



Case Management Side-by-Side and In-Depth Review Report

Region: Northeast

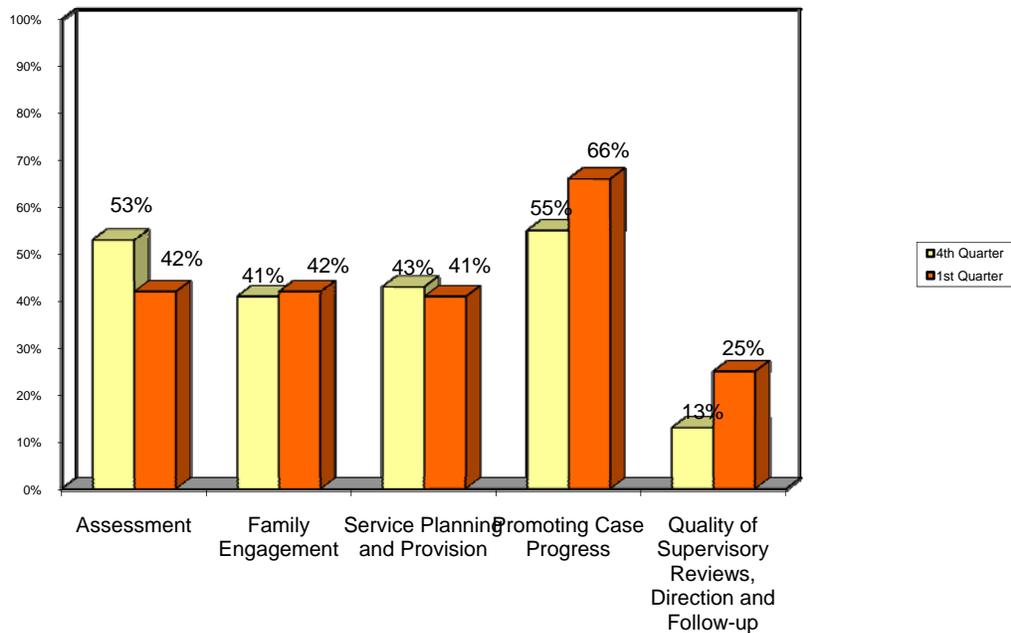
Lead Agency: Kids First of Florida

Date of Review: August 9 – 13, 2010

Period under Review: October 1, 2009 through August 13, 2010

1. Practice Trends

The Chart below compares the aggregate scores from this review with those for reviews conducted in the fourth quarter of fiscal year 2009/2010.



A. Assessment

A thorough assessment is the foundation of effective practice with children and families. A family centered assessment focuses on the entire family and encourages the family’s participation in identifying their strengths and needs.

Strengths: The first quarter review documented excellence (100%) in some of the standards related to assessment. Full compliance was noted in ensuring children who remain in the home are free from re-abuse and re-neglect. Full compliance was also noted in ensuring children who are in out-of-home care remain free from re-abuse and re-neglect. Additionally, full compliance was noted in completing exit interviews when a child moves from one licensed placement to another.

Opportunities: Additional focus is needed on ensuring initial (0%) and updated (25%) family assessments are thorough and timely completed. Additionally, improvement is needed on ensuring a thorough safety assessment of the home is completed prior to reunification or placement of a child in an unlicensed out-of-home care setting (67%). The case file reviews revealed two of the eight cases required an initial assessment, and one case did not have a completed assessment, and the other was completed, but not approved within 15 days of being submitted. Regarding updated assessments, two were timely completed and approved, two were completed but not approved by the supervisor within 15 days, and four were not completed as required.

Prior to a child's initial or subsequent placement in a licensed or unlicensed setting, the case record should document a multi-disciplinary staffing or assessment, with the goal of preventing the placement or placement change when appropriate, or ensuring the best match between the child's needs and caregiver's capacity to provide for the child. The first quarter review documented 33% rate of compliance with this standard. The case manager is required to conduct an ongoing assessment of the child's (63%), mother's (57%), father's (60%), and out-of-home caregiver's (25%) needs for case planning purposes through a formal or informal process to identify the services needed to achieve case plan goals. Continued efforts are needed to ensure these assessments are addressed and documented for all participants. For children age 12 and older, living in a licensed placement for six months or longer, with more than one placement, and suffering from serious behavioral problems, the case manager is required to assess whether the child's needs could be better met in a residential group care setting. One youth in the sample met all of the criteria, but no formal or informal assessment for residential group care was found. Concerted efforts are also required to assess the educational needs of pre-school or school age children in out-of-home care, and in-home when education is relevant to the reason for the agency's involvement.

