Summary:
The following represents a comprehensive assessment of the indicators and practice trends associated with the Quality Service Reviews (QSR) completed during the year ending 2012 - 2013. A total of (8) cases were reviewed; an average of (2) per quarter. In comparison to the year ending 2011 - 2012; the number of cases reviewed and considered for this reporting year is significantly less, with there being (24) cases reviewed during the 2011 – 2012 year. Selected cases were chosen from a random sample, identified by the Department of Children and Families and utilizing a 90/10 sampling methodology.

The QSR is a powerful self-evaluation tool, helping child welfare (Children’s Home Society, Youth and Family Alternatives and the Centers) and social services agencies assess the effectiveness of their practices and the interventions provided to the families that they serve. The QSR is directly tied to the core components of individualized practice and it helps agencies learn how families are doing and which services functions are working. The QSR qualitatively assesses two broad categories; Child and Family Status and Practice System Performance/Case Work practice. Child and Family Status assesses (11) indicators; Practice System Performance/Case Work Practice assesses (10) indicators. Within these two categories there are specific areas that are assessed, including; but not limited to; child safety, stability and parent/caregiver functioning, engagement and teaming to name a few. The QSR review process assesses “true” engagement as the process requires personal interviews to be conducted with case participants such as the parent/caregiver, the child, the Guardian Ad Litem, Children’s Legal Services, Service Providers and other stakeholders.

In comparison to the prior year, there were overall improvements. The total percent of points earned for the year ending 2013 is 81.8%, in comparison to 74.8% during the year ending 2012. For the year ending 2013, of the eleven Child and Family Status indicators rated, only three indicators or 26% fell below 77.8%, with the remaining eight or 74% achieving 81.3% or greater. In comparison, for the year ending 2012, of the eleven status indicators measured a total of seven or 65% of the status indicators were rated below 80%, with only three of the indicators or 20% achieving 80% or greater.

- The number of cases reviewed for the year 2012 - 2013 was 8. As of June 2013, the number of children being served was 1628. The sample size was of a ratio of 5 out of 1000 children who were served.
- The number of cases reviewed for the year 2011 - 2012 was 24. As of June 2012, the number of children being served was 1808. The sample size was of a ratio of 13 out of 1000 children who were served.

Noted Strengths in Child & Family Status Indicators and Practice Indicators are:
- Living Arrangements were appropriate, with connections maintained;
- Overall, the children were safe from exposure to threats of harm;
- Permanency in family and working towards reunification and/or adoption;
- Physical and Dental health needs were being met as well as emotional well being;
- Developmental milestones in early learning and development was being achieved;
- Caregiver functioning was maintained at a successful level;
- Mitigation of child vulnerability was managed at a successful level;
- Ongoing efforts to engage and strategize for establishing effective relationships;
- Individualized planning for safe closures were sufficient and above average and;
• Transition identification, planning and support were above average.

Opportunities to improve, that remain are:
• Management of risks in stability and school settings;
• Academic Achievement and Engagement in school activities;
• Preparing for Independence;
• Voice and Choice: mother and father participation in assessments/goals;
• Effective teaming, assessment and understanding;
• Implementation of effective strategies, services and adequate resources;
• Monitoring of child and family progress and;
• Psychotropic medication management.

The following is an assessment of strengths as well as those areas where opportunities remain. Also included are descriptive details as to possible contributing factors. Comparisons, per year, are also provided:

Living Arrangement

**Improved more than 7 percentage points this year**

The rating for the living arrangement, appropriateness of placement and permanency support of the children in the sample, was higher than the rating outcome from the previous review period. The current review found that there was improvement in the practice of the parent being involved and providing input regarding placement of the child. Additionally, teaming was found to have improved. As a result, the case manager better understood the child’s needs prior to selecting a placement and could effectively match the child in the most appropriate placement. This may also contribute to increased stability in child placements. Kids Central and partner Case Management Agencies (CMA’s) continue efforts improve the placement of siblings, together. Preventing sibling separation remains a high priority through the corporate balanced score card and other measures.

Early Learning & Development

**Improved 7 percentage points this year**

Early Learning and Development ratings continue to increase. Early identification of childhood delays through evaluations and screenings as well as increased regularity in well-child checkups were found to be a contributing factor to the increase. A supporting contributor is in the area of physical health needs being met and maintained.
Physical & Dental Health
*Improved slightly, less than 2 percentage points this year*
Physical and Dental outcomes have been maintained and increased though, minimally, during the fiscal year. This trend continues to correlate to the occurrence of monthly Data Calls with the Case Management agencies were data captured from FSFN, is discussed. The Data Call provides opportunities to discuss methods by which performance can be improved, and looks at practices already in place that may contribute to improvements. CMA’s have designated staff whom regularly monitor medical and dental care of children who are placed in out of home care.

