Kids First of Florida, Inc.
Third Party Evaluation
Quality Services Review Process

August 22nd, 2012

Prepared By:

St. Johns County Board of County Commissioners
Health and Human Services | Community Based Care Division
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Section 1

Memorandum of Agreement
Memorandum of Agreement
Between
Kids First of Florida, Inc.
and the
St. Johns County Board of County Commissioners
Family Integrity Program

This agreement is entered into between Kids First of Florida, Inc. (KFF) and the
St. Johns County Board of County Commissioners Family Integrity Program
(FIP).

PURPOSE:

The Florida Department of Children and Families contracted with KFF to be the
lead agency to assume responsibility for, and the oversight of, children’s
protective services in Clay County, Florida. KFF is a non-profit corporation that
was founded in 2003. Our mission is “to ensure the safety of children through a
holistic approach designed to support the health and well-being of families”. The
following services are provided as a direct service of KFF: protective supervision;
foster care; case management; Independent Living and the recruitment, training
and licensing of foster/adoptive families. Services are also contracted through
local providers for Prevention, Preservation, and Reunification Services, and
Parenting and Visitation Services. KFF continues to develop systems that
efficiently and effectively care for vulnerable children and families by focusing on
early intervention, assessment and coordination of services in order to assure
family stabilization, reunification, and permanency for children. KFF also relies on
the expertise of a network of partners to provide services outside the scope of
the agency; examples include domestic violence, substance abuse, behavioral
health, day care, educational services and medical care.

KFF recognizes FIP as the community based care provider of children’s
protective services in St. Johns County, Florida. It is our intent that KFF and FIP
shall work together in order to meet the requirement that each Community Based
Care agency in Florida complete an independent annual or multi-year evaluation
of child welfare practice and outcomes with a third-party evaluator.

PURPOSE:

The purpose of this agreement is to outline the responsibilities of KFF and FIP for
the completion of the annual evaluation of each agency’s child welfare practices
and outcomes. The evaluation will include but is not limited to Quality Service
Review (QSR) data. Other sources of information may also include child welfare
data contained in the Florida Safe Families Network (FSFN) and accreditation
reports, e.g., Council on Accreditation (COA) or Accreditation of Rehabilitation
Facilities (CARF).
MUTUAL RESPONSIBILITIES:

1. By May 31, 2012, in collaboration, KFF and FIP will develop a plan outlining the process for completing an evaluation of each other's child welfare practices and outcomes. The plan will include but is not limited to an evaluation of QSR Data and may also include information from the Florida Safe Families Network (FSFN) and accreditation reports, e.g., Council on Accreditation (COA) or Accreditation of Rehabilitation Facilities (CARF).

2. By June 29, 2012, utilizing the mutually developed and agreed upon plan, KFF will complete an evaluation of FIP's child welfare practices and outcomes and FIP will complete an evaluation of KFF's child welfare practices and outcomes.

3. It is understood and agreed to by KFF and FIP that, in order to complete the evaluation, KFF and FIP may have to travel to each other's agency.

4. By May 31, 2012, in collaboration, KFF and FIP will develop a summary template to utilize in reporting the results of the evaluation.

5. By July 31, 2012, utilizing the mutually developed and agreed upon summary template, KFF will provide FIP with a summary of the results of the evaluation of FIP's child welfare practices and outcomes and FIP will provide KFF with a summary of the evaluation of KFF's child welfare outcomes.

6. It is understood and agreed upon by KFF and FIP that any expenses incurred as a result of the completion of the evaluation will be the responsibility of the agency incurring the expense.

7. To facilitate communication between KFF and FIP, a liaison will be designated for each agency.

KFF: Quality Assurance/Contract Manager
1726 Kingsley Avenue, Suite 2
Orange Park, FL 32073
904-278-5644 Ext. 2069

FIP: Compliance Coordinator
Quality Assurance Unit
1955 U.S. 1 South, Suite B6
St. Augustine, FL 32086
(904) 209-6030
GENERAL PROVISIONS:

Term. This Agreement will be effective from March 1, 2012 or date of signatures, whichever is later, and will terminate upon completion of the evaluation process, outlined in the Mutual Responsibilities Section of this agreement.

Confidentiality. Where applicable, the parties will comply with the Health Insurance Portability and Accountability Act, as well as all regulations promulgated there under (45 CFR Parts 160, 162, and 164).