B. Family Engagement

Family engagement is critical to achieving a successful outcome with the children and families served, and must involve the family's participation in the assessment, identification of strengths and needs, and input and or decision-making regarding services.

Strengths: The first quarter review documented excellence (100%) in making concerted efforts to ensure visitation or other forms of contact between the child and parents was sufficient to maintain or promote the continuity of the relationship between them.

Opportunities: The areas in need of improvement include documenting parents are notified (0%) in advance of all planned placement changes, and within 72 hours of an unplanned placement change. Additional focus is also needed to ensure visitation or other forms of contact occur between the siblings in out-of-home care (0%). Face-to-face contact should be maintained weekly unless it is not feasible, and at a minimum of every 30 days. Concerted efforts are also needed to ensure the child's important connections to his or her neighborhood, community, faith, significant others, extended family, and friends. The majority of cases failed to document concerted efforts to encourage and support the mother (20%) and father (0%) to participate in decision-making about school activities and case conferences, medical appointments, mental health and substance abuse providers, and after school sports activities. Additional efforts is also needed to encourage and support the mother's (50%) and father's (75%) engagement with services, and document the active involvement of all case participants in the case planning process (38%).

C. Service Planning and Provision

Service planning and provision must involve the family's participation and include frequent updates based on the case manager's and the family's assessment of the progress made. Case plans should be thoughtful and focused on outcomes, and practical in assisting the families with meeting the practical needs of the family members.

Strengths: The first quarter documented a number of areas of excellence (100%), including documenting concerted efforts to provide or arrange for appropriate services for the family to protect the child and prevent the child's entry into out-of-home care. Service referrals were also completed consistent with the needs identified through the completed Child Protective Investigations and Case Management assessments. The court was consistently informed of the child's placements, and the reasons for any changes in placement. For youth 15 but not yet 18 years of age the agency appropriately monitored through staffings the youth's progress toward successfully transitioning from foster care to independence.

Opportunities: Performance improvement is needed in addressing all immediate and emerging safety concerns (75%) to protect the child. Additional efforts are also needed to identify, locate and evaluate other potential relative placements for each child not residing in a permanent placement and under supervision. The case manager is required to document ongoing efforts to explore the maternal and paternal relatives until reunification, adoption, or permanent placement with a relative or non-relative is achieved and supervision services are terminated (0%) or the search was completed for all possible relatives. When placement changes occurred, the record did not consistently reflect the change was planned in an effort to achieve the child's case goals or meet the child's needs (0%). All teen-aged children in licensed care are to be provided opportunities to participate in normal life skills activities in the foster home and in the community, but the records failed to consistently document this was occurring (0%). The frequency (13%) and quality (13%) of the case manager's contacts needs improvement. The reviewer evaluates whether every 30 day contacts occurred with the mother, father, child, and caregiver, whether the child was seen

separate and away from the caregiver, and whether the case manager focused on the relevant issues related to the child's safety, permanency and well-being. Several cases documented the same entry for several months, with no individualized information noted. Additional focus is also needed in identifying educational needs and engaging necessary services (0%), and ensuring the services provided reduced or resolved the concerns (0%). Additionally, concerted efforts are needed to provide appropriate physical (25%) and mental and behavioral health (33%) services.

D. Promoting Case Progress

Promoting case progress is achieved through a number of avenues. Case plans must be current, appropriately focused on the presenting concerns, and identify appropriate tasks and accessible services. The case record must document ongoing two-way communication between the case manager and the service providers to ensure all are aware of the concerns and progress made. When removal is necessary, it is critical for the child to be in a stable and appropriate placement in close proximity to the parents. When termination of parental rights is necessary, the case record must document appropriate steps were taken to timely achieve permanency for the child.

Strengths: The first quarter documented excellence (100%) in ensuring the case plan addressed visitation and other contact plans with case participants; the child's current placement was in close proximity to the parents to facilitate face-to-face contact between the child and parents; taking appropriate steps to process and approve and adoptive family that matched the child's needs; and guidance and assistance in developing an education and career path are provided to youth ages 13 and older, and the path is based on the youth's individual abilities and interests.

