews were completed over the course of the year. The agency maintained consistent performance with the average of the state, with the exception of efforts to involve the parents in care planning. An area of strength for the agency, which was higher than the state average, was the needs assessment of the children and families served (83%). This correlates to the previous year’s strength, where the agency excelled in assessing needs. Due to the agency performing well in this area, it is believed that this parallels the low recidivism rate of families retuning to the agency (4% recidivism rate for children returning to receive services after achieving permanency). The assessment of the child’s educational needs (75%) and mental health needs (86%) were also a strength for the agency. The agency has always worked in close partnership with the community, including the school board, in identifying needs timely and engaging service providers to address those needs. The agency is located in the same building as one of the county’s main substance abuse and mental health providers, which attributes to the timeliness of assessing needs and providing services to clients served.

One area of improvement needed is in the area of ensuring concerted efforts are being made to involve the parents and children in ongoing case planning. This measure, overall was very low, at a 50% overall strength. This area was also an area for improvement in looking at the previous year’s results, with the agency continuing to struggle with this measure. As an agency, parental contact and involvement has been a difficult area and the agency is continuing to look for
strategies to engage parents, especially fathers, in case planning. Again, the agency is hoping to utilize informal supports to encourage participation from parents.

Although these two measures were included in the Well-Being outcomes, all three reviews types reviewed the frequency and quality of visitation with the children and with the mothers and fathers. Overall, the agency was aligned with the state averages and visits with children were at a 58% and visits with the parents were at a 60%. The concern with these two measures was not surrounding the frequency of visits, rather the quality of visits. The agency maintains a percentage of children who are required to be seen every 30 days at a percentage of 99.8%. The agency’s focus in the upcoming year is to work with frontline staff to enter qualitative case notes with both parents and children. It should also be noted that during the RSF reviews, post placement supervision was not always consistent with state guideline, although this was addressed immediately with management on a case by case basis, upon discovery.

- **Supervisory Consultations**

As a whole, the agency continues to place high regard on supervisory consultations and has recently sent all case management supervisors to an in depth, 8-day supervisory training, aligning with the Methodology. In the area of supervisory consultation, 68% of cases reviewed had regular supervisory consultations and feedback, which was above the average for the state. Across the four quarters, there was a marked decrease in this measure, with fewer supervisory consultations occurring in the fourth quarter than in the previous quarters. The agency’s supervisors are paramount to a successful frontline staff and the agency will continue to address this area to strengthen the performance.

The QA department continues to complete quarterly supervisory review audits, utilizing an internal tool, created to ensure supervisors are aligning with the Methodology and addressing key topics within individual cases. At the end of each quarter, a random sample of supervisory cases are selected, audited and scored. Feedback is provided to the case management supervisors and the Program Manager, in an effort to promote continuous quality improvement within the agency.

- **Safe Case Closure**

In regard to safe case closure, the agency did see a decline in this measure from the 1st quarter (93%) to the 4th quarter (73%), although did perform at an overall strength of 82%. Typically, the agency has historically performed well in regard to safe case closure, which correlates to the agency’s low recidivism rates, which have been mentioned previously. This same decline in performance was also seen in the statewide averages throughout the four quarters (statewide annual average was at 73%). The agency continues to partner with community partners and ensures frequent “family team conferences” are held to ensure families that are leaving the agency are prepared. The training that frontline staff have received and continue to receive in regard to identifying behavioral changes assists in determining the appropriate steps prior to reunifications and closing cases.
Other

The QA team completed a total of five CFSR reviews, and two practice CFSRs throughout the year. Due to the small amount of CFSR reviews completed (three out of home and two in home), it is difficult to analyze the data into a sufficient report that would accurately depict performance. The main objective for the CFSR reviews were to allow QA staff to become more familiar with the tool, in preparation for the Federal audit, occurring in 2016.

The CFSR reviews were completed and feedback was provided to the case management staff and upper management, throughout reporting by the QA staff. These individualized consultations were completed to provide continuous quality improvement to the agency, along with educating frontline and administrative staff on the process. Consultations/ debriefings were completed on all five cases at the end of the reviews to provide feedback and guidance as to what was reviewed and received during stakeholder interviews.

Consultations/ debriefings were completed when necessary and at the end of the reviews to provide feedback and guidance as to what was reviewed. The case consultations were viewed as positive and constructive, allowing for a true CQI process. When a case consultation was not necessary or requested, an internal “Quality Management Program Report” was provided to the case manager, their immediate supervisor, and the Program Manager. The individualized report addressed strengths, areas for improvement, and what was missing from the file/ FSFN.

Throughout the year, there was only one administrative Request for Action (RFA) that was required. No safety related RFAs were issued and the administrative RFA was cleared without incident.

In addition to the Safety, Permanency, and Well-Being and CFSR reviews, the Quality Assurance team is also responsible for conducting other internal audits and reviews throughout the fiscal year. Monitoring of the corrective action plan, set forth by the Contract Oversight Unit, assists with strengthen the practice areas and ensuring statutory and procedural guidelines are adhered to. As referenced above, internal supervisory audits are conducted every quarter, as well as ongoing Continuous Quality Improvement audits. The CQI audits consist of monitoring the corrective action plan, training needs, reporting needs, and other areas the management team feels is necessary at that moment within the agency. Executive management, including the Health and Human Services Director and FIP’s Program Manager, meet weekly with the QA Manager to discuss findings within the agency, on an informal basis.

Addressing Findings

The findings for each of the practice areas will continue to be monitored by the Family Integrity Program’s QA team and management to provide the staff with opportunities for growth and improvement in the areas demonstrating need. Overall trends noted during these reviews will determine which direction the agency needs to take to improve or maintain service delivery to the children and families in its care. There continues to be noted areas for improvement from the previous fiscal year, which will assist the agency in determining opportunities for training and ongoing supervisory guidance. Case consultations appear to be extremely beneficial in the CQI
process, as evidenced by the continued performance in the various areas reviewed. Throughout the year, the Health and Human Services Director and FIP's Program Manager are debriefed in regards to findings and trends relating to safety, permanency and wellbeing. In addition, weekly CQI meetings are held with FIP's management to discuss ongoing quality improvement strategies within the agency.

The agency currently excels in permanency and well-being measures, although safety measures continue to need improvement. As the state moves forward with transitioning to the Safety Methodology, these areas that have been identified will assist the agency, and possibly the state, in future training opportunities. The agency will work with training providers and the QA team to identify these opportunities. The annual Quality Improvement Plan will be written to reflect ongoing activities for improving and strengthening the quality of work provided to our children and families served.

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