Independent Agencies. By this Working Agreement, the parties intend to remain mutually independent agencies. Each party and the officers, employees, agents, subcontractors or other contractors thereof shall not be deemed by virtue of the agreement to be officers, agents, or employees of the other party.

Indemnification. Each party agrees to accept and is responsible for its own acts and omissions in providing services pursuant to this Agreement as well as those acts or omissions of its employees and nothing in this Agreement shall be construed to place any responsibility for such acts or omissions onto the other party. Nothing herein is intended to waive sovereign immunity by any party to whom sovereign immunity is applicable. Nothing herein shall be construed as consent by any party to be sued by a third party in any matter arising out of any contract.

Insurance. KFF, at its sole cost and expense, shall procure and maintain such policies of general liability and other insurance as shall be necessary to insure KFF and its employees against any claim occasioned directly or indirectly in connection with the performance of any services and activities performed by KFF in connection with this Agreement. FIP is self-insured through St. Johns County, covering the negligent acts or omissions of FIP, including its officials, employees and agents while acting within the scope of their authorized powers and duties of employment. FIP agrees to be fully responsible to the limits set forth in section 768.28, Florida Statutes, for its negligent acts or omissions and for any damages proximately caused by said acts or omissions. Nothing herein shall be construed as consent by a state agency or subdivision of the State of Florida to be sued by third parties in any matter arising out of any agreement or as a waiver of sovereign immunity beyond the waiver provided in section 768.28, Florida Statutes.

Modification. Any modifications to this agreement will be made in writing with the consent of both parties.

All terms of this agreement are fully understood and accepted by the KFF and FIP as represented by the signers of this agreement below.
SIGNATURES:

Irene M. Toto  
Chief Executive Officer  
Kids First of Florida, Inc.  

County Administrator or Designee  
St. Johns County Board of County Commissioners  
Family Integrity Program  

3-29-12  
Date  

5-30-12  
Date  

APPROVED AS TO FORM 
AND LEGAL SUFFICIENCY  

Date: 3-21-12  
Office of County Attorney  
St. Johns County, Florida  

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Section 2

Third Party Evaluation Plan
The following is our suggestions for inclusion in a plan for the QSR 3rd party review.

1. The Quality Assurance staff from KFF will meet with the FIP QA staff to review QSR cases.

2. Each agency will send the other a listing of all the QSR’s that have been completed for the second and third quarters.

3. The reviewing agency will select one case from each quarter for review. (A total of 2 cases.)

4. Each agency will print the QSR reports for the cases and send them to the other electronically, password protected, prior to the site visit.

5. This annual evaluation of the QSR will focus on the performance indicators.

6. The case manager for each case will be available by telephone to respond to questions from the evaluator.

7. The QA staff will bring the case files with them so the other team can review them.

8. Each agency will write a statement of their finding for the other agency.

As I stated in our telephone conversation, we anticipate this would take not more than one day. We would love to host you here at our offices in St. Augustine.
Section 3

Report Template
Introduction
As described in the Quality Services Review (QSR) Protocol for a Child and Family:

The goal of child welfare is to promote, safeguard and protect the overall wellbeing of children and families, to intervene on behalf of children who have been abused or neglected, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential. Quality Assurance (QA) and Continuous Quality Improvement (CQI) activities are vital to ensuring case workers carry out the Department’s mission to ensure the safety, well-being, and self-sufficiency of the people served.

The Quality Service Review (QSR) is a powerful self-evaluation tool, helping child welfare and social services agencies assess the effectiveness of their practices and the interventions provided to the families they serve. It helps agencies learn how families are doing and which service functions are working. Because the QSRs 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.

Reason for Evaluation
It is imperative that the QSR Protocol is correctly and consistently applied in order to ensure inter-rater reliability, during the review process. KFF and FIP mutually agreed to complete an evaluation of the other organization’s Quality Services Review (QSR) process to determine if, in practice, the process and ratings are being applied correctly and consistently.

Authority
A Memorandum of Agreement was entered into between Kids First of Florida, Inc (KFF) and the St. Johns County Board of County Commissioners’ Family Integrity Program (FIP) on May 30th 2012. The Agreement provided for the completion of an annual evaluation of each organization’s child welfare practices and outcomes by the other organization.
**Methodology**

On June 27th, 2012, two teams of two KFF and two FIP Quality Assurance staff persons completed a side-by-side case file review of two of the other organization’s completed QSR’s, to determine if, during QSR Reviews, the QSR protocol was being applied correctly and consistently. Prior to the side-by-side review, each organization sent the other organization a listing of all the QSR’s that had been completed for the second and third quarters of Fiscal Year 2011-2012. Through random sampling, the reviewing organization selected one case from each quarter to review for a total of two cases for each organization. Each organization printed the completed QSR report and tool for each case and sent them to the other organization electronically, password protected, prior to the side-by-side case file review. During the review process, the case manager for each case was available by telephone to respond to questions from the evaluator.