Opportunities: Additional effort is needed in ensuring the child's placement is stable and appropriate (67%); and no more than two out-of-home care placement settings occur during the review period (83%). Equally important is ensuring each case record contains a current (not expired) case plan (75%), and the tasks are appropriately designed to timely achieve permanency (71%). The case manager must document ongoing two-way communication with the service providers (67%). The provider contacts should be purposeful and directed toward achieving the case plan goal, and include sharing information from both the case manager's and service provider's perspective. The review documented three of the five applicable cases (60%) ensured siblings in out of home care were placed together. The two cases documenting separation of siblings, the separation was not to meet the child's needs (0%). An Indian Child Welfare Act (ICWA) inquiry regarding the family's Native American or Alaskan Native heritage is required for all judicial cases (50%). For cases in which an out-of-state placement was explored, a complete Interstate Compact for the Placement of Children (ICPC) packet is required and timely submitted within five work days (0%). For children in out-of-home care for at least 12 of the most recent 22 months a TPR petition is to be filed or joined (50%) or a compelling reason for not filing the petition is to be documented in the court order (0%). Judicial reviews are to be held every six months at a minimum (43%), and provide detailed information to update the court. For children with a goal of Another Planned Permanent Living Arrangement (APPLA) concerted efforts are required to ensure the youth is adequately

prepared to transition into independent living and living in a permanent arrangement until the age of majority is reached (66%).

E. Quality of Supervisory Reviews, Direction and Follow-up

Supervision is critical to ensuring timely and appropriate assessments, engaging families, ensuring effective service planning and appropriate service provision, and monitoring case plan progress.

Strengths: No areas of excellence (100%) were identified in the areas of supervisory reviews, direction and follow-up.

Opportunities: The first quarter review documented a number of concerns regarding supervisory reviews. Supervisory reviews were documented quarterly in three of the eight cases (38%). The reviews did not consistently consider all aspects of the child's safety, permanency, and well-being (75%). In one case the supervisor focused only on permanency, and in another the supervisor failed to consider the special medical needs of child, and even noted there were no medical needs. In two cases the supervisor directed the case manager to update the case plans, but both plans remained expired, and in a third case a supervisor directed the case manager to complete an assessment, but no assessment was documented.

2. In-Depth Review Findings

A. Findings from Case-Specific Interviews

In the first case, the focus child was 11 years of age and removed from her father in Jacksonville due to substance abuse concerns, and placed with her mother in Orlando. The child visits with her father on the weekends. The goal of the case was Maintain and Strengthen with the mother. The case was closed on June 4, 2010, and the parents were referred to the Family Law Court to address the ongoing issues regarding visitation.

The focus child was happy to be living with her mother and expressed no concerns. She talked about her pets, and wanting to be a Veterinarian when she grows up. She advised she visits her father every two weeks. She reported she attended one court hearing and talked to the Judge and the GAL about where she wanted to live. The case manager reportedly visited with her each month, and sometimes talked with her alone, and sometimes in her mother's presence.

The mother reluctantly participated in the interview, and explained she just wanted to move forward and not dwell on the past. She reported, "Everyone was wonderful." The father's driver's license was suspended due to multiple DUI convictions, and the mother expressed concern about having to provide transportation from Orlando to Jacksonville for the child's visits with the father and about being responsible for taking the child to a therapist.

The case manager (now a supervisor), said she never saw the child or mother because an Orlando courtesy case manager was assigned to work with them.

The primary case manager reported the father completed the services he was referred to, and then accepted employment out of state and was difficult to contact, but some communication occurred by telephone. A home study was completed with the father before the weekend visits began, but because they occurred on the weekend none were observed. The caseworker advised the family received the services they needed and the mother was ensuring the child's needs were met.

The second child was 17 years of age and will turn 18 on September 22, 2010. The teen was removed from her parents originally at the age of seven and spent time in both relative and licensed foster care. During this time her mother was incarcerated at times, lived with different men, and did not work on her case plan tasks. The father was court ordered to have no contact with the focus child due to allegations of sexual molestation. In 1998, supervision was terminated with a disposition of permanent guardianship to a relative. In May of 2008, the focus child re-entered care, but did not attend school. Her history included multiple runaway episodes and a pregnancy in 2009 that ended in a miscarriage. Her erratic behavior prevented the agency from engaging services. Following her last runaway episode she was placed with her maternal aunt.

