Annual Summary of Case Management Practice Trends

The contents of this report contain the results of the Kids First of Florida (KFF) Quality of Practice Standards (QPS), QPS Supplemental, and Quality Services Reviews, as well as, the Community-Based Care (CBC) Lead Agency Monthly Scorecards performance.

Quality of Practice Standards Review

This Quality of Practice Standards Review (QPS) process is a case file review and does not include interviews with participants or community stakeholders. The standards in this review protocol are linked to desired outcomes for Child Safety, Permanency and Well-Being, and provide useable discrete data in those specific domains to continually inform local operations, management and leadership. These standards also map back to federal review guidelines.

Figure 1 compares the overall percentages achieved by area of practice between fiscal years (FY) 2009/2010, 2010/2011 and 2012/2013. FY 2012/2013 showed an improvement in performance in most practice areas from the prior FY that was reviewed (2010/2011), including Assessment, Service Planning, and Promoting Case Plan Progress. There was improvement in all areas between FY2009/2010 and FY 2012/2013.

![Chart showing practice trends comparison QA base reviews fiscal years 2009/2010, 2010/2011 and 2012/2013](image-url)
1. 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:** QPS Reviews documented excellence (100%) in the last 3 quarters of FY 2012/2013 in the following area: Concerted efforts were made during post-placement supervision to manage the risks following reunification and prevent re-entry into out-of-home care.

**Opportunities:** QPS Reviews documented less than 50% ratings in the following areas: all of the people who provide support and services for this child and family were identified and collaborated in problem solving to form an effective working team (43%), an ongoing assessment of the mother’s needs was conducted to provide updated information for case planning purposes (46%), and an ongoing assessment of the father’s needs was conducted to provide updated information for case planning purposes (26%).

**Strategies Implemented to Improve Results:** KFF implemented the following strategies to improve performance in the above mentioned areas:

1. KFF increased its face-to-face contact with parents, when the goal is reunification.
2. Face-to-face contacts with parents when the goal is reunification were monitored monthly by the QA Department.

**Comparison of Results:** Overall, when comparing results between the prior review period and FY 2012/2013, results show that KFF experienced a 10% increase in performance in the Assessment practice area.

KFF improved performance in all of the areas that were identified as an opportunity for improvement in FY 2010/2011, which includes the following: a quality initial family assessment was completed to identify and analyze the family strengths and resources as well as the contributing factors and underlying conditions that contribute to the child’s safety and risk of maltreatment (42% increase), a quality updated family assessment 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 (12% increase), an ongoing assessment of the mother and father’s needs was conducted to provide updated information for case planning purposes (5% and 6% increase), and an ongoing assessment of the out-of-home care providers, adoptive or pre-adoptive parent’s service needs was conducted in order to ensure appropriate care for the child (40% increase).

2. 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:** FY 2012/2013 QPS Reviews did not document excellence (100%) in any of the areas related to family engagement.

**Opportunities:** FY 2012/2013 QPS Reviews reflects that more focused attention is still needed in the area of family engagement, with an overall rating of 45% (same rating as FY 2010/2011). More specifically, attention is needed in the following areas: the mother and father were encouraged and supported to be an active participant in shaping decisions pertaining to the child's needs and activities (21% and 20%), concerted efforts were made to support the mother and father's engagement with services (42% and 24%), concerted efforts were made to actively involve all case participants in the case planning process (39%), and children prescribed a psychotropic medication are closely monitored by the case manager to ensure his/her safety and well-being (15%). The most opportunities for improvement related to psychotropic medication include the following: the case management organization involved the child and the parents/legal guardian in the decision making process by facilitating contacts with physicians for treatment planning (45%), the case manager provided the prescribing physician all pertinent medical information known to the agency at the time (50%), the case manager documented coordination with other treatments for behavioral and non-psychotropic medical interventions (36%), and the case manager documented routine monitoring of Medication Administration Records to ensure the caregiver was administering the medication correctly and prescriptions were refilled on time (23%).

**Strategies Implemented to Improve Results:** KFF implemented the following strategies to improve performance in the above mentioned areas:

1. Family Services Counselors (FSC's) and Supervisors participated in the Florida's Safety Decision Making Methodology training.
2. KFF developed and implemented a plan to improve its performance in the area of psychotropic medication.
3. Children prescribed psychotropic medication in out-of-home care were reviewed monthly by the QA Department.

**Comparison of Results:** When comparing results between the prior review period and FY 2012/2013, results show that KFF maintained the same overall performance rating in the Engagement practice area.

