Summary of Case Management Practice Trends

The Quality Service Reviews (QSR), one part of the Partnership for Strong Family’s (PSF) quality management process, were completed each quarter of the fiscal year by pairs of reviewers which included Case Management Agency Quality Assurance Staff, Family Care Counselor Supervisors, Program Directors, and PSF Quality Assurance Staff. All reviewers completing the QSRs completed the training for this process provided by the Department of Children and Families (DCF) prior to conducting any reviews. All Reviews completed by the Subcontracted Case Management Agencies were re-reviewed by PSF Quality Assurance Staff for sufficiency prior to submission of the report to DCF. Throughout the process reviewers pointed out the value of completing the QSRs as a method of gaining deeper insight into quality case work.

For the reviews, teams looked at documentation in Florida Safe Families Network (FSFN) and in the case file and also conducted interviews with key case participants. Review teams completed the QSR tool within the DCF portal answering each question and providing comments to justify the answer/score given. Case summary reports were completed for each of the cases reviewed. Case summary reports were used as a part of the debriefing process and provided a “story” of the case. In addition to providing a story of the case the case summaries identified factors contributing positively or negatively to the progress of the case.

Following the reviews, PSF Quality Assurance staff collected information on the cases on a quarterly basis through direct communication with the primary Family Care Counselor of the cases to discuss case status and follow up on the recommendations from the QSR reports. This process allowed PSF QA staff to see how case management staff made changes and improvements based on recommendations from the QSR debriefings and any changes to the family and child status throughout the course of the case.
PSF’s Quality Assurance and Quality Improvement process involves staff across all levels throughout the PSF and subcontracted provider network. Staff continuously gather and analyze data and make improvements to services and processes when compliance is not met or when safety/security issues arise. The QSRs are one part of this process. Other areas of analysis included (but are not limited to):

- Performance Measures
- DCF Scorecard
- Supervisory reviews
- Management Reports – Reports and data related to operations – information/spreadsheets and database information is shared with the subcontracted Case Management Agencies for their utilization to manage their caseloads and activities.
- Incident Reports
- Utilization Management Reports
- Other Case File Reviews (PSF version of the old Base Reviews)

Data and information collected from review of these and the QSRs all identified areas of strength and areas in need of improvement.

Areas of Strength include:
- Appropriate Case Goals – goals are identified and established and are on target for the case.
- Identification of Services Needed – data and information shows Family Care Counselors are utilizing assessment skills and are obtaining information from various resources to guide decision making regarding the services needed for children, parents and caregivers. The data shows the service needs have been assessed and service needs identified match the assessments.
- Obtaining Needed Services – PSF’s Utilization Management staff are a significant factor in the obtaining of needed services being strength for cases under PSF supervision. First they have established a service array that is flexible and responsive to the individual needs of the children and families. The service array includes services that occur both in the home and in the
therapeutic setting (office). Secondly, Utilization Management staff review referrals for services submitted by Family Care Counselors and determine the best, most cost effective services that match the needs and wishes of the families. Services are referred for in a timely manner and are authorized for specified units with re-authorization required if the services is to extend beyond the initially authorized units.

- Team Makeup – as a result of services being appropriately identified and implemented and as a result of oversight of the service providers members of the teams for the families consists of provider participants who are skilled and knowledgeable in their areas of expertise.
- Timely Reunification/Timely Adoptions/Two or fewer placements for children in out of home care 12 months or less – Continued focus on these performance measures, implementation of workgroups, and looking at information at the case level has improved performance in these measures. PSF has continually met the goals for these measures for this fiscal year.