The case manager reported she was assigned to the case in May of 2010, and her last day with the agency was the day of the interview. She reported she had not seen the parents. Service needs were identified but not engaged, due to the teen's runaway behavior. During the brief period she was assigned to the case she worked on getting the teen into the Pace School.

The focus child was interviewed, and presented as a moody teen who may have been under the influence of a substance. She declined to talk about why she was in foster care, but advised she sees her mother and father regularly. She advised she meets with her case manager once or twice a month, and sees her siblings when she wants. She said she had attended court hearings, but did not find them helpful. While in care she reported the Independent Living staff provided training on how to maintain a checkbook, and how to cook. She denied being provided an opportunity to have input in her Normalcy Plan or in her Independent Living Plan.

B. System Assessment (if applicable)

A systemic review was not conducted during the first quarter.

3. Request for Action

During the first quarter Side-by-Side Review, four administrative Requests for Action (RFA) were generated.

The first RFA involved siblings who had been in care since November 16, 2008. They resided with a non-relative until the beginning of 2010, and now reside at the Baptist Children's Home in separate cottages. The sibling visits are limited to Mondays and the connection between the two is reportedly diminishing. The mother completed most of her case plan tasks and reunification was moving along until the mother reportedly

picked the children up for a visit and smelled of alcohol. Unsupervised visitation was stopped and a permanency staffing was scheduled to discuss the direction of the case. The RFA requested the child's current dental records be obtained; the mother be seen every 30 days as required, an ICWA inquiry be completed with the mother, an updated family assessment be completed, and the separation of the siblings be reviewed and addressed. All requests were resolved and the RFA was closed.

The second RFA involved a 17 year old habitual runaway who turns 18 on September 22, 2010. While completing the in-depth interview, the youth reported she needed to see a doctor and dentist. Her aunt agreed to take her to both appointments of the relative caregiver funding was expedited. The RFA requested current medical information be obtained regarding the care she received while pregnant and following her miscarriage; an appointment be scheduled with a doctor to address her physical healthcare needs and possible psychotropic medication needs; and to staff with Independent Living for services. All activities were completed and the RFA was closed.

The third RFA involved an 11-month-old child who was diagnosed with a liver disease and had surgery at six months of age. The child was followed by a GI specialist due to a lack of weight gain and on February 11, 2009, was admitted to Wolfson Hospital due to persistent fevers. During his admission, X-rays revealed several healing rib fractures, skull fractures and subdural hematomas. CPT determined the injuries were diagnostic of abuse and not related to the child's liver disease. The file did not contain documentation of any further assessments of the child's condition while in care.

At a February 2, 2010 multi-disciplinary staffing the CPT Medical Director stated in his opinion there were grave concerns for the child due to the developmental risks being heightened because of the child's "exploring and active age," and the parents' not taking responsibility for the child's injuries. The mother has completed her tasks and the father is almost finished with his. In June of 2010, the child began six hours of unsupervised weekly visits with the parents, but the file lacked documentation of any observations of the parents' visits. The RFA requested the case manager provide current information regarding the child's medical needs, update the case plan to accurately reflect the case plan goal adopted by the court, and conduct unannounced visits to the parents' home during the weekend visits. All requested activities were completed and the RFA was closed.

4. Root Cause Analysis

Kids First of Florida is currently involved in the COA accreditation process. The supervisors meet as a team to discuss performance concerns and the possible root causes. The data is used to problem solve, with the most recent example being the manner in which supervisory reviews are conducted and documented.