KFF improved performance in the following areas that were identified as an opportunity for improvement in FY 2010/2011: the parents were notified of all the child's placement changes (44% increase), the mother was encouraged and supported to be an active participant in shaping decisions pertaining to the child's needs and activities (3% increase), the father was encouraged and supported to be an active participant in shaping decisions pertaining to the child's needs and activities (increase of 15%), and concerted efforts were made to support the mother's engagement with services (increase of 1%).

Performance remained unchanged in the following area that was identified as an opportunity for improvement in FY 2010/2011: concerted efforts were made to actively involve all case participants in the case planning process.
Performance decreased 19% in the following area that was identified as an opportunity for improvement in FY 2010/2011: concerted efforts were made to support the father's engagement with services

3. Service Planning and Provision

Service planning and provision must involve the family’s participation and include frequent updates based on the FSC’s and 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 family members.

Strengths: In FY 2012/2013, QPS Reviews documented excellence (100%) in the following area: the court was informed of the child's placements and reasons for changes in placement. QPS Reviews also documented excellence (100%) in the last 3 quarters of FY 2012/2013 in the following area: sufficient supports were provided to facilitate quality visitation (or other contact) between the child and family members.

Opportunities: QPS Reviews documented less than 50% ratings in the following areas: the frequency of the services worker's visits with all case participants was based on the assessed level of risk in the safety plan and is sufficient to address issues pertaining to the safety, permanency, and well-being of the child (27%) and the quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being (30%).

Strategies Implemented to Improve Results: KFF implemented the following strategies to improve performance in the above mentioned areas:

1. Supervisors began to more closely monitor visits to ensure FSC’s were meeting with case participants at the frequency required, based on the assessed level of risk in the safety plan and to ensure FSC’s are meeting with the child alone at least once every 3 months.
2. Face-to-face contacts with parents, when the goal is reunification were monitored monthly by the QA Department.

Comparison of Results: Overall, when comparing results between the prior review period and FY 2012/2013, results show that KFF experienced a 5% increase in performance in the Assessment practice area.

KFF improved performance in the following areas that were identified as an opportunity for improvement in FY 2010/2011: concerted efforts were made to identify, locate and evaluate relatives or other potential caregivers to provide possible permanent placement for the child if the child cannot be reunified (42% increase) and the frequency of the services worker's visits with all case participants was based on the assessed level of risk in the safety plan and is sufficient to address issues pertaining to the safety, permanency, and well-being of the child (10% increase).
Performance decreased 15% in the following area that was identified as an opportunity for improvement in FY 2010/2011: the quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being

4. 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 involved understand the progress made, and any concerns or barriers to the family’s success. When removal is necessary, it is critical for the child to be in a stable and appropriate placement located 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: FY 2012/2013 QPS Reviews did not document excellence (100%) in any of the areas related to Promoting Case Progress.

Opportunities: QPS Reviews documented less than 50% ratings in the following area: the services worker facilitated service planning and informed team members of progress, concerns, and issues in a timely manner (37%).

Strategies Implemented to Improve Results: KFF implemented the following strategies to improve performance in the above mentioned areas:

1. FSC’s and Supervisors participated in the Florida’s Safety Decision Making Methodology training.

Comparison of Results: Overall, when comparing results between the prior review period and FY 2012/2013, results show that KFF experienced a 7% increase in performance in the Promoting Case Progress practice area.

KFF improved performance in the following areas that were identified as opportunities for improvement in FY 2010/2011: the services worker facilitated service planning and informed team members of progress, concerns, and issues in a timely manner (13% increase) and Judicial Reviews were held in a timely manner and Judicial Review Social Study Report's provided a thorough investigation and social study concerning all pertinent details relating to the child (32% increase).

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

Supervision is critical to ensuring timely and appropriate assessments, engaging families, ensuring effective and appropriate service planning and 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: QPS Reviews documented less than 50% ratings in the following area: supervisors ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary (32%).

Strategies Implemented to Improve Results: KFF implemented the following strategies to improve performance in the above mentioned areas:

1. Supervisory review timeliness was tracked through Mindshare.

Comparison of Results: Overall, when comparing results between the prior review period and FY 2012/2013, results show that KFF experienced a 4% decrease in performance in the Quality of Supervisory Reviews, Direction and Follow-up practice area. This decrease is attributed to the rating related to supervisors ensuring follow through on guidance and direction or documenting the reasons the guidance and direction were no longer necessary

With an increase of 14%, KFF did improve performance in the following area that was identified as an opportunity for improvement in FY 2010/2011: reviews were completed quarterly.