Areas in need of improvement include:
- Documentation - When speaking with team members or the case manager it is clear activities are occurring that are not being adequately reflected in the record. This includes observation/knowledge of visitation between the child(ren) and parent(s), contacts/visits with the Family Care Counselor and the mother and father, Family Care Counselor’s contact with service providers, visitation between siblings, and Family Care Counselor’s efforts to identify and locate other relatives.
- Parent engagement - improvement is needed in the Family Care Counselor's work with the mother and the father. Although some low scores may be due to limited documentation the need to engage parents remains an issue. Family Care Counselors’ contacts with the mother and father need to support parents in having voice and choice, to engage in services, and to make decisions regarding their case and the needs of their children.
• Identifying and locating other relatives – again some low scores can be attributed to limited documentation, however, improvements need to be made in the ongoing identification of and contact with other family members who may be placements and/or supports for the children in out of home care.

• Teaming and communication - though teams are assembled well, often the team is not truly functioning as a team, with no clear leader and without significant teamwork amongst members. Many of the cases reviewed showed signs that the team members were all working towards the same goals, but this appeared to be more a factor of the family's strengths and needs being obvious than of excellent communication. This indicated teams are assembled appropriately but a lack of communication and teamwork is symptomatic of many cases.

• Re-entry into out of home care within 12 months of prior reunification – PSF and the subcontracted case management agencies continue to focus on this measure. PSF’s performance has gone above and below the target. Case specific reviews have occurred that identified multiple reasons for re-entry including issues related to substance abuse and domestic violence and children/adolescents returning to out of home care from a permanent guardianship placement. Additionally, children have returned to out of home care due to new allegations of abuse that are different from the allegations and findings that originally brought them into out of home care. Continued focus on this measure is needed.
Quality Service Review Scoring

Items within the Quality Service Reviews are given a score based on the following scale (this is for both Child and Family Status Indicators and Practice Performance Indicators):

- 6 – Optimal Status/Practice
- 5 – Good Status/Practice
- 4 – Fair Status/Practice
- 3 – Marginal Status/Practice
- 2 – Poor Status/Practice
- 1 – Adverse Status/Practice

Additionally, for both the Child and Family Status Indicators and Practice Performance Indicators there are questions within each item that are scored as a strength or gap.

Utilizing these scoring mechanisms the following outlines the findings.

Child and Family Status Indicators

Year-end data specific to the 20 Quality Service Reviews completed indicates more than half of the cases scored ratings of 5 or 6 for the Child and Family Status Indicators and over 85% of the cases scored a rating of 4 or higher, the satisfactory rating. See Chart 1 – Child and Family Status Indicators Outcomes for specifics. This chart indicates the number of cases receiving a 6, 5, 4, 3, 2, or 1 and the representative percentages. Child and family status indicators were especially high in terms of child safety, child vulnerability, and physical health, all three receiving ratings of 5 or 6 in 70% of cases. Indicators that had higher percentages of 3, 2 or 1 were Permanency 20%, Pathway to Independence 100% and Parent Caregiver Functioning 28%.
Identified strengths: Home environment, services and efforts, mitigation of vulnerability, stability in case management, caregiver capacity, progress toward adoption, supports and services for caregivers.

Identified gaps: Management of risks to stability, maintains connections, life-long home and family, progress toward reunification, long term connections and supports, preparing the child for independence.

Overall improvements are seen as a reflection of changes that have recently been made in the foster care system from initial investigation all the way through closure of services. Partnership for Strong Families has seen a significant increase in the placement stability, for children in out of home care less than 12 months, in the past two years, which is an important factor in Child safety. In addition, as an Innovation Site, PSF began implementation of the Solution Based Case Work model this physical year. This model has focused on involvement of the entire family in all aspects of the case, and focusing on meeting the objectives based on the family’s needs rather than completion of assigned tasks.

