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, Quality Services, and Preventive Rapid Feedback Reviews, as well as, KFF’s performance on the Community-Based Care (CBC) Lead Agency Monthly Scorecard.

Quality of Practice Standards Review

The 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) 2012/2013 and the 1st half of FY 2013/2014. The 1st half FY 2013/2014 showed a decrease in performance in all practice areas from the prior FY, with only a slight decrease in Promoting Case Progress.

![Figure 1: Practice Trends Comparison](image)

**Figure 1: Practice Trends Comparison**

**QA Base Reviews: Fiscal Year 2012/2013 and the 1st Half of Fiscal Year 2013/2014**
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 following areas of Assessment in the 1st half of FY 2013/2014: 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; If the case involved a youth who has reached 13 but not yet 15 years of age and he/she lived in a licensed, out-of-home placement, A Pre-Independent Living Assessment was completed that identified service needs and services were provided; and An assessment(s) of the child's mental/behavioral health needs was conducted.

Opportunities: QPS Reviews documented less than 50% ratings in the following areas: 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 (20%); All of the people who provide support and services for this child and family were identified and collaborated in problem solving to inform an effective working team (37%); An ongoing assessment of the mother, father out-of-home care provider’s needs was conducted to provide updated information for case planning purposes (15%, 14%, and 46%).

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 and maintain and strengthen are being monitored monthly by the Quality Assurance (QA) Department.
3. Staff were trained and have been practicing the Florida Safety Decision Making Methodology (FSDMM), which has an increased focus on safety planning and risk/safety assessment
4. FSDMM removed the requirement for family assessments and replaced them with the Ongoing Family Functioning Assessment. KFF has fully implemented the methodology.

Comparison of Results: Overall, when comparing results between the prior FY and the 1st half of FY 2013/2014, KFF experienced a 5% decrease in performance in the Assessment practice area.

KFF had a decrease in performance in the following areas that were identified as an opportunity for improvement in FY 2012/2013: All of the people who provide support and services for the child and family were identified and collaborated in problem solving to form an effective working team (6% decrease); An ongoing assessment of the mother and father’s needs was conducted to provide updated information for case planning purposes (31% and 11% decrease); and An ongoing assessment of the father’s needs was conducted to provide updated information for case planning purposes (11% decrease).
2. Family Engagement

Family engagement is critical to achieving a successful outcome for 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:** QPS Reviews documented excellence (100%) in the following area of Family Engagement in the 1st half of FY 2013/2014: The parents were notified of all the child's placement changes.

**Opportunities:** The 1st half of FY 2013/2014 QPS Review results reflect that more focused attention is still needed in the area of Family Engagement. QPS Reviews documented less than 50% ratings 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 (20% and 13%); Concerted efforts were made to support the mother and father’s engagement with services (23% and 15%); Concerted efforts were made to actively involve all case participants in the case planning process (21%); and Children prescribed a psychotropic medication were closely monitored by the case manager to ensure his/her safety and well-being (33%).

**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 FSDMM training. They have fully implemented the methodology as of March 2014.
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 continue to be reviewed monthly by the QA Department.

**Comparison of Results:** When comparing results between FY 2012/2013 and the 1st half of FY 2013/2014, KFF had a 3% decrease in overall performance in the Engagement practice area.

KFF had a decrease in performance in the following areas that were identified as an opportunity for improvement in FY 2012/2013: The mother and father were encouraged and supported to be an active participant in shaping decisions pertaining to the child's needs and activities (1% and 7% decrease); Concerted efforts were made to support the mother and father's engagement with services (19% and 9% decrease); and Concerted efforts were made to actively involve all case participants in the case planning process (18% decrease).

KFF increased its performance in the following area that was identified as an opportunity for improvement in FY 2012-2013: Children prescribed a psychotropic medication were closely monitored by the case manager to ensure his/her safety and well-being (18% increase).

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:** QPS Reviews documented excellence (100%) in the following areas of Service Planning and Provision in the 1st half of FY 2013/2014: If a child was re-abused or re-neglected, immediate and ameliorative interventions were initiated on behalf of the child; The court was informed of the child's placements and reasons for changes in placement; When age and developmentally appropriate, the child was encouraged and supported to be an active participant in shaping decisions pertaining to their life skills, educational, medical and behavioral health needs; For youth in licensed care 15 years of age but not yet 18, 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; and When necessary, services are provided to address the child's identified dental health needs.