Psychotropic Medication Management
*Dropped more than 4 percentage points this year*
For this review year, of the (8) cases selected; only one focus child was prescribed psychotropic medications. The overall rating for the practice indicator was found to have dropped, in comparison to the previous year. Kids Central and partners remain committed to continuous improvement efforts to address issues related to this area.

Safety from Exposure to Threats of Harm
*Improved 3 percentage points this year*
The overall ability, to ensure safety from exposure to threats of harm continues to increase, though minimally. Children in the cases reviewed were found to have high levels of safety factors that protect them from the risk of abuse, neglect and/or exploitation. In taking a closer look, some contributors associated with this indicator experienced noticeable drops in specific areas. In comparison, during the review year ending 2012; 100% of the children reviewed were found to be in a safe home environment, whereas for this year ending 2013; 88% were found to be in a safe home environment.

Child Vulnerability
*Improved 8 percentage points this year*
Negative vulnerability factors of the children in this sample were reduced by 8 percentage points from the previous year. The presence of a diagnoses or behavior issues, decreased this year. Improvements in the ability of case managers and partners to identify appropriate mechanisms to mitigate risk factors that might contribute to child vulnerability played a significant role in this area.
Emotional Well-Being

*Improved 6 percentage points this year*

The emotional well-being of the children in this review, compared to those reviewed during the previous year, was found to have improved by 6 percentage points. Coping and adapting skills were below average in this review year. Counseling and therapy for children under protective supervision is in high demand in this circuit. Normalcy activities continue to be encouraged and supported for their beneficial impact on emotional well-being of children in care. Training related to Normalcy implementation was offered during this past year and remains at the forefront. The Kids Central Children’s Mental Health Specialist assists in helping to streamline and oversee therapeutic assessments and placement staffing to help ensure that children with more serious mental health needs are placed in the appropriate setting. Multi-disciplinary staffings are held more frequently to develop plans for youth with high risk behaviors, such as frequent arrests, Baker Acts and elopements. The creative development of specialized services should continue as resources to support those children with significant emotional needs are lacking. Services such as Therapeutic Behavioral On-Site Services (TBOSS) are available; however, the availability of additional behavior modification providers to assist those children with extreme emotional behaviors is needed. Adoptions, often has the greatest number of children who display significant emotional and mental health issues. Increased and ongoing training for case managers and staff who work with children with severe emotional and mental health issues is needed.

Parent & Caregiver Functioning

*Improved 5 percentage points this year*

The functioning of caregivers with whom the focus child resides was found to have the appropriate skill set to provide for the child’s current needs. Outcomes related to the caregiver’s characteristic and resources remained in the “satisfactory” range. This outcome is maintained by the Kinship supports and Foster parent supports that are offered by Kids Central.

Engagement Efforts

*Improved 13 percentage points this year*

One of the greatest means by which to promote case progress is through engagement of parents and caregivers. For the “Strategies for Effective Relationships”, the rating was found to be 100% which reflects consistent findings that case managers were reported to treat the case participants with respect. Opportunities remain regarding the “Engagement of fathers” and “Trauma Sensitivity” as these areas was rated in the 50 to 60 percentile range. Monthly parent contact is a practice that has been incentivized at the case management agencies. Effective relationships with case participants appears to have been positively impacted by “Solution Based Training” which encourages treating case participants with respect.
Permanency

**Improved 7 percentage points this year**

This reporting year, the likelihood of a child being in a placement that will serve as a “forever” home improved by 7 percentage points. Family finding has been an area of emphasis for Kids Central. The key components of a Life-Long family are well-informed, committed caregivers and high fidelity services for the dependent child to aid in the processing and resolution of past traumatic experiences. Kinship Care referrals, in many cases, help to support these placements and prolong their stability. Cases, where the goal was adoption, were found to be progressing at a satisfactory rate. A contributor is the stringent requirements to be completed by the case manager prior to the transfer of the case to Adoptions. This requirement allows for these cases to move swiftly through the adoption finalization process. Consistency in conducting monthly supervisory reviews of adoption cases is also considered a contributing factor to the high rate of progress.

Stability

**Improved 2 percentage points this year**

This indicator was found to have remained relatively the same from the last review. Case management practices related to alleviating risks to stability was frequently found to be minimally preventative. With older children, a significant amount of the case manager’s time was spent performing crisis management. As to the initial placement stability, practices are in place with the Out of Home Care Team at Kids Central, with a focus on enhanced awareness in “matching” children with caregiver. Successful “matching” is correlates to trauma informed and cultural needs. Even issues related to sexual orientation are considered in “matching” a child to a home. Kids Central has a strong Kinship program that is based on a voluntary involvement model. This program supports stable kinship placements, by offering support groups and providing support in completing Relative Caregiver Fund applications. Stability in case managers assigned to cases is being addressed at the CMA level through various promising employee retention initiatives.

