Summary of Case Management Practice Trends

In fiscal year (FY) 2011-2012, Kids First of Florida, Inc. (KFF) entered into a Quality Assurance (QA) and Continuous Quality Improvement (CQI) Memorandum of Agreement with the Department of Children and Families (DCF). As part of this agreement, KFF reviewed 12 cases utilizing the Quality Service Review (QSR) process. Three of the twelve cases were reviewed each quarter. During the FY, a narrative QSR report summarizing In-Depth QSR results was provided to the DCF quarterly. In addition, Quality of Practice Standards for case management services results were entered into the web based DCF QSR Review Tool quarterly. The following is a summary of the QSR results and resulting actions for the FY.

The QSR process found that the children that were reviewed and were in out-of-home of care were reportedly doing well in their placements. The children were also doing well in school/daycare. For those parents who were easily engaged in services, needed services were provided and/or available. Several of the families had both formal and informal supports that appeared to assist them in meeting/completing case plan tasks and caring for the children served. When children were in out-of-home care, they were placed with their siblings. Several families and a caregiver commented on their positive relationship with the Family Services Counselor assigned to their case.

Several opportunities for improvement were found during the FY. These opportunities were present the previous FY as well, and included maintaining ongoing two-way communication with service providers, teaming and family engagement. Quality Improvement activities have been implemented to improve performance in these areas and some improvement has been found. These improvements can be particularly found in cases in which clients are participating in services voluntarily. Family Team Conferencing is utilized often in these cases.

Recently, a KFF team met to determine how to improve ongoing two-way communication with service providers. It was determined that during supervisory reviews, the supervisor would establish the last time the service provider/GAL or other team member was contacted. The supervisor will also be reviewing FSFN notes during supervision to ensure there is documentation reflecting these conversations or require follow-up by the Family Services Counselor, if contact has not been maintained.

Strategies implemented to improve teaming and family engagement include reducing caseloads and providing more supervision of case managers by adding a new case management unit and supervisor to KFF, thus allowing Family Services Counselors more time to utilize teaming and engagement strategies and for supervisors to mentor staff on teaming and engagement. KFF has also trained the Family Services Counselors on family engagement and teaming, increased the number face to face contacts with parents when the goal is reunification, and increased the transportation of parents to services, when needed.
Of the 12 cases reviewed during the FY, 7 cases generated a Request for Action (RFA). Five of the RFA's were administrative RFA's and were mostly related to needed follow-up type activities, including the completion of referrals, contact with service providers, and obtaining necessary back-up/follow-up documentation. All RFA's were resolved.

Two of the RFA's were safety RFA's. Both of the safety RFA's were resolved with the implementation of a safety plan. As safety plan development had been an area in need of improvement, prior to the FY, in December 2011, corrective action was implemented by KFF regarding the development of safety plans for children who are placed in out-of-home care and who are sexually reactive or victims of sexual abuse. An August 2012 review of 6 children placed in out-of-home care, who were sexual abuse victims, found that all six children had a safety plan for their current placement.

**Child and Family Status Indicators**

Eleven Child and Family Status Indicators were reviewed during the QSR process. The QSR protocol uses a 6-point rating scale as a "yardstick" for measuring the situation observed for each indicator. Each rating level describes conditions at one of six points along a continuum that ranges from high to low as follows: 6-Optimal, 5-Good, 4-Fair, 3-Marginal, 2-Poor, 1-Adverse or Absent. Ratings of 6-4 are considered to be in the acceptable range. Ratings of 3-1 are considered to be in the unacceptable range.

Only ten Child and Family Status Indicators were included in the results because no child reviewed was applicable to the 10th indicator: Pathway to Independence. All of the other KFF Child and Family Status Indicators received an overall rating of more than 50% which is illustrative that the mean fell within the acceptable rating. The median rating was 77.5%.

In addition to the Overall Indicator, each of the Child and Family Status Indicators has Rating Rationales associated with them. Each Rationale is rated as a strength or Gap. If a rationale is determined to be strength, a score of 1 is given. If a rational is determined to be a gap, a score of 0 is given. The percentage score of each rationale is determined by dividing the total number of strengths of a rationale by the total sample size. For example, if a rationale with a sample size of 10 has 4 strengths and 6 gaps, the percentage score for that rationale would be 40%.