5.Data Findings by Standards

	KFF 1st Quarter FY 2010-2011	4 th Quarter FY 2009-2010	1 st Quarter FY 2010-2011
I	Assessment. How well is the agency doing in conducting critical assessment activities?		
1	No child living in the home was abused or neglected. (applicable to in-home cases)	100%	100%
2	The focus child was not re-abused or re-neglected. (applicable to out-of-home cases)	71%	86%
5	A thorough <u>initial family assessment</u> was conducted following the investigative safety assessment that sufficiently addressed child safety factors and emerging risks. (applicable to all cases)	0%	0%
7	The <u>updated family assessment</u> was focused on the immediate and prospective safety of the child, as well as any changes and implications in the family's situation related to emerging concerns and service needs. (applicable to all cases)	13%	13%
9	A thorough safety assessment of the home was completed prior to reunification or placement of the child in an unlicensed out-of-home care setting. (applies to cases involving post placement supervision, and where a child will be placed in an unlicensed [relative/non-relative] setting.)	33%	50%
10	Concerted efforts were made during post-placement supervision to manage the risks following reunification and prevent re-entry into out-of-home care. (applicable to in-home post-reunification cases)	75%	100%
12	A multi-disciplinary staffing/assessment for placement planning was conducted before each placement to ensure the placement or move was unavoidable. (applicable to out-of-home cases)	67%	0%
17	In cases involving a child in a licensed placement setting, an exit interview was conducted with the child when moved from one placement to another, and appropriate action was taken if the exit interview documented a concern. (applicable to licensed out-of-home cases)	N/A	100%

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44	If the case involves a youth who has reached 13 but not yet 15 years of age and he/she is living in a licensed, out-of-home placement, a Pre-Independent Living Assessment was completed that identified service needs and services were provided. <i>(applicable to licensed out-of-home cases)</i>	N/A	100%
48	An ongoing assessment of the child(ren)'s needs was conducted to provide updated information for case planning purposes. <i>(applicable to all cases)</i>	88%	100%
49	An assessment for residential group care was completed when required. <i>(applicable to out-of-home cases)</i>	N/A	100%
50	An ongoing assessment of the mother's needs was conducted to provide updated information for case planning purposes. <i>(applicable to all cases)</i>	63%	50%
52	An ongoing assessment of the father's needs was conducted to provide updated information for case planning purposes. <i>(applicable to all cases)</i>	25%	17%
54	An ongoing assessment of the out-of-home care providers or pre-adoptive parent's service needs was conducted in order to ensure appropriate care for the child. <i>(applicable to out-of-home cases)</i>	50%	83%
58	Concerted efforts were made to assess the child's educational needs during out-of-home placement. <i>(applicable to out-of-home cases and in-home cases if relevant)</i>	71%	86%
61	Concerted efforts were made to assess the child's physical health care needs. <i>(applicable to out-of-home cases and in-home cases if relevant to why the child and family are involved with the dependency system)</i>	57%	50%
63	Concerted efforts were made to assess the child's dental health care needs. <i>(applicable to out-of-home cases and in-home cases if relevant)</i>	0%	25%
65	An assessment(s) of the child's mental/behavioral health needs was conducted. <i>(applicable to out-of-home cases and in-home cases if relevant)</i>	88%	100%
	Total Y	39	43
	Total N	35	30
	Total NA	54	55
	Overall % of Yes for Assessment	53%	59%

II	Family Engagement. Is the agency engaging and supporting families, to include regular contact and involvement in decision-making?		
18	The parents were notified of all the child's placement changes. (applicable to out-of-home cases)	100%	0%
30	Concerted efforts were made to ensure visitation (or other contact) between the child and parents was sufficient to maintain or promote the continuity of the relationship between them. (applicable to out-of-home cases)	50%	67%
31	Concerted efforts were made to ensure visitation (or other forms of contact if visitation was not possible) between the child and his or her siblings and it was of sufficient frequency to maintain or promote the continuity of the relationship. (applicable to out-of-home cases)	N/A	100%
32	Concerted efforts were made to maintain the child's important connections. (applicable to out-of-home cases)	50%	71%
36	The mother was encouraged and supported to participate in making decisions about her child's needs and activities. (applicable to out-of-home cases)	50%	25%
37	The father was encouraged and supported to participate in making decisions about his child's needs and activities. (applicable to out-of-home cases)	0%	0%
51	Concerted efforts were made to support the mother's engagement with services. (applicable to all cases)	50%	33%
53	Concerted efforts were made to support the father's engagement with services. (applicable to all cases)	0%	50%
55	Concerted efforts were made to actively involve all case participants in the case planning process. (applicable to all cases)	38%	75%
67	Express and informed consent or court authorization was obtained for the use of each psychotropic medication deemed necessary by a physician to address the child's mental/behavioral health needs. (applicable to out-of-home cases)	0%	100%
	Total Y	15	22
	Total N	22	18
	Total NA	43	40
	Overall % of Yes for Family Engagement	41%	55%

