Annual Report of Case Management Practice Trends

The contents of this report contain the findings and a comparison of results from the Rapid Safety and Targeted Permanency and Well-being reviews completed by Kids First of Florida (KFF) during fiscal year (FY) 2014-2015. In addition, Community Based Care Lead Agency Scorecard and contract compliance information is included in this report. For comparison, Child and Family Service Review (CFSR) results are included.

1. Safety

The Rapid Safety Feedback review process is a case file review that assesses case work practice related to child safety for in-home services cases involving children ages 0-4. The process affords an opportunity to target case reviews on the highest risk population of children in the child welfare system. In FY 2014-2015, 33 cases were reviewed utilizing the Rapid Safety Feedback review tool.

**Strengths:** Concerted efforts, to provide services to families to prevent children's entry into out-of-home care or re-entry after reunification, were found in most of the cases reviewed (97%).

**Opportunities:** Opportunities for improvement include improving performance in the areas of conducting initial and on-going assessments that assess risk and safety concerns related to the children in the home (34%), developing and updating safety plans with the family (50%), continual monitoring of the safety plans as needed, including monitoring family engagement in safety-related services (47%) and ensuring background checks and home studies/assessments are sufficient and responded to appropriately (41%).

**Strategies Implemented to Improve Results:** A training addressing adequate home studies and background checks was completed on June 13, 2014. Training on Safety planning was completed on June 25, 2014.

**Comparison of Results:** Performance on the Rapid Safety Feedback tool in the area of ensuring background checks and home studies/assessments are sufficient and responded to appropriately increased 9% in FY 2014-2015 when compared to the second half of FY 2013-2014. Performance in the other areas identified in the opportunities for improvement could not be compared to the Preventive Rapid Feedback results from the second half of FY 2013-2014 because the tool was modified.

Generally, opportunities of improvement have been observed in the last several years in the area of ongoing assessment of risk and safety concerns. Since the implementation
of the Florida Safety Decision Making Methodology, the Rapid Safety Feedback reviews have shown that safety plans are not always adequate and are not being updated when circumstances change. It is also not clearly documented in the case file that safety plans are being adequately monitored.

CFSR’s that were completed during the FY also showed risk assessment and safety management as an area needing improvement. Services to families to protect children in the home, and to prevent removal or re-entry into foster care, was also identified as areas needing improvement on the CFSR. This is not consistent with the Rapid Safety Feedback review. This difference is thought to be caused by how the standard is rated on the Rapid Safety Feedback review tool vs. the CFSR tool.

2. Permanency

The Targeted Permanency Feedback review process is a case file review that assesses case work practice related to permanency for children ages 13-17 who are in out-of-home care. In FY 2014-2015, 10 cases were reviewed utilizing the Targeted Permanency Feedback review tool.

**Strengths:** Excellence was found in the following areas: concerted efforts were made to ensure that siblings in out-of-home care were placed together unless a separation was necessary to meet the need of one of the siblings (100%) and concerted efforts to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends were made (100%). Establishing an appropriate permanency goal in a timely manner (90%) and making concerted efforts to place a child with a relative, when appropriate (90%), was achieved in most cases.

**Opportunities:** Opportunities for improvement (areas with a less than 80% rating) include the following: making concerted efforts to achieve reunification, guardianship, adoption, or other permanent planned living arrangement (70%); assessing the needs of children, parents, and foster parents, identifying the services necessary to achieve case goals, adequately addressing the issues relevant to the agency's involvement with the family, and providing the appropriate services (60%); and involving parents and children (if developmentally appropriate) in the case planning process on an ongoing basis (70%).

**Strategies Implemented to Improve Results:** Supervisor meetings have been utilized to serve as on-going quality improvement meetings to discuss permanency. A list is pulled for the meetings and the children in care less than 12 months, and those 12 - 24 months are reviewed. This standard is tracked on the Scorecard.

**Comparison of Results:** Involving parents and children (if developmentally appropriate) in the case planning process on an ongoing basis was found to be an opportunity for improvement last FY. Between last FY and FY 2014-2015, performance in that area increased 49%. Last year’s Quality of Practice Standards Reviews, found that ongoing assessment of the mother, father and out-of-home care provider’s needs
was an area needing improvement. The ratings were 15%, 14%, and 46% respectively. This year the ratings were combined for an overall rating of 60%, which is a significant increase.

Consistent with the Targeted Permanency Feedback review, placing siblings together was identified as an area of excellence on the CFSR reviews this FY. However, the Community Based Care Lead Agency Scorecard (see #8 below) showed that KFF did not meet the standard for the percent of siblings where all siblings are placed together. Preserving connections and relative placement were identified as strengths. Also similar to the Targeted Permanency Feedback reviews, achieving reunification, guardianship, adoption, or other planned living arrangement; child and family involvement in case planning; caseworker visits with parents and children; and needs and services of child, parents, and foster parents, were identified as areas needing improvement.