**Opportunities:** QPS Reviews documented less than 50% ratings in the following areas: All immediate and emerging safety concerns were addressed and additional needed interventions were provided to protect the child (17%); 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 (3%); 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 (13%).

**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. FSC's are now required to see all children in the home each month unless their Supervisor approves a visit elsewhere. The visits are to be unannounced.
2. Face-to-face contacts with parents, when the goal is reunification, and maintain and strengthen, continue to be monitored monthly by the QA Department.

**Comparison of Results:** Overall, when comparing results between the prior FY and the 1st half of FY 2013/2014, KFF experienced a 6% decrease in performance in the Service Planning and Provision practice area.

Performance decreased in the following areas that were identified as an opportunity for improvement in FY 2012/2013: 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 (24% decrease) 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 (17% decrease).

**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:** QPS Reviews documented excellence (100%) in the following area of Promoting Case Progress in the 1st half of FY 2013/2014: When siblings were separated, there was clear evidence the separation of siblings was necessary to meet the child's needs; If the child was in out-of-home care for at least 12 of the most recent 22 months or met other Adoption Safe Families Acts (ASFA) criteria for terminating parents’ rights, a TPR petition was filed or joined. a Termination of Parental Rights petition was not filed, there were compelling reasons and an exception for not filing the petition was documented; Appropriate steps were taken to process and approve an adoptive family that matched the child's needs; If a child is 13 years of age or older and in licensed foster care, the case management agency provided guidance and assistance in providing an educational and career path that is based on the child's individual abilities and interests; and For children with the goal of Another Planned Permanent Living Arrangement, the agency made concerted efforts to ensure the child is adequately prepared to transition into independent living and is living in a permanent arrangement until he/she reaches the age of majority.

**Opportunities:** QPS Reviews documented less than 50% ratings in the following area in the 1st half of FY 2013/2014: The services worker facilitated service planning and informed team members of progress, concerns, and issues in a timely manner (17%).

**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 FSDMM training. The FSC’s and Supervisors have been practicing the methodology since March 2014.
2. Added case consultations with management and Children’s Legal Services (CLS) at the 5 month juncture to ensure the case is progressing appropriately.

**Comparison of Results:** Overall, when comparing results between FY 2012/2013 and the 1st half of FY 2013/2014, KFF experienced a 1% decrease in performance in the Promoting Case Progress practice area.

KFF’s performance decreased in the following area that was identified as opportunities for improvement in FY 2012/2013: The services worker facilitated service planning and informed team members of progress, concerns, and issues in a timely manner (20% decrease).

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 area of Quality Supervisory Reviews, Direction and Follow-up in the 1st half of FY 2013/2014.

**Opportunities:** QPS Reviews documented less than 50% ratings in all of the areas of Quality Supervisory Reviews, Direction and Follow-up in the 1st half of FY 2013/2014 which include the following: Reviews were completed quarterly (17%); The supervisor considered all aspects of the child's safety, well-being and permanency (30%); and The supervisor ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary (14%).

**Strategies Implemented to Improve Results:** KFF implemented the following strategies to improve performance in the above mentioned areas:
1. Supervisory review timeliness is tracked through Mindshare.
2. FSDMM cases require more frequent Supervisor Consults.
3. Created a follow-up log for Supervisor’s to use after reviews/consults to ensure tasks are completed timely.

**Comparison of Results:** Overall, when comparing results between FY 2012/2013 and the 1st half of FY 2013/2014, KFF experienced a 34% decrease in performance in the Quality of Supervisory Reviews, Direction and Follow-up practice area.

KFF’s performance in the 1st half of FY 2013/2014 decreased in the following area that was identified as an opportunity for improvement in FY 2012/2013: Supervisors ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary (18% decrease).

**Supplemental QPS Reviews**

The following QPS Supplemental Review was conducted during the 1st half of FY 2013/2014. Only the applicable QA standards were applied.