Supplemental QPS Reviews

The following QPS Supplemental Reviews were conducted during FY 2012/2013. Only the applicable QA standards were applied.

- Quarter 1 – Psychotropic Medications (Standards 36.5, 37.5, 46.6, 67, 72.2)
- Quarter 2 – Independent Living (Standards 44, 45, 46, 47, 58,59)
- Quarter 3 – Adoptions (Standards 42, 43)
- Quarter 4 – Psychotropic Medications (Standards 36.5, 37.5, 46.6, 67, 72.2)

Strengths: In FY 2012/2013, QPS Supplemental Reviews documented excellence (100%) in the following areas: if the focus child is under eleven (11) years of age and prescribed two (2) or more psychotropic medications, a pre-consent review is completed by a second party child psychiatrist or a child psychiatrist at the University of Florida via the UF pre-consent review process, the case management agency regularly evaluated the youth's progress in developing independent living skills, ensuring needed services were in place to effectively prepare the youth for the future, the child’s educational needs are assessed on an on-going basis during out-of-home placement, appropriate steps were taken to identify and recruit an adoptive family that matched the child's needs, and appropriate steps were taken to process and approve an adoptive family that matched the child's needs.

Opportunities: QPS Supplemental Reviews documented less than 50% ratings in the following areas: KFF involved the child and the parents/legal guardian in the decision making process by facilitating contacts with physicians for treatment planning (40%), the FSC provided the prescribing physician all pertinent medical information known to the agency at the time (41%), the FSC documented coordination with other treatments for behavioral and non-psychotropic medical interventions (33%), the FSC documented routine monitoring of Medication Administration Records to ensure the caregiver was administering the medication correctly and prescriptions were refilled on time (0%).
Strategies Implemented to Improve Results: During FY 2012/2013, KFF implemented the following strategies to improve performance in the above mentioned areas:

1. KFF developed and implemented a plan to improve its performance in the area of psychotropic medication.
2. Children prescribed psychotropic medication in out-of-home care are reviewed monthly by the QA Department.

Comparison of Results: The results from the QPS Supplemental Review of psychotropic medication were consistent with those found in the QPS Reviews.

Quality Service Reviews

The QSR is a self-evaluation tool that helps KFF assess the effectiveness of their practices and the interventions provided to the families served. It helps KFF learn how families are doing and which service functions are working. Because the QSR’s are directly tied to the core components of individualized practice - engagement, assessment, planning, implementation, and results - each QSR measures the degree to which true individualized and participatory practice is occurring with each individual family being reviewed.

Strengths: During QSR’s, most participants’ spoke positively of the FSC and their working relationship. Reviews also found that children were residing in safe and protective homes while in out-of-home care. In addition, most of the children were having their mental health and educational needs met.

Opportunities: Opportunities for improvement include increasing two-way communication with service providers, engagement of parents, teaming with case participants, increasing the amount of unannounced visits in the children’s home, meeting with the children alone during visits and ensuring relapse prevention plans are in place when there are allegations of substance misuse.

Strategies Implemented to Improve Results:

1. FSC’s and Supervisors participated in the Florida’s Safety Decision Making Methodology training.
2. FSC’s increased their face-to-face contacts with parents, when the goal is reunification.
3. Supervisors more closely monitoring communication with service providers and visits with case participants.

Comparison of Results: Several of the same opportunities for improvement that were identified in FY 2011/2012, were also identified in FY 2012/2013. These opportunities include maintaining ongoing two-way communication with service providers, teaming, and family engagement.

Community Based Care Lead Agency Scorecard

The Community-Based Care (CBC) Lead Agency Monthly Scorecard focuses on some of the most meaningful and important indicators related to Florida’s community-based approach to
child welfare. The Scorecard is intended to drive performance in the right direction by making performance visible and by promoting competition among lead agencies. It is produced monthly for review, discussion, and action by CBC Chief Executive Officers and Department of Children and Families (DCF) management in a manner that seeks to understand differences in measured performance, barriers to improving performance and strategies for improvement.

The Scorecard includes 12 indicators, including two Safety indicators, six Permanency indicators, three Well-Being indicators related to Health and Education, and one Cost indicator.