**Scope of Evaluation**

The evaluation focused on the following areas of the QSR Process:

1. An assessment to determine if the following elements of the QSR process were included in the review (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 4):
   - Intensive training of QSR reviewers;
   - Pre-review planning and preparation;
   - Conducting the QSR review with a focus on interviews of key case participants;
   - Determining the overall ratings;
   - Case worker / supervisor debriefing;
   - Grand Rounds Presentation; and
   - Written Case Summary.

2. An assessment to determine if the Child & Family Status Indicators (Safety from Exposure to Threats of Harm, Child Vulnerability, Stability, Living Arrangement, Permanency, Physical and Dental Health, Emotional Well-Being, Early Learning & Development, Academic Status, Pathway to Independence, Parent & Caregiver Functioning) were reviewed utilizing the following directions (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 19):
   - Focus on the central construct measured in each indicator.
   - Stay within the time-based observation windows associated with each indicator.
   - Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.
   - Determine if each of the discrete “Rating Rationales“ are a Strength, Gap, or Not Applicable.

3. An assessment to determine if the Core Practice Indicators (Engagement Efforts, Voice & Choice, Teamwork, Assessment & Understanding, Planning for Safe Case Closure, Planning Transitions & Life Adjustments, Implementation, Maintaining Quality Connections, Evaluating and Adjusting, Psychotropic Medication Management) were reviewed utilizing the following directions (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 59):
   - Focus on the central construct measured in each indicator.
   - Stay within the time-based observation windows associated with each indicator.
   - Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.
d. Follow the guidance provided in rating statements when selecting a rating value for measuring an indicator having multiple components or conditions to be met.

4. An assessment to determine if the Written Case Review Summary contained the following elements (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 96):
   a. Agency or Office
   b. Review Date
   c. Child’s Assigned Number
   d. Date of Report
   e. Reviewer’s Name
   f. Child’s Placement
   g. Persons Interviewed during this Review
   h. Facts About the Child and Family
      - Family composition and situation
      - Agencies involved and providing services
      - Reasons for services
      - Services presently needed and received
   i. Child’s Current Status
   j. Caregiver’s Status
   k. Factors Contributing to Favorable Status
   l. Factors Contributing to Unfavorable Status
   m. System Performance Appraisal Summary
   n. What’s Working Now
   o. What’s Not Working Now and Why
   p. Six-Month Forecast/Stability of Findings
   q. Practical Steps to Sustain Success and Overcome Current Problems
   r. Report Length

5. An assessment to determine if the following outline was utilized for the Case Debriefing and Reporting Outlines
   a. Grand-Rounds Presentation
      - Core Story of the Child and Family
      - Child and Caregiver Status
      - System Practice and Performance – focus on the Practice Wheel
      - Next Steps
      - Reflection Question
      - Group Questioning of Presenter

6. Reviewer’s Outline for Case Manager/Supervisor Debriefing
   a. Discuss story as learned from family and team members about the child and family and clarify any gaps/questions.
   b. Discussion of Next Steps
   c. If case manager and supervisor could make any system changes that would help to get better results for this child and family, what would they be?

   **Summary of Results**

   **Recommendations**
Section 4

Third Party Evaluation
Final Report
Date of Report: August 22nd, 2012

Reviewers: Lisa Crane  
Quality Assurance (QA)/Compliance Specialist  
St Johns County Board of County Commissioners/ Family Integrity Program

Kelly Wilkerson  
Quality Assurance (QA)/Compliance Specialist  
St Johns County Board of County Commissioners/ Family Integrity Program

QSR Cases Reviewed:
- Case #1: FSFN Child #
- Case #2: FSFN Child #

Introduction
As described in the Quality Services Review (QSR) Protocol for a Child and Family:

The goal of child welfare is to promote, safeguard and protect the overall wellbeing of children and families, to intervene on behalf of children who have been abused or neglected, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential. Quality Assurance (QA) and Continuous Quality Improvement (CQI) activities are vital to ensuring case workers carry out the Department’s mission to ensure the safety, well-being, and self-sufficiency of the people served.1

The Quality Service Review (QSR) is a powerful self-evaluation tool, helping child welfare and social services agencies assess the effectiveness of their practices and the interventions provided to the families they serve. It helps agencies learn how families are doing and which service functions are working. Because the QSRs 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 reviewed1.