III	Service Planning and Provision.		
	Does the agency provide services to children and families to promote positive outcomes and improve child-well-being?		
3	If a child was re-abused or re-neglected, immediate and ameliorative interventions were initiated on behalf of the child. <i>(applicable to all cases)</i>	100%	100%
4	Concerted efforts were made to provide or arrange for appropriate services for the family to protect the child and prevent the child's entry into out-of-home care. <i>(applicable to in-home cases)</i>	N/A	100%
6	Completed service referrals were consistent with the needs identified through investigative assessment(s), and other assessments related to safety. <i>(applicable to all cases)</i>	57%	100%
8	All immediate and emerging safety concerns were addressed and additional needed interventions were provided to protect the child. <i>(applicable to all cases)</i>	50%	100%
14	Concerted efforts were made to identify, locate and evaluate other potential relatives and other possible permanent placements for the child. <i>(applicable to out-of-home cases)</i>	0%	0%
16	If No was entered for #15, all placement changes were planned in an effort to achieve the child's case goals or to meet the needs of the child. <i>(applicable to out-of-home cases)</i>	N/A	0%
19	The court was informed of the child's placements and reasons for changes in placement. <i>(applicable to out-of-home cases)</i>	100%	100%
46	The teen-aged focus child is afforded opportunities to participate in normal life skills activities in the foster home and community that are reasonable and appropriate for his/her respective age or special needs. <i>(applicable to licensed out-of-home cases)</i>	N/A	100%
47	For youth 15 years of age but not yet 18, the agency appropriately monitored the youth's progress toward successfully transitioning from foster care to independence through regular informative staffings.	N/A	100%
56	The <u>frequency</u> of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child. <i>(applicable to all cases)</i>	13%	38%
57	The <u>quality</u> of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being. <i>(applicable to all cases)</i>	25%	38%

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59	If educational needs were identified, necessary educational services were engaged. <i>(applicable to out-of-home cases and in-home cases if relevant)</i>	50%	50%
60	Services effectively reduced or resolved the issues that interfered with the child's education. <i>(applicable to out-of-home cases and in-home cases if relevant)</i>	67%	100%
62	Concerted efforts were made to provide appropriate services to address the child's identified physical health needs. <i>(applicable to out-of-home cases and in-home cases if relevant to the reason the agency is involved)</i>	40%	N/A
64	Appropriate services were provided to address the child's identified dental health needs. <i>(applicable to out-of-home cases and in-home cases if relevant)</i>	100%	33%
66	Appropriate services were provided to address the child's mental/behavioral health needs. <i>(applicable to out-of-home cases and in-home cases if relevant)</i>	33%	80%
	Total Y	23	37
	Total N	30	23
	Total NA	75	68
	Overall % of Yes for Service Planning & Provision	43%	62%
IV	Promoting Case Progress.		
	Does the agency conduct activities that facilitate achieving and maintaining permanency for children?		
11	The child remained <u>safe</u> in his/her home after being discharged from out-of-home care and did not re-enter out-of-home care at least 12 months following discharge. <i>(applicable to out-of-home cases - life of case)</i>	N/A	N/A
13	The child's current placement is stable and appropriate to meet the child's needs with no apparent or significant risks or projections of disruption. <i>(applicable to out-of-home cases)</i>	100%	100%
15	The child experienced no more than two out-of-home care placement settings during the period under review. <i>(applicable to out-of-home cases)</i>	100%	71%
21	The case record contained a current (not expired) case plan. <i>(applicable to all cases)</i>	25%	88%
22	The current case plan goal was appropriate based on the child's, and family's circumstances. <i>(applicable to all cases)</i>	100%	71%
23	The case plan specifically addressed visitation and other contact plans with all case participants. <i>(applicable to out-of-home cases)</i>	100%	80%