Academic Status

**Improved 7 percentage points this year**

The academic status of school aged children under protective supervision was found to be at an acceptable range. The function of the child in school was found to have rated in the “below standard” range however the educational support activities were found to be optimal. The K-12 Education Report Card was initiated during this fiscal year and at Kids Central it is being completed on all in-home and out of home children. This report is completed monthly and is designed to create a dialogue mechanism between case managers, caregivers, children and the school to assist or enhance education achievement, school and academic engagement and build education supports for successful educational outcomes. Plans are also in place at the case management agencies to look at the data derived from the report card with case managers to understand the “Why?” behind the
outcomes. Further agreements for data exchanges are being secured to allow for Kids Central to receive information directly from the schools as well as alerts when a child’s academics are becoming problematic. The DREAMS grant that was secured during the 2011-2012 allowed for dedicated staff to be hired to focus solely on education issues and trouble shooting. Finally as improvements are achieved, it is expected that the children’s engagement in school activities will also improve as more children will be academically eligible for school sports participation.

**Voice & Choice**

*Improved 5 percentage points this year*

Voice and Choice improved; however, remained in the marginal range. Although parents were routinely found to be treated with a respect and they were found to be engaged, their opinions, preferences and individual needs were not found to impact case planning activities at a satisfactory rate. Often they played a more passive role and were not found to be routinely encouraged to take an active role in case planning. They were often told what to do and rarely asked what they think they needed to do. This “Family Centered Practice” seeks to encourage parental involvement in strength and need identification, as well as their involvement in choosing case plan tasks, PRIOR, to the case plan being prepared. Family Centered Practice in case planning is emphasized in staff development trainings. It is noted; however, that when it came to decision making in relative placements, the parents input was greatly acknowledged and utilized.

**Maintaining Quality Connections**

*Improved 2 percentage points this year*

Maintaining quality connections is paramount for supporting a child’s long term stability. Connections equal supports; both formal and informal, which provide for enhancement of protective factors such as resiliency. This indicator showed marked improvements in the identification of family connections; however, there was a 5 point drop in maintaining those identified connections.

**Assessment and Understanding**

*Improved 9 percentage points this year*

Assessment activities and the processes, by which the case participants were understood, were reflected as being in the “fair” range. Quality assessments impact all other aspects of case management, service delivery and goal achievement. Overall efforts to develop an understanding of the parent’s history and background was found to be in the below average range for the father and the average range for the mother. Engagement also needs to be enhanced to obtain true assessment components. Action is needed to improve practice related to assessing the needs of fathers specific to identifying the services necessary to achieve case plan goals.
Implementation

**Improved 6 percentage points this year**
Case plans must be designed to improve the conditions in the home, aid in maintaining the child in the home, facilitate the child’s safe reunification, or facilitate a permanent placement for the child. The case plan must clearly match the child’s, parents’, and/or caregivers’ needs with services, contain realistic timeframes, and document appropriate strategies and adequate support to successfully complete assigned tasks. This review found that this indicator remained in the “fair” range with minimal improvement from the findings of the previous review.

Teamwork

**Improved 4 percentage points this year**
Teamwork was found to have, minimally, improved from a “below satisfactory” rating, in the last review to a “marginally satisfactory” rating, during this review. Family Group Decision Making (FGDM) is an initiative that appears to be driving improvements in the area of teaming. FGDM offers a framework, in which to conduct group decision making. Case managers must facilitate and lead communication among local service providers about services for the child and other case participants.

Planning Trans. & Life Adjustments

**Improved 12 percentage points this year**
Planning Transitions and Life Adjustments speaks to several issues throughout the life of the case, starting with shelter/removal up to and including the final permanency option. This measure requires life transitions to be proactively identified. Once identified, effective planning to address the transition is needed. Transitions may cause disruption or stress on children and families. This review found that planning practices have improved by 13 percentage points.

Planning for Safe Closure

**Improved 15 percentage points this year**
This standard was found to have improved 16 percentage points over the findings of the previous fiscal year from a below standard rating to a satisfactory range.
Evaluating & Adjusting

*Improved 4 percentage points this year*

Evaluating and Adjusting requires close supervisory oversight and purposeful communication with all case participants on a regular basis. This rating was found to have improved by 4 percentage points bringing it into the “fair practice” range. Legal mandates, time frames, caseload sizes, etc, were frequently cited as hindering the positive outcomes in this indicator. Tracking of improvements, changes, incremental completion of task, setbacks, and successes was found to have been insufficient in moving cases toward overall successful completion. Insufficient adjustments were found to have been made, as needed.