3. Wellbeing

The Targeted Well-being Feedback review process is a case file review that assesses case work practice related to well-being for children ages 5-12 who are in out-of-home care. In FY 2014-2015, 15 cases were reviewed utilizing the Targeted Well-being review tool.

**Strengths:** Ensuring children receive preventive medical care while in out-of-home care has consistently been as a strength.

**Opportunities:** Opportunities for improvement (areas with a less than 80% rating) include making concerted efforts to assess and address children's educational (73%) and mental/behavioral health (73%) needs.

**Strategies Implemented to Improve Results:** A report is distributed weekly that identifies which children are in need of preventive medical and dental exams.

**Comparison of Results:** Comparison between the 1st and 4th quarter Targeted Well-being reviews showed a decrease in performance in the following areas: making concerted efforts to assess and address children's educational (-40%); physical needs, including medical and dental (-30%) and mental/behavioral health needs (-10%). The Community-Based Care Lead Agency Scorecard for the third quarter of this FY year recorded that 98.3% of children in out-of-home care received medical services within the last 12 months and 97% received dental services in the last 7 months but the Scorecard does not differentiate between preventive care and care provided for a medical or dental need.

CFSR’s completed during the FY show that assessing/addressing the educational needs of children is an area needing improvement, which is consistent with the Targeted Well-being Feedback review results. Meeting the physical and mental/behavioral health of the child was identified as an area of excellence during the CFSR’s which is not consistent with the results of the Targeted Well-being Feedback review.
review. It is thought that this inconsistency is due to the children who were reviewed during the CFSR’s not having ongoing mental/behavioral health needs and therefore only needing preventive medical care.

4. Supervisory Consultations

All 58 Rapid Safety and Targeted Permanency and Well-being reviews included this question: Is there evidence the case management supervisor is regularly consulting with the case manager, recommending actions when concerns are identified, and ensuring recommended actions followed up on urgently?

**Strengths:** Cases involving children ages 5-17 had a higher percentage of cases that documented the Family Services Counselor Supervisor regularly consulted with the Family Services Counselor, recommending actions when concerns were identified, and ensured recommended actions were followed up on urgently (80%).

**Opportunities:** Just over half of the cases reviewed found that there was evidence the Family Services Counselor Supervisor regularly consulted with the Family Services Counselor, recommending actions when concerns were identified, and ensured recommended actions were followed up on urgently (58%). Children ages 1-4 had the lowest percentage of cases meeting this standard (41%).

**Strategies Implemented to Improve Results:** Family Services Counselor Supervisors and the Program Director receive daily updates on the supervisory reviews that are due. The Program Director meets with the Family Services Counselor Supervisors and develops a plan to catch up on any reviews that are not done timely. KFF makes an effort to keep the ratio of Family Services Counselors per supervisor at no more than 5 to 1, to assure the number of required supervisory reviews is manageable. Family Services Counselor Supervisors are making a copy of their Supervisory Reviews and using them as a log of the follow-up needed.

**Comparison of Results:** When compared to the first quarter of FY 2014-2015, the performance on this question decreased in the fourth quarter by 7%.

5. Safe Case Closure

All 58 Rapid Safety and Targeted Permanency and Well-being reviews included this question: Does the case plan for safe case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent services process providing a mix of services that fits the child and family’s evolving situation?

**Strengths:** Cases involving children ages 13-17 had the highest percentage of cases meeting this standard (80%).
Opportunities: Overall, this question was an area needing improvement. Children ages 1-4 had the lowest percentage of cases meeting this standard (56%). Children ages 5-17 had a higher percentage of cases meeting this standard (76%).

Strategies Implemented to Improve Results: A tracking system was developed for Family Team Conferences (FTC) on June 30, 2014. The FTC Coordinator maintains a log that documents all the dates that FTC’s have occurred, including the family’s name and the Family Services Counselor assigned to the case. FTC’s are scheduled usually within a week of the Case Transfer Staffing, but no more than 14 days after the staffing, and it is during the FTC that case plan tasks and needed services is discussed.

The Family Services Counselors maintain a tracking system of required family visits. Monthly contacts with parents were added to the supervisory review checklist.

Comparison of Results: When compared to the first quarter of FY 2014-2015, the performance on this question decreased 20% in the fourth quarter.

6. Frequency and Quality of Visits

All 58 Rapid Safety and Targeted Permanency and Well-being reviews included the following questions: is the frequency and quality of visits between caseworkers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals and is the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

Strengths: Excellence (100%) was achieved on the five Rapid Safety reviews completed in the fourth quarter regarding the quality and frequency of the visits between the caseworker and child.

Opportunities: Overall, both questions were rated as area needing improvement for the FY (37% and 18% respectively).