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24	The case plan is designed to achieve permanency (<i>out-of-home cases</i>) and safety and stability (<i>in-home cases</i>) through appropriate tasks for the case participants.	100%	100%
25	The services worker communicated with service providers about the effectiveness of services for involved case participants. (<i>applicable to all cases</i>)	43%	57%
26	The child's current placement was in close proximity to the parents to facilitate face-to-face contact between the child and parents while the child was in out-of-home care. (<i>applicable to out-of-home cases</i>)	100%	100%
27	If No was entered for #26, the location of the child's current placement was based on the child's needs and achieving the case plan goal. (<i>applicable to out-of-home cases</i>)	N/A	N/A
28	The child was placed with siblings who were also in licensed and/or non-licensed out-of-home care. (<i>applicable to out-of-home cases</i>)	100%	33%
29	If No was entered for #28, there was clear evidence separation was necessary to meet the child's needs. (<i>applicable to out-of-home cases</i>)	N/A	100%
33	An inquiry was made to determine if the child was of Native American or Alaskan Native heritage. (<i>applicable to out-of-home care and court ordered supervision cases - life of case</i>)	63%	63%
34	If the child is of Native American or Alaskan Native heritage, the tribe was provided timely notification of its right to intervene in any state court proceedings seeking court ordered supervision, an involuntary out-of-home care placement or termination of parental rights. (<i>applicable to out-of-home and court ordered supervision cases - life of case</i>)	0%	N/A
35	Concerted efforts were made to place the child in out-of-home care in accordance with the Indian Child Welfare Act placement preferences if the child was of Native American or Alaskan Native heritage. (<i>applicable to out-of-home and court ordered supervision cases - life of case</i>)	N/A	N/A
38	For cases in which an out-of-state placement was or is being explored for the focus child, a complete Interstate Compact for the Placement of Children (ICPC) packet requesting a home study was submitted within the required timeframe. (<i>applicable to out-of-home cases</i>)	N/A	0%
39	The information provided in the ICPC packet regarding the focus child was sufficient to enable the receiving state to make an appropriate decision concerning approval of the proposed placement for the focus child. (<i>applicable to out-of-home cases</i>)	N/A	0%

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40	If the child was in out-of-home care for at least 12 of the most recent 22 months or met other Adoption and Safe Families Act (ASFA) criteria for terminating parents' rights, a TPR petition was filed or joined. <i>(applicable to out-of-home cases - life of case)</i>	N/A	40%
41	If a Termination of Parental Rights petition was not filed, there were compelling reasons and an exception for not filing the petition was documented. <i>(applicable to out-of-home cases)</i>	N/A	0%
42	Appropriate steps were taken to identify and recruit an adoptive family that matched the child's needs. <i>(applicable to out-of-home cases)</i>	N/A	0%
43	Appropriate steps were taken to process and approve an adoptive family that matched the child's needs. <i>(applicable to out-of-home cases when TPR has occurred)</i>	67%	0%
45	If the child is 13 years of age or older and in licensed foster care, the case management agency provided guidance and assistance in developing an educational and career path that is based on the child's individual abilities and interests. <i>(applicable to licensed out-of-home cases)</i>	N/A	100%
68	All data fields in the Florida Safe Families Network related to psychotropic medications appropriately and accurately documented the child's prescribed medications <i>(applies to out-of-home cases)</i> .	0%	50%
69	Judicial Reviews were held in a timely manner <u>and</u> Judicial Review Social Study Reports (JRSSR's) provided a thorough investigation and social study concerning all pertinent details relating to the child.	16%	50%
71	For children with the goal of "Another Planned Permanent Living Arrangement (APPLA)," the agency made concerted efforts to provide the needed services that would adequately prepare the child for transition to adulthood. <i>(applicable to APPLA cases)</i>	N/A	25%
	Total Y	64	63
	Total N	52	29
	Total NA	253	100
	Overall % of Yes for Promoting Case Progress	55%	68%

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V	Quality of Supervisory Reviews, Direction and Follow-up		
20	Qualitative supervisory reviews and follow through were conducted as needed and required. (applicable to all cases)	13%	50%
20 .1	Reviews were completed every 90 days;	25%	63%
20 .2	Supervisor considered all aspects of the child's safety, well-being and permanency; and,	75%	63%
20 .3	Supervisor ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary.	38%	88%
	Total Y	1	4
	Total N	7	4
	Total NA	0	0
	Overall % of Yes for Quality of Supervisory Reviews	13%	50%
VI	Other Issues/Trends: None.		
	TOTAL YES	112	80
	TOTAL NO	131	107
	TOTAL NA	310	263
	TOTAL % YES	46%	63%

Signed by:

Carolyn Burch

Regional QA Specialist

Lui Pelter

NE Region Quality Manager

Susan M Bell

NE Region Program Administrator

09/20/2010
Date

09/20/2010
Date

09/20/2010
Date