<table>
<thead>
<tr>
<th>Scorecard Performance Measures</th>
<th>June 2012</th>
<th>June 2013</th>
<th>Statewide Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In-State Children Seen within 30 Days (In-Home &amp; Out-of-Home)</td>
<td>100%</td>
<td>100%</td>
<td>99.5%</td>
</tr>
<tr>
<td>2. No Verified Maltreatment During In-Home Services or within 6 Months of Termination of Services (In-Home &amp; Out-of-Home)</td>
<td>88.9%</td>
<td>95.7%</td>
<td>96.0%</td>
</tr>
<tr>
<td>3. Ratio of Children Receiving Family Preservation Services to Children with Verified Maltreatment</td>
<td>0.71</td>
<td>2.86</td>
<td>2.00</td>
</tr>
<tr>
<td>4. Required Mother &amp; Father Contacts: Child in Out-of-Home Care, Goal Reunification</td>
<td>37.5%</td>
<td>66.2%</td>
<td>50.0%</td>
</tr>
<tr>
<td>5. Children Reunified within 12 Months of Entry</td>
<td>31.1%</td>
<td>39.0%</td>
<td>48.4%</td>
</tr>
<tr>
<td>6. Reunified Children Who Re-entered Care within 12 Months</td>
<td>0.0%</td>
<td>0.0%</td>
<td>9.9%</td>
</tr>
<tr>
<td>7. Ratio of Adoptions in Last 12 Months to Children in Care More than 12 Months</td>
<td>0.494</td>
<td>0.567</td>
<td>0.500</td>
</tr>
<tr>
<td>8. Children in Care 8 Days-12 Months with No More than Two Placements</td>
<td>90.0%</td>
<td>89.0%</td>
<td>86.0%</td>
</tr>
<tr>
<td>9. Medical, Immunization, Dental Services</td>
<td>80.2%</td>
<td>91.4%</td>
<td>90.0%</td>
</tr>
<tr>
<td>10. Children Ages 5-17 Enrolled in School</td>
<td>95.7%</td>
<td>100.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>11. Former Foster Youth Ages 19-22 with Diploma or GED</td>
<td>48.3%</td>
<td>75.7%</td>
<td>40.0%</td>
</tr>
<tr>
<td>12. Administrative Expenditures</td>
<td>6.2%</td>
<td>5.4%</td>
<td></td>
</tr>
</tbody>
</table>

**Strengths:** In June 2013, KFF achieved 100% compliance for in-state children seen within 30 days and children ages 5-17 enrolled in school. In both June 2012 and June 2013, no child who was reunified, re-entered care within 12 months, during the period under review.

**Opportunities:** Scorecard data indicates that attention is needed in the following areas: children reunified within 12 months of entry into out-of-home care (39.0%) and no verified maltreatment within 6 months of termination of services (94.69%).

**Strategies Implemented to Improve Performance:** KFF implemented the following strategies to improve performance in the above mentioned areas:

1. The QA Department tracked KFF’s performance on the CBC Lead Agency Monthly Scorecard monthly.
2. A KFF staff person was assigned to track and enter medical and dental immunizations for children in out-of-home care.
3. Children in care approaching, or for more than 12 months were reviewed to determine steps needed to achieve permanency.
4. Cases in which maltreatment within 6 months of termination of services were reviewed to determine root causes.

**Comparison of Performance:** Comparing June 2012 and June 2013, KFF has increased its performance in all but one of the Statewide Standards.

**Addressing Findings**

While KFF has increased performance in most areas, some areas are still opportunities for improvement and some new opportunities for improvement were identified during FY 2012/2013. The following areas will be the focus of quality improvement activities in FY 2013/2014 and will be included in the KFF Quality and Risk Management Plan for FY 2013/2014:

1. Teaming with all of the people who provide support and services to the child and family.
2. Ongoing assessment of the mother and father’s needs for case planning purposes.
3. Encouraging the mother and father to be an active participant in shaping decisions pertaining to the child’s needs and activities.
4. Supporting and engaging the mother and father in services.
5. Actively involving all case participants in the case planning process.
7. Facilitating service planning and informing team members of progress, concerns, and issues in a timely manner.
8. Ensuring follow through on Supervisory Review guidance and direction or documenting the reasons the guidance and direction are no longer necessary.
9. Increasing two-way communication with service providers.
10. Increasing unannounced visits in the home.
11. Meeting with children alone during visits.
12. Ensuring relapse prevention plans are in place when there are allegations of substance misuse.
13. Increasing the number of children reunified within 12 months of entry into out-of-home care.
14. Decreasing the number of verified maltreatment within 6 months of termination of services.