Reason for Evaluation
It is imperative that the QSR Protocol is correctly and consistently applied in order to ensure inter-rater reliability, during the review process. KFF and FIP mutually agreed to complete an evaluation of the other organization’s Quality Services Review (QSR) process to determine if, in practice, the process and ratings are being applied correctly and consistently.

Authority
A Memorandum of Agreement was entered into between Kids First of Florida, Inc (KFF) and the St. Johns County Board of County Commissioners’ Family Integrity Program (FIP) on May 30th, 2012. The Agreement provided for the completion of an annual evaluation of each organization’s child welfare practices and outcomes by the other organization.
Methodology
On June 27th 2012, two KFF and FIP Quality Assurance staff persons from each organization completed a side-by-side case file review of two of the other organizations cases, in which a QSR review had been previously been completed, to determine if the QSR protocol was being applied correctly and consistently during QSR Reviews. Prior to the side-by-side review, each organization sent the other organization a listing of all the QSR’s that had been completed for the second and third quarters of fiscal year 2011-2012. Through random sampling, the reviewing organization selected one case from each quarter for review for a total of two cases for each organization. Case [blank], hereafter referred to as case #1 and Case [blank], hereafter referred to as case #2, were selected for review. Each organization printed the completed QSR report and tool for each case and sent them to the other organization electronically, password protected, prior to the side-by-side case file review. During the review process, the case manager for each case was available by telephone to respond to questions from the evaluator.

Scope of Evaluation
The evaluation focused on the following areas of the QSR Process:

1. An assessment to determine if the following elements of the QSR process were included in the review (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 4):
   a. Intensive training of QSR reviewers;
   b. Pre-review planning and preparation;
   c. Conducting the QSR review with a focus on interviews of key case participants;
   d. Determining the overall ratings;
   e. Case worker / supervisor debriefing;
   f. Grand Rounds Presentation; and
   g. Written Case Summary.

2. An assessment to determine if the Child & Family Status Indicators (Safety from Exposure to Threats of Harm, Child Vulnerability, Stability, Living Arrangement, Permanency, Physical and Dental Health, Emotional Well-Being, Early Learning & Development, Academic Status, Pathway to Independence, Parent & Caregiver Functioning) were reviewed utilizing the following directions (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 19):
   a. Focus on the central construct measured in each indicator.
   b. Stay within the time-based observation windows associated with each indicator.
   c. Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.
   d. Determine if each of the discrete “Rating Rationales” are a Strength, Gap, or Not Applicable.

3. An assessment to determine if the Core Practice Indicators (Engagement Efforts, Voice & Choice, Teamwork, Assessment & Understanding, Planning for Safe Case Closure, Planning Transitions & Life Adjustments, Implementation, Maintaining Quality Connections, Evaluating and Adjusting, Psychotropic Medication Management) were reviewed utilizing the following directions (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 59):
a. Focus on the central construct measured in each indicator.
b. Stay within the time-based observation windows associated with each indicator.
c. Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.
d. Follow the guidance provided in rating statements when selecting a rating value for measuring an indicator having multiple components or conditions to be met.

4. An assessment to determine if the Written Case Review Summary contained the following elements (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 96):
   a. Agency or Office
   b. Review Date
   c. Child’s Assigned Number
   d. Date of Report
   e. Reviewer’s Name
   f. Child’s Placement
   g. Persons Interviewed during this Review
   h. Facts About the Child and Family
      - Family composition and situation
      - Agencies involved and providing services
      - Reasons for services
      - Services presently needed and received
   i. Child’s Current Status
   j. Caregiver’s Status
   k. Factors Contributing to Favorable Status
   l. Factors Contributing to Unfavorable Status
   m. System Performance Appraisal Summary
   n. What’s Working Now
   o. What’s Not Working Now and Why
   p. Six-Month Forecast/Stability of Findings
   q. Practical Steps to Sustain Success and Overcome Current Problems
   r. Report Length

5. An assessment to determine if the following outline was utilized for the Case Debriefing and Reporting Outlines
   a. Grand-Rounds Presentation
      - Core Story of the Child and Family
      - Child and Caregiver Status
      - System Practice and Performance – focus on the Practice Wheel
      - Next Steps
      - Reflection Question
      - Group Questioning of Presenter

6. Reviewer’s Outline for Case Manager/Supervisor Debriefing
   a. Discuss story as learned from family and team members about the child and family and clarify any gaps/questions.
   b. Discussion of Next Steps
c. If case manager and supervisor could make any system changes that would help to get better results for this child and family, what would they be?