Strategies Implemented to Improve Results: Beginning August 11, 2014 a bi-weekly report for cases with the goal of reunification and maintain and strengthen was sent to the Family Services Counselor Supervisors in order to track parent visits. Family Services Counselors maintained a tracking system of required parent visits. Training on methods to use when working with parents with allegations of domestic violence was completed August 8, 2014. A directive was sent to the Family Services Counselors that visits should be unannounced, conducted in the home and children should be seen alone when interviewed.

Comparison of Results: Performance increased 13% in regards to the quality and frequency of visits between the caseworker and child and 5% between the caseworker and parents.
7. Contract Compliance

In December 2014, the Department of Children and Families (DCF) Contract Oversight Unit (COU) monitored KFF for compliance with contractual requirements.

**Strengths:** The following areas had no findings: adoption disclosure and subsidy, children’s mental health wraparound funds, HIPPA privacy requirements, confidentiality of foster parents, employment eligibility verification, Whistleblower’s Act, incident and abuse reporting, information security, mandatory reporting to IG, confidentiality, background screening, and staffing requirements.

**Opportunities:** The monitoring has findings in the following areas: psychotropic medication, safety plans for sexual abuse victims and sexually reactive children, missing children, case management of client trust funds, post placement visits, parent and separated sibling visitation, relative and non-relative placements, preparing 17 year olds for independent living, exit interviews, foster home relicensing, Interstate Compact for the Placement of Children, identification of children, Title IV-E, TANF and subcontracts.

**Strategies Implemented to Improve Results:** Two areas, psychotropic medication and visitation between parents and children and siblings required a corrective action plan.

**Comparison of Results:** The previous 2 monitoring visits (2012 and 2013) required corrective action plan for psychotropic medication and safety plans.

8. Scorecard

The Community-Based Care Lead Agency Scorecard was developed in conjunction with the 18 community-based care lead agencies across the state. The scorecard evaluates the lead agencies on 12 key measures to determine how well they are meeting the most critical needs of these at-risk children and families.

**Strengths:** KFF met and exceeded the standard in the following areas of the monthly scorecard between July and November 2014: no verified maltreatment within 6 months of termination of in-home and out-of-home services, children in care 8 days-12 months with no more than two placements, children in licensed out-of-home care age 12 and under in DCF licensed family foster home, and Former Foster Youth Ages 19-22 with Diploma or GED.

In the third quarter, the scorecard was modified and changed from monthly reporting to quarterly reporting. KFF met and exceeded the standard in the following areas of the scorecard in the third quarter: rate of abuse per 100,000 days in foster care, percent of children who are not neglected or abused during in-home services, percent of children who are not neglected or abused after receiving services, percent of children under
supervision who are seen every 30 days, percent of children exiting foster care to a permanent home within 12 months of entering care, percent of children achieving permanency in 12 months for children in foster care 12 to 23 months, children's placement moves per 1,000 days in foster care, percent of children in out-of-home care who have received medical services in the last 12 months, percent of children in out-of-home care who have received dental services in the last 7 months, and the percent of young adults in foster care at age 18 who have completed or are enrolled in secondary education, vocational training, and/or adult education.

Opportunities: KFF fell short of meeting the standard in the following areas of the monthly scorecard between July and November 2014: no verified maltreatment during in-home services (yellow in November), children achieving permanency within 12 months of entering care (red July-November), children achieving permanency after 12 or more months in care (yellow July-September and November and red in October) and children not re-entering out-of-home care within 12 months of achieving permanency (yellow in October and red in November).

KFF fell short of meeting the standards in the following areas of the scorecard in the third quarter: percent of children who do not reenter foster care within 12 months of moving to a permanent home (yellow) and percent of sibling groups where all siblings are placed together (red).

Comparison of Results: Traditionally, KFF has done well on the scorecard. The measures on the scorecard have been adjusted several times, which makes it difficult to compare performance over time. The percent of sibling groups where all siblings are placed together measure was added to the scorecard in the third quarter.

Addressing Findings

After reviewing the results of QA activities throughout the FY, the following areas were determined to be opportunities for improvement:

1. Initial and on-going assessments
2. Safety planning
3. Safety plan monitoring
4. Background checks and home studies/assessments
5. Achieving permanency
6. Assessing the needs of children, parents, and foster parents
7. Involving parents and children (if developmentally appropriate) in the case planning process
8. Placement of sibling groups together
9. Assessing and addressing children's educational and mental/behavioral health needs
10. Ensuring follow-up on identified medical needs
11. Supervisory reviews and consults including follow-up of identified concerns
12. Planning for safe case closure
13. Frequency and quality of visits between the Family Services Counselors, parents and child
14. Psychotropic medication
15. Parent/child and sibling visitation

Opportunities for improvement will be addressed as described in the annual update of the 2015-2016 KFF Quality Management Plan.