The Status Indicators that received lower scores were due to specific factors of the family that are being addressed through service intervention. Substance Abuse and specific issues that were faced by specific children and families led to lower ratings on the majority of these instances. The continued follow up by PSF QA staff have shown that many of these issues have been successfully resolved or are in the process of being resolved through Case Planning and service intervention. Some cases reviewed have seen a change in case plan goals since the review in response to continued issues in Parental status, and some have been able to successfully close out to reunification.
### Chart 1 – Child and Family Status Indicators Outcomes

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Total Counts: 41 (22.65%), 67 (37.02%), 46 (25.41%), 18 (9.94%), 6 (3.31%), 3 (1.66%)
Practice Performance Indicators

Analysis of the data related to strengths and gaps indicates for the cases reviewed:

**Identified strengths**: Initial understanding of the caregiver, adequate array of resources, monitoring and evaluation of child and family progress, apply and adjust for progress

**Identified gaps**: Ongoing efforts to engage, participation in assessment and setting goals, team functioning and effectiveness, identifying family connections

The year-end data for the Practice Performance Indicators show that 71.02% of the Indicators received a rating of 4 or higher; with 44.89% receiving a rating of 5 or 6 and 39.20% receiving a 3 or 4. When broken down over the four Case Management Agencies (CMA), the ratings for Practice Performance Indicators are inconsistent. The cases under supervision of two of the CMAs received ratings of 4 or higher on around 90% of the standards relating to Practice Performance; whereas the cases under supervision of the other two CMAs received ratings of 4 or higher in just over 50% of the standards relating to Practice Performance. See Chart 2 Practice Performance Indicators Outcomes for specifics.

The most common issues in regards to Practice Performance were in the areas of Teaming, Communication, and Planning. Team members interviewed in many cases reported that the communication was a root cause of many of the issues that led to the lower rankings; a finding that was supported through other Quality Assurance tasks.

The QSR Summaries for most of the reviews gave recommendations in regards to general communication issues between team members in regards to how information is passed and in some instances to specific communications issues regarding specific information that needed to be addressed. The continued follow up by PSF QA staff have found that the majority of the specific communication issues have been addressed and adjusted as needed. It is believed as Solutions Based Case work practices are fully implemented into PSF’s system of care and are mastered by Family Care Counselors it is expected that many of these Practice Performance Indicators will receive higher ratings.

July 2012
### CHART 2 – Practice Performance Indicators Outcomes

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Total: 15 8.52% 64 36.36% 46 26.14% 23 13.07% 22 12.50% 6 3.41%
Partnership for Strong Families
Annual Summary of Quality Service Review Findings Report
2011-2012

Addressing Findings

Partnership for Strong Families plans to use the findings of the QSRs completed in the 2011-2012 fiscal year to help guide the system of care. PSF plans to take the information from the Quality Service Reviews, other case file reviews, performance measure findings, DCF Contract Oversight review and findings, scorecard results and findings from other quality assurance activities and PSF plans to utilize this information in a workshop to be held with PSF and the Subcontracted Case Management Agency staff. During the workshop PSF and the Subcontracted Case Management Agency staff will review the results of the quality activities from the Fiscal Year 2011-2012 and will work in conjunction with one another to identify strategies to address shortcomings.

Additionally, PSF will utilize the data collected regarding the scorecard, performance measures, data management report, the Quality Practice Reviews/Quality Service Reviews/Special Area Reviews to identify areas of best practice and areas in need of improvement. PSF will continue to work with the various departments within the CBC as well as with the subcontracted Case Management Agencies to identify and address areas in need of improvement. This partnered approach looks at issues related to quality and performance at both the system and case levels. By looking at issues at the case level progress can be made for individual children and families and over time for the system as a whole. Identifying issues at the case level has led to pinpointing problems. From this case specific information trends can be identified and action steps put into place to address both case specific and systemic issues.

PSF will continue to meet with the subcontracted case management agencies, specifically with their Program Directors, Quality Assurance staff and Supervisors to review data, review their compliance as it relates to the performance measures and other performance indicators and to provide training, guidance and technical assistance when needed.

PSF will continue to complete and review reports on PSF’s compliance with the items on the DCF Scorecard and the contracted performance measures. When necessary PSF and the subcontracted case management agencies will addresses specific action plans to address areas in need of improvement.
Meetings held that focus on collaboration, cooperation, and performance/system improvements include:

- Executive Management Team Meeting
- Total Quality Management Meeting
- Scorecard Meeting
- Incident Report Meeting
- Quality Operations Meeting
- Provider