Summary of Results
The FIP Third Party Evaluation of KFF found that KFF is correctly and consistently applying the QSR protocol when reviewing cases. The following is a summary of the results of the evaluation and recommendations for Quality and Performance Improvement.

It was determined during the review, that both KFF reviewers have been trained in the QSR process. In each case reviewed, pre-review planning and preparation was completed prior to the review. Overall ratings for Status and Practice Indicators were determined during the reviews and written case summaries were completed. In case #1, where available, all key case participants were interviewed, including numerous members of the child’s educational “team”. In case #2, key participants were interviewed, with the exception of the child’s school professionals, where in it was noted the child was having issues in school. While Grand Rounds Presentations were not completed, debriefings did occur with each of the case manager and supervisor.

In regards to Child and Family Status and Core Practice Indicators, in both cases, it appeared that the tool used to record the Indicators focused on each construct measured, stayed within the time-based observation windows associated with each indicator and was rated based on events that have occurred or conditions that were present within the time-based observation window.

For the majority of the ratings, it was found that the reviewers followed the guidance provided in rating statements when selecting a rating value for measuring an indicator having multiple components or conditions to be met. It should also be noted that the reviewers followed protocol and common sense in regards to the RFA generated for Case #1. However, the FIP reviewers did not have the same opinion as the KFF reviewers in the following areas:

- **Case #1**
  - 3.1 - It is questionable whether this item should have be answered as a strength given the child’s living arrangement continues to have the same issues that brought the family to the attention of DCF and would appear to be lacking in stability.
  - 4 – This answer appears contradictory. The reviewer scored this standard as Optimal but reports “although the reviewer does not believe that the home is stable, the child is in the optimal setting for family connections as he has been reunified with his parents.” Although the placement with the parents is considered the least restrictive environment for the child, it would appear in this case that it is a potentially harmful situation for the child and therefore, not optimal.
  - 5.1 – It is questionable whether this answer should have been scored as strength. The reviewer states: “The child was reunified with his parents. There are still concerns that the parents are not demonstrating an ability to take care of the children appropriately.”
  - 8.3 – The Early Learning Status indicator was answered with a NA. Yet, the reviewer answered question 8.3 as a strength.
Case #2
- 2.2 – This indicator should have been rated as a “gap” instead of a strength, based upon the explanatory narrative. The child was sneaking out of the home, with is a gap in child behavior (in addition, 7.3 is rated as a gap, which relates to self destructive behaviors).
- 4 – This indicator should have been rated overall. The reviewer rated this measure as an N/A, but rated the subparts. The child is residing with the mother, and this indicator was still applicable to the case.
- 5 – This indicator should have been rated overall. The reviewer rated this measure as N/A, although this indicator applies to in home cases as well.
- 11.3 -Should be rated instead of an N/A. Although the father was incarcerated, his rights remain intact and he should still be rated as a participant (this also applies to 23.3, where the rating for the father was an N/A)

Assessment of the Written Case Review Summaries found that all necessary sections were included, with a few minor exceptions described below:

- Agencies Involved and Providing Section: In both cases, the services provided to the various case participants were mentioned, although the specific agencies involved were not.
- Caregiver Status Section: In both cases, there were no “Caregiver Status” sections, although the overall caregiver status was noted in other areas throughout the report.
- System Appraisal Summary: In case #1, The Systemic Performance Appraisal appears to contradict itself. Under the category “What’s working now”, it states the child is in a home with his parents and siblings. The report continues under the “What’s not working now and why” category and states: “it appears the current home environment is not appropriately stable”.

According to KFF, a case debriefing occurred after each review and included a discussion of the story learned, next steps, and needed system changes for better results.