Rationales for each of the 10 Child and Family Status Indicators had ratings between 0% and 100%. Six Rationales received a rating of 100%; 1.2 Other Environments, 2.4 Mitigation of Vulnerability, 4.1 Appropriateness, 4.6 Consistent with ICWA, 5.3 Progress toward Adoption and 6.4 Medication Management. The Rationales that received the lowest rating were 5.2 Progress Toward Reunification 42.9%, 7.2 Coping and Adapting Skills 45.5%, 11.2 Mother Capacity/Behavior 9.1%, and 11.3 Father Capacity/ Behavior 0%. All other Rationales received a rating of 50% or more. Rationale 5.2 seemed to be impacted by not being consistent with visits with the parents, when reunification was the goal. Results for Rationale 7.2 were impacted by the child's young age and Rationale 7.3 was impacted by many of the ongoing behaviors that brought the family to the attention of DCF.
As described in the Summary of Case Management Practice Trends, Quality Improvement activities have been implemented to include increased face to face contact with parents, when the goal is reunification. No improvement activities can be implemented related to the child’s age but engagement activities may have an impact on lessening the behaviors that brought the family to the attention of DCF.

**Practice Performance Indicators**

Ten Practice Performance Indicators were reviewed during the QSR process, utilizing the 6-point rating scale mentioned above. Six of the 10 Practice Performance Indicators fell below the acceptable rating. The mean was 46.85% which illustrates that the mean fell below the acceptable rating. The median rating was 48.6%.

As described above, in addition to the Overall Indicator, each of the Practice Performance Indicators has Rating Rationales associated with them. Rationales for each of the 10 Practice and Performance Indicators had ratings between 0% and 100%. All psychotropic medication rationales received 0% however only one child was reviewed who was prescribed psychotropic medication during the review and the relative caregiver had begun administering the medication prior to parental consent or a court order being obtained. A performance improvement plan related to psychotropic medication was implemented in December 2011 and appears to be improving compliance in this area.

The Rationales that received the lowest rating were related to engagement, assessment, teamwork, planning and implementation. As described in the Summary of Case Management Practice Trends, Quality Improvement activities have been implemented to improve performance in the areas of engagement and teaming. These activities include adding an extra unit and supervisor to lower caseloads and provide more opportunities for mentoring. KFF had also provided trainings in these areas as well as increasing face to face contacts with parents and providing them with more transportation to services.

Increased visitation with parents and caregivers will also impact, in a positive way, the areas of assessment, planning and implementation. The quality of these visits will be tracked monthly utilizing the Mindshare database. With the implementation of the RDC K12 Report Cards, it is expected that contact with caregivers, school teachers, parents and mentors will increase. Caregivers and foster parents have been invited to Permanency staffing which, with proper documentation, should improve the assessment teaming planning and implementation indicators. More caregivers and children are being notified of, invited to attend and transported to court hearings which will also impact these indicators.

**Addressing Findings**

A review of this FY’s QSR findings identify the following areas as needing to be closely monitored in FY 2012-2013: ongoing two-way communication with service providers, teaming, engagement, planning and implementation. Many performance improvement activities have been implemented in these areas and will continue into the next fiscal year. Other performance improvement activities will be implemented during the FY, including additional training on the proper completion of ongoing risk
assessments and completion and documentation of quality home visits. Changes to ongoing and new performance improvement activities will be made as new information is made available.

Performance improvement activities that were implemented regarding safety plans for the out of home placement of sexually reactive and/or abused children will continue to be monitored to ensure it remains effective and needed changes to the plan will be made as new information becomes available. Safety plans not related to sexually reactive and/or sexually abused children placed in out of home care, will be monitored during the QA review process and corrective action implemented as necessary.

Although only one child who was prescribed psychotropic medication was reviewed during the QSR process during the FY, this topic continues to be a top priority for KFF. KFF will continue to utilize the performance improvement activities already implemented related to psychotropic medication and continue to strive to improve its performance in that area, including making necessary changes, as new information becomes available.