Community Partnership for Children Peer Review of FSSNF Prevention Program STEPS for Nassau & Duval Counties
June 2012

Review Team
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Focus of the Review

• Determine whether information entered into FSFN is correct.
• Determine if services requested by DCF were provided.
• Examine practice as it relates to quality of contact and timing with parents on STEPS cases.
• Identify strengths, challenges, and barriers in regards to services provided and documentation.
Sample

The random sample of cases chosen were selected from the report sent by Family Support Services of North Florida, Inc. which captured families who received STEPS prevention services in Nassau and Duval counties in the 3rd Qtr (January – March 2012) Fiscal Year 2011-2012. There were a total of thirty-nine (39) cases with a sample of nineteen (19) cases chosen for the CPC review. This included four (4) cases from Nassau and fifteen (15) from Duval representing the valid sample.
Quality Review Tools

• The review team utilized the Prevention Audit Tool for the case file review completion.
• FSSNF reports of audit findings conducted by their own staff were also used and compared with CPC findings.
• Reviewed information in the STEPS case files, CoBRis, and the Florida Safe Families Network (FSFN) system.
Scores

• A score of 80% or above is indicated as "Areas of Strength".

• A score of 79% or below is indicated as "Areas of Improvement" and is highlighted in red.
Questions from Prevention Tool

- Was a copy of the original DCF referral in case file?
- Was the family contacted within 5 calendar days including weekends of receiving the referral? (Home Visit or Attempted Home Visit)
- Were the following procedures followed to consider the family unable to contact?
  1) 3 attempted phone contacts to the family (if they have a working numbers). In the event the family does not have a phone, staff must attempt a home visit prior to sending the letter.
  2) 1 attempted home visit with a contact information card left for the family
  3) Introductory letter sent giving the family 10 days to respond and advising that a non-response will be considered service refusal.

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Questions from Prevention Tool

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<tr>
<td>Was COBRIS Supervisory Review Note completed before or at case closure?</td>
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<td>Was a FSFN note entered to advise DCF of lack of engagement?</td>
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<td>Was a Case Closure Summary completed in COBRIS?</td>
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<td>Was the initial assessments completed within 7 calendar days of the first home visit?</td>
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<td>Was the STEPS Prevention Family Plan written with the family and updated monthly?</td>
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Questions from Prevention Tool

- Was each child seen every thirty (30) days? If no, were attempts to see the family made through documented home visits no show or home visit attempted? (If the child was not seen but attempts were made by the worker, then answer yes.) This is not acceptable for two (2) consecutive months.

- Does the Family Plan reflect the original referral needs? If the Plan differs from the original referral, staff must provide written justification in the "needs from referral form" section of the Plan.

- Did Prevention staff provide services as appropriate for achieving the Family Plan goals to include case management, In-Home parenting skills, In-Home behavior modification training, In-Home budgeting skills training, and financial assistance?

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Questions from Prevention Tool

- Did Prevention staff document clearly and in detail in the case notes to include what services are being provided, the condition of the home, and the safety of each child?

- Was a copy of the flex fund request in the case file if the family needs financial assistance to achieve their Family Plan goals?

- Was the supervisory review of the file completed every thirty (30) days and documented in Cobris as well as a Supervisory Review Form in the file?
Questions from Prevention Tool

- Were the supervisory reviews detailed and documented what tasks the worker has assisted the family with as well as other service needs required for follow up?
- Is there a signed copy of the HIPAA/Client's Rights and Responsibility form in the file?
- Was a signed Release of Information form in the file for all appropriate service providers?
- Was a Supervisory Review note in Cobris as well as Supervisory Review completed and in the file?
- Was a closing SASIF completed at the time of case closure?
- Was a closing note entered into FSFN?

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Community Partnership for Children
protecting children . . . fostering family stability

Summary

Community Partnership for Children Reviews of FSSNF
STEPS Case Files Comparison
Duval County 86% VS FSSNF 92%
Nassau County 98% VS FSSNF 100%
Strengths

• A copy of the original DCF Referral was in the case files.
• A Case Closure Summary was completed in COBRIS.
• The Family Plan reflected the original referral needs.
• Prevention staff provided services as appropriate for achieving Family Plan goals.
• A signed copy of the HIPAA/Client’s Rights form was in the files.
• A closing SASIF was completed at the time of case closure.
• A signed Release of Information form was in the file for all appropriate providers.
Areas for Improvement

• An FSFN notes need to be entered to advise DCF of lack of engagement. (Duval)
• The STEPS Family Plan should be reviewed monthly with the parents and signed off by them. (Duval)
• The Supervisory Review forms of the file every thirty days should be included in the file. (Duval)
• Closing notes should be entered into FSFN. (Duval)
• Home visit notes need to include the safety of the child, services, and condition of the home. (Duval and Nassau)
Best Practice Recommendations

- Cobris Supervisory review notes and case closure summaries need to be in the case file.
- Monthly updates to the Family Plan need to be reviewed with the family and initialed off by the parent.
- Supervisory notes need to include those specific items that require follow-up.
- Check the DCF referral to ensure all services recommended were addressed in the Family Plan.
- Home visit notes need more detail with developmental milestones, observations of interactions, and one-on-one confidential conversations with the children.
- All needed services should be addressed by the Prevention Program.
- Case closure notes should be entered into FSFN.