Recommendations
1. Refrain from reiterating the entire CPI report in the summary. A brief explanation of the events leading to DCF involvement would suffice.
2. When appraising Child and Family Status indicators ensure responses are not contradictory in nature. Many of the Indicators correlate with each other and should be considered when rating corresponding indicators (i.e. Vulnerability and Emotional Well-Being).
3. Ensure all indicators applicable to the case are answered; for example, Living Arrangement and Permanency should apply to both In Home and Out of Home cases.
4. When appraising system performance, ensure service providers and their functioning within the system, are appraised in addition to the rest of system.
5. That the results of the KFF QSR reviews continue to be utilized to help focus on continuous quality improvement.
Section 5

Case Review Tool
1. An assessment to determine if the following elements of the QSR process were included in the review (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 4):

   a. Intensive training of QSR reviewers;
      **Both reviewers were trained in the QSR process.**

   b. Pre-review planning and preparation;
      **It was reported by [Redacted] that pre-review planning and preparation for the QSR’s were completed.**

   c. Conducting the QSR review with a focus on interviews of key case participants;
      **A total of ten (10) participants were reviewed: the father, the mother, the focus child’s teacher, the focus child’s after school program teacher, the director of the afterschool program, the principal of the school, the school guidance counselor, the case worker, the case worker supervisor and the child.**

   d. Determining the overall ratings;
      **The overall ratings for status and practice indicators were determined.**

   e. Case worker / supervisor debriefing;
      **A debriefing did occur.**

   f. Grand Rounds Presentation; and
      **The Grand Rounds Presentation was not utilized but KFF did complete a debriefing within the agency.**

   g. Written Case Summary.
      **A written case summary was provided.**

2. An assessment to determine if the Child & Family Status Indicators (Safety from Exposure to Threats of Harm, Child Vulnerability, Stability, Living Arrangement, Permanency, Physical and Dental Health, Emotional Well-Being, Early Learning & Development, Academic Status, Pathway to Independence, Parent & Caregiver Functioning) were reviewed utilizing the following directions (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 19):

   a. Focus on the central construct measured in each indicator.
      **It appears that the tool used to record Child and Family Status Indicators 1-11 was focused on each construct measured. The ratings varied from a 1 (adverse) to a 6 (optimal).**
b. Stay within the time-based observation windows associated with each indicator. 
   It appears that the reviewers stayed within the time-based observation window associated with each indicator.

c. Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.
   The indicators appeared to rated based on events that have occurred or conditions that were present within the time-based observation window.

d. Determine if each of the discrete “Rating Rationales” are a Strength, Gap, or Not Applicable.
   All Rating Rationales were identified as a strength, gap or n/a.

3. An assessment to determine if the Core Practice Indicators (Engagement Efforts, Voice & Choice, Teamwork, Assessment & Understanding, Planning for Safe Case Closure, Planning Transitions & Life Adjustments, Implementation, Maintaining Quality Connections, Evaluating and Adjusting, Psychotropic Medication Management) were reviewed utilizing the following directions (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 59):

   a. Focus on the central construct measured in each indicator.
      The ratings ranged from 1 (adverse) to 6 (optimal); overall, 3 (marginal) was the average rating.

   b. Stay within the time-based observation windows associated with each indicator.
      It appears that the reviewers stayed within the time-based observation window associated with each indicator.

   c. Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.
      The indicators appeared to rated based on events that have occurred or conditions that were present within the time-based observation window.

   d. Follow the guidance provided in rating statements when selecting a rating value for measuring an indicator having multiple components or conditions to be met.
      The indicators are scored by following the guidance provided. The “Not Applicable” criteria should be carefully reviewed prior to providing that rating to a specific indicator.

4. An assessment to determine if the Written Case Review Summary contained the following elements (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 96):

   a. Agency or Office
      Kids First of Florida, Inc.

   b. Review Date
      2nd quarter
c. Child’s Assigned Number

---

d. Date of Report

2nd quarter

e. Reviewer’s Name
Mary Elwood and Natalie Byram

f. Child’s Placement
With the parents and siblings

g. Persons Interviewed during this Review
The father, the mother, the focus child’s teacher, the focus child’s after school program teacher, the director of the afterschool program, the principal of the school, the school guidance counselor, the case worker, the case worker supervisor and the child.

h. Facts About the Child and Family

1,033 Words.

- Family composition and situation
  The child is residing with his mother, father and siblings.

- Agencies involved and providing services
  The parents have completed a parenting program. The mother completed a psychiatric and was in therapy. The father was employed.