- Psychotropic Medications (Standards 36.5, 37.5, 46.6, 67, 72.2)

**Strengths:** In the 1st half of FY 2013/2014, QPS Psychotropic Medications Supplemental Reviews documented excellence (100%) in the following areas: When a child was prescribed psychotropic medication and it was age and developmentally appropriate, the child was encouraged and supported to be an active participant in shaping decisions pertaining to his/her Psychotropic Medications; and if the focus child was under eleven (11) years of age and prescribed two (2) or more psychotropic medications, a pre-consent review was completed by a second party child psychiatrist or a child psychiatrist at the University of Florida via the UF pre-consent review process.

**Opportunities:** QPS Psychotropic Medication Supplemental Reviews documented less than 50% ratings in the following areas during the 1st half of FY 2013/2014: The mother and father were encouraged and supported to be an active participant in shaping decisions pertaining to the child’s Psychotropic Medications (17% and 0%); Children prescribed a psychotropic medication are closely monitored by the case manager to ensure his/her safety and well-being to include the following: The case management organization involved the child, when age and developmentally appropriate, and the parents/legal guardian in the decision making process by facilitating contacts with physicians for treatment planning (44%); 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 (0%); Case work activities were accurately documented in the Florida Safe Families Network to include the following: Psychotropic Medications (name of medication, purpose, dosages, dates of express and informed consent, name of prescribing physician) and notes concerning treatment and monitoring of the medication are documented in the notes section of the psychotropic medication tab (10%).

**Strategies Implemented to Improve Results:** During FY 2013/2014, 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:** KFF’s performance in the 1st half of FY 2013/2014 increased in the following areas that were identified as an opportunity for improvement in FY 2012/2013: The case management organization involved the child, when age and developmentally appropriate, and the parents/legal guardian in the decision making process by facilitating contacts with physicians for treatment planning (4% increase); The case manager provided the prescribing physician all pertinent medical information known to the agency at the time (29% increase); and The case manager documented coordination with other treatments for behavioral and non-psychotropic medical interventions (47% increase).

There was no change in performance for the following: 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.

**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:** Parenting and therapeutic services are being provided in-home in several of the cases which has improved the stability of the placement.

**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. The FSC’s and Supervisors have been practicing the methodology since March 2014.
2. FSC’s increased their face-to-face contacts with parents, when the goal is reunification and maintain and strengthen.
3. Supervisors more closely monitor communication with service providers and visits with case participants.

**Comparison of Results:** Several of the same opportunities for improvement that were identified in FY 2012/2013, were also identified in the first half of FY 2013/2014. These opportunities include maintaining ongoing two-way communication with service providers, family engagement and ensuring relapse prevention plans are in place when there are allegations of substance misuse.

**Preventive Rapid Feedback Quality Assurance Review**

This Preventive Rapid Feedback Quality Assurance Review process is a case file review that assesses case work practice related to child safety in open in-home case management cases. The process affords an opportunity to target case reviews on the highest risk population of children in the child welfare system. A key component is for QA to provide coaching to case managers and supervisors that improves critical thinking skills related to: identification and
present and impending threats; safety planning and management; information collection and assessment and decision making.

**Strengths:** Most FSC Supervisors were open to the coaching provided by QA staff during case consultations.

**Opportunities:** The Preventive Rapid Feedback Quality Assurance Reviews found similar opportunities for improvement as the QPS and QSR, including maintaining communication with service providers, the quality and frequency of contacts with case participants, and supervisory oversight and follow-up.

**Strategies Implemented to Improve Results:**

1. Completed safety plan training.
2. Completed Quality Assurance review tool training.
3. Completed Domestic violence training.
4. Completed home studies and background checks training.
5. Began tracking Family Team Conference.

**Comparison of Results:** When compared to the 3rd quarter, the 4th quarter showed improvement in all areas of the review (see chart below). There was significant improvement in the area of case planning. The sufficiency of safety planning improved as the FSDMM model was implemented.

| Preventive Rapid Feedback Quality Assurance Review: Comparison of Results |
|---|---|---|
| Question # | Question | % of Improvement Between Q3 and Q4 |
| 1 | Is the case plan individualized for the family’s needs and related to known dangers? | 43% |
| 2 | Safety Planning– Is Safety planning sufficient? | 22% |
| 3 | Monitoring Parental Behavior Change– Is the parents’ behavior change monitored as it relates to danger threats and safety concerns? | 25% |
| 4 | Assessing Emerging Dangers - Is the case manager aware of any emerging dangers and, if so, are they followed up on urgently? | 6% |
| 5 | Quality of Contacts with the Child and Family- Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers? | 22% |
| 6 | Frequency of Contacts with the Child and Family - Is the frequency of contacts with the child and family sufficient to ascertain and respond to known threats and emerging dangers? | 13% |
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 11 indicators, including 3 Safety indicators, 4 Permanency indicators, 3 Well-Being indicators related to Health and Education, and 1 Cost indicator.