Pathway to Independence

*No significant changes during this review period*

Minimal improvements were reflected in the ratings of Independent Living outcomes in this review. During this year, one Independent Youth was reviewed, compared to 8 during the previous review. The child reviewed this year was in a pre-adoptive placement during the review period, the adoption finalized as the review began. For the 150+ teens placed in licensed care. Independent Living staff (Life Skills Facilitators), visit the youth, on a quarterly basis. Practices are in place for Kids Central Independent Living Staff to attend court hearings for youth age 17, and prepare a Status Report to be filed with the court to track progress. Opportunities exist to further incorporate the independent living case plan into general case planning practices. The Youth Advisory Council is highly active and meets regularly. The recent legislative changes related to Independent Living will facilitate improvements in ensuring that children have the skills they need to live independent of foster care. Additionally, efforts are underway at Kid Central to encourage family connections with individuals that were not encouraged before such as letters to siblings who are incarcerated. Supporting and encouraging a variety of life skills activities such as grocery shopping would contribute greatly to their long term development and decision making. Some challenges remain related to case management coordination and communication when Out of Town supervision is required as ineffective communication occurs, thus impeding upon potential progress of the child.
Child and Family Status Indicators:

2012 - 2013

| Percent of Points Earned on Child & Family Status Indicators: | 85.2% |

The cumulative outcome for the Child and Family status indicator was found to be in the satisfactory range with a score of 85.2%. Points totaling at least 80%, is considered satisfactory. Children in the 8 sample cases were, routinely, found to be safe from exposure to threats of harm. Noteworthy status indicators include but were not limited to:

- 100% living arrangement were appropriate;
- 100% for activities of an adoptive families being matched to children available for adoption;
- 100% for school aged children found to have educational supports in place for their educational needs;
- 100% for non-school aged children achieving developmental milestones and having sufficient supports in place for early learning, and;
- 100% for appropriate interventions in place to address focus children’s behavioral needs.

Other indicators found in the “satisfactory” range were: Home environment; Caregiver capacity/behavior; Stability in living arrangement; Child’s risk to self and others; Stability in living arrangement; Stability in school setting; Stability in case management; Stability in service providers; Risk of disruption to living arrangement; Lifelong home and family; Achievement of optimal physical health; Caregiver resources and Supports to caregivers.

Opportunities exist in the following areas: Self management of the child’s behaviors; Educational achievements; Engagement in school activities; Mother’s capacity and behavior; and the Father’s capacity and behavior.

Practice Performance Indicators:

2012 - 2013

| Percent of Points Earned on Practice Indicators: | 78.4% |

The cumulative outcome for Practice Indicators was 78.4%. Practice indicators were frequently in the “marginal” to “satisfactory” performance range. Outcomes practices with noteworthy outcomes were:

- 100% for effective relationships indicated between the participants and the case management staff;
- 100% for caregivers who were engaged;
- 100% for caregivers participation in assessments and goals;
- 100% for sufficient frequency and quality of visits, and;
- 100% for CPI and case manager sharing responsibility.

Other satisfactory indicators were: on-going efforts to engage, engaging the mother, individualized planning, transition identification and planning, and monitoring of the child and the family's progress.

Areas where opportunities exist are: trauma sensitivity, engaging the father, parents participation in service selection and delivery, the mother’s participation in assessments and goal setting, the father’s participation in assessment activities and goal selection, team functioning and effectiveness, team meetings, initial understanding of the father, update and application of understandings, effective strategies and services, maintain family connections, and applying/adjusting for progress.
Findings:

2012 - 2013

| Total Percent of Points Earned: | 81.8% |

The overall combined percentage is 81.8%. The Case Management Agencies (Children’s Home Society, Youth and Family Alternatives and the Centers) are working on initiatives to target those areas where performance was low. In areas such as, Engagement of fathers, trauma sensitivity and the maintenance of family connections, services are being identified to target these areas.

Kids Central’s policy, requiring that all children under supervision have the K-12 Report card completed, is expected to result in prompt identification of educational needs, resulting in improvements in the educational status. This along with the data agreements established with local school boards to provide educational information directly to Kids Central Educational Liaisons, is expected to expedite the process in identifying those children with significant needs and generate more timely responses in providing services.

Action plans are in place to focus resources on improvement in the area of psychotropic medication oversight, as well as, effective facilitation of supports and services to youth transitioning out of foster care and into adulthood.