- Reasons for services
  Neglect and hazardous conditions

- Services presently needed and received
  Services needed were identified as therapy and domestic violence counseling for both parents, as well as overall parental engagement with basic child wellbeing.

i. Child’s Current Status

The child’s educational status and behavior was discussed in other sections throughout the report.

j. Caregiver’s Status

The report reflects ongoing concerns with both parent’s identified needs, including a domestic violence dynamic, general neglect of the children and mental health concerns regarding the mother. There was not a specific “Caregiver Status” section, although this was reported in other areas.

k. Factors Contributing to Favorable Status

64 Words. The parents completed a case plan and reunification did occur.

l. Factors Contributing to Unfavorable Status

339 Words. The initial removal reasons are still apparent within the home and ongoing issues of domestic violence and mental health issues with the mother were noted.
m. System Performance Appraisal Summary
The child is receiving appropriate services through school, although the parents are not receiving the needed and identified services.

n. What’s Working Now
93 Words. The child was reunified with the parents and is placed in an appropriate educational setting.

o. What’s Not Working Now and Why
384 Words. There were many incidents and concerns noted throughout the report from numerous professionals interviewed, including the child’s teachers.

p. Six-Month Forecast/Stability of Findings
284 Words. The six month forecast was not positive and there were many concerns about the family noted within the report.

q. Practical Steps to Sustain Success and Overcome Current Problems
131 Words. A Request for Action was generated on this case due to the noticeable safety concerns within the home. The case to remain open for a minimum of 6 more months and a safety plan was recommended.

r. Report Length
The report was 5 pages long.

5. An assessment to determine if the following outline was utilized for the Case Debriefing and Reporting Outlines
a. Grand-Rounds Presentation
   - Core Story of the Child and Family
     A Grand Rounds Presentation was not completed. A case debriefing was completed to include the discussion of the story learned, next steps, and system changes for better results.
   - Child and Caregiver Status
     See above.
   - System Practice and Performance – focus on the Practice Wheel
     See above.
   - Next Steps
     See above.
   - Reflection Question
     See above.
   - Group Questioning of Presenter
     See above.

6. Reviewer’s Outline for Case Manager/Supervisor Debriefing
   a. Discuss story as learned from family and team members about the child and family and clarify any gaps/questions.
   According to Mary Elwood, a case debriefing was completed to include the discussion of the story learned.
b. Discussion of Next Steps
According to Mary Elwood, a case debriefing was completed to include the discussion of the next steps.

c. If case manager and supervisor could make any system changes that would help to get better results for this child and family, what would they be?
According to the report, a Request for Action was generated to ensure immediate results. A debriefing also occurred to discuss system changes that would assist the family.
1. An assessment to determine if the following elements of the QSR process were included in the review (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 4):

   a. Intensive training of QSR reviewers;
   **Both reviewers were trained in the QSR process.**

   b. Pre-review planning and preparation;
   **It was reported by(**[Redacted]** that pre-review planning and preparation for the QSR’s we completed.**

   c. Conducting the QSR review with a focus on interviews of key case participants;
   **A total of seven (7) participants were interviewed: the case manager and supervisor, the mother, focus child,**[Redacted]** sponsor, child’s therapist, and the mother’s counselor.**

   d. Determining the overall ratings;
   **The overall ratings for status and practice indicators were determined.**

   e. Case worker / supervisor debriefing;
   **A debriefing did occur.**

   f. Grand Rounds Presentation; and
   **The Grand Rounds Presentation was not utilized but KFF did complete a debriefing within the agency.**

   g. Written Case Summary.
   **A written case summary was provided.**

2. An assessment to determine if the Child & Family Status Indicators (Safety from Exposure to Threats of Harm, Child Vulnerability, Stability, Living Arrangement, Permanency, Physical and Dental Health, Emotional Well-Being, Early Learning & Development, Academic Status, Pathway to Independence, Parent & Caregiver Functioning) were reviewed utilizing the following directions (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 19):

   a. Focus on the central construct measured in each indicator.
   **It appears that the tool used to record Child and Family Status Indicators 1-11 was focused on each construct measured. Ratings averaged 5 (good).**

   b. Stay within the time-based observation windows associated with each indicator.
   **It appears that the reviewers stayed within the time-based observation window associated with each indicator.**
c. Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.

The indicators appeared to rated based on events that have occurred or conditions that were present within the time-based observation window.

d. Determine if each of the discrete “Rating Rationales” are a Strength, Gap, or Not Applicable.

All Rating Rationales were identified as a strength, gap or n/a.