<table>
<thead>
<tr>
<th>Scorecard Performance Measures</th>
<th>June 2013</th>
<th>May 2014</th>
<th>Statewide Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Verified Maltreatment within 6 Months of Termination of Family Support Services</td>
<td>92.7%</td>
<td>100.0%</td>
<td>99.5%</td>
</tr>
<tr>
<td>2. No Verified Maltreatment During In-Home Services</td>
<td>96.7%</td>
<td>97.1%</td>
<td>97.0%</td>
</tr>
<tr>
<td>3. No Verified Maltreatment within 6 Months Termination of In-Home &amp; Out-of-Home Services</td>
<td>94.7%</td>
<td>97.7%</td>
<td>95.0%</td>
</tr>
<tr>
<td>4. Children in Care 8 Days-12 Months with No More than Two Placements</td>
<td>89.0%</td>
<td>93.2%</td>
<td>86.0%</td>
</tr>
<tr>
<td>5. Children Achieving Permanency within 12 Months of Entering Care</td>
<td>42.3%</td>
<td>35.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>6. Children Achieving Permanency after 12 or More Months in Care</td>
<td>62.8%</td>
<td>54.7%</td>
<td>55.0%</td>
</tr>
<tr>
<td>7. Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency</td>
<td>100.0%</td>
<td>97.5%</td>
<td>92.0%</td>
</tr>
<tr>
<td>8. Children in Lic. Out of Home Care Age 12 and under in DCF licensed Family Foster Homes</td>
<td>90.6%</td>
<td>100.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>9. Overall Score on Education Report Card</td>
<td>80.8%</td>
<td>82.4%</td>
<td>65.0%</td>
</tr>
<tr>
<td>10. Former Foster Youth Ages 19-22 with Diploma or GED</td>
<td>80.0%</td>
<td>77.8%</td>
<td>65.0%</td>
</tr>
<tr>
<td>11. Administrative Expenditures as Percent of YTD Expenditures (the lower the better)</td>
<td>5.4%</td>
<td>4.0%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
**Strengths:** In May 2014, KFF achieved 100% compliance for No Verified Maltreatment within 6 Months of Termination of Family Support Services and Children in Licensed Out of-Home Care Age 12 and under in DCF licensed Family Foster Homes. KFF met or exceeded the statewide standard in 8 of 11 indicators.

**Opportunities:** Scorecard data indicates that attention is needed in the following area: Children Achieving Permanency within 12 Months of Entering Care (35%).

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

1. Implemented a Permanency Quality Improvement Team to include program staff and Children’s Legal Services.

**Comparison of Performance:** Comparing June 2013 and May 2014, KFF has increased its performance in all standards except Children Achieving Permanency within 12 Months of Entering Care (decreased 7.3%).

**Addressing Findings**

KFF’s performance on the QPS reviews decreased between FY 2012/2013 and the 1st half of FY 2013/2014. KFF increased its performance on all of the Preventive Rapid Feedback Quality Assurance Reviews questions, between the 3rd and 4th quarter, and met the Statewide Standard for 8 of the 11 indicators on the Community Based Care Lead Agency Scorecard. The following areas will be the focus of quality improvement activities in FY 2014/2015 and will be included in the KFF Quality and Risk Management Plan for FY 2014/2015:

1. Involve and engage parents and other case participants in the case planning process and services
2. Assure there is follow-up on directives given during supervisory reviews
3. Increase two-way communication with service providers
4. Increase unannounced visits in the home.
5. Meet with children alone during all monthly visits
6. Safety Plan Training
7. Quality Assurance Tool Training
8. Methods to use when working with domestic violence training
9. Train on completing home studies and background checks
10. Develop a tracking system for Family Team Conferences
11. Maintain a tracking system of required parent visits
12. Improve monitoring of children in out-of-home care who are prescribed psychotropic medication
13. Convene permanency quality improvement team meetings