3. An assessment to determine if the Core Practice Indicators (Engagement Efforts, Voice & Choice, Teamwork, Assessment & Understanding, Planning for Safe Case Closure, Planning Transitions & Life Adjustments, Implementation, Maintaining Quality Connections, Evaluating and Adjusting, Psychotropic Medication Management) were reviewed utilizing the following directions (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 59):

a. Focus on the central construct measured in each indicator.

It appears that the tool used to record Practice Indicators was focused on each construct measured. The ratings generally averaged a 5.

b. Stay within the time-based observation windows associated with each indicator.

It appears that the reviewers stayed within the time-based observation window associated with each indicator.

c. Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.

The indicators appeared to rated based on events that have occurred or conditions that were present within the time-based observation window.

d. Follow the guidance provided in rating statements when selecting a rating value for measuring an indicator having multiple components or conditions to be met.

The indicators are scored by following the guidance provided. The “Not Applicable” criteria should be carefully reviewed prior to providing that rating to a specific indicator.

4. An assessment to determine if the Written Case Review Summary contained the following elements (source: Quality Services Review (QSR) Protocol for a Child and Family, 7/20/11, page 96):

a. Agency or Office

KFF

b. Review Date

3rd Quarter

c. Child’s Assigned Number

********

d. Date of Report

3rd Quarter
e. Reviewer’s Name
Mary Elwood and Natalie Byrum

f. Child’s Placement
With the mother and siblings

g. Persons Interviewed during this Review
The case manager and supervisor, the mother, focus child, sponsor, child’s therapist, and the mother’s counselor.

h. Facts About the Child and Family
**350 Words.**
- Family composition and situation
  - The child is residing with her mother and siblings.
- Agencies involved and providing services
  - The mother is in therapy; the child was never removed from the mother.
- Reasons for services
  - Sexual Abuse and failure to protect.
- Services presently needed and received
  - Ongoing individual and family therapy

i. Child’s Current Status
**285 Words.** The child’s educational status, behavior and future career goals was discussed.

j. Caregiver’s Status
There was no specific “caregiver status” section, although the caregiver’s overall status was discussed throughout the report. The mother is attending individual counseling, and does not appear to fully understand the magnitude of the focus child’s abuse at the hands of the adoptive father.

k. Factors Contributing to Favorable Status
**151 Words.** The child remained in the home with the mother and both are engaged in therapy. The mother was continuing to understand the severity of the situation.

l. Factors Contributing to Unfavorable Status
**438 Words.** The mother is not accepting her role in the child being sexually abused. The case manager was not in contact with the child’s therapist and the case manager and therapist had differing opinions about the child’s behaviors.

m. System Performance Appraisal Summary
The child is receiving the necessary services, as well as the mother, although there is a lack of responsibility and communication between professionals in the case.

n. What’s Working Now
**113 Words.** The family is engaged in therapy and view the case manager as a major support in their lives.
o. What’s Not Working Now and Why
96 Words. The family relies heavily on the case manager and concerns was noted for when the case closes, the family will not have the case manager is assist with that support. Concern was noted with the mother not assuming her role in the child’s abuse.

p. Six-Month Forecast/Stability of Findings
159 Words. It was stated that, overall, the child should remain stable, as long as the father/abuser remains out of the home.

q. Practical Steps to Sustain Success and Overcome Current Problems
112 Words. It was recommended that the child and mother remain in counseling and that the case manager communicate with the therapist(s). Planning for safe case closure was also recommended.

r. Report Length
The report was 4 pages long.

5. An assessment to determine if the following outline was utilized for the Case Debriefing and Reporting Outlines
   a. Grand-Rounds Presentation
      - Core Story of the Child and Family
        A Grand Rounds Presentation was not completed. A case debriefing was completed to include the discussion of the story learned, next steps, and system changes for better results.
      - Child and Caregiver Status
        See above.
      - System Practice and Performance – focus on the Practice Wheel
        See above.
      - Next Steps
        See above.
      - Reflection Question
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      - Group Questioning of Presenter
        See above.

6. Reviewer’s Outline for Case Manager/Supervisor Debriefing
   a. Discuss story as learned from family and team members about the child and family and clarify any gaps/questions.
      According to Mary Elwood, a case debriefing was completed to include the discussion of the story learned.

   b. Discussion of Next Steps
      According to Mary Elwood, a case debriefing was completed to include the discussion of the next steps.
c. If case manager and supervisor could make any system changes that would help to get better results for this child and family, what would they be?
According to Mary Elwood, a case debriefing was completed to include the discussion of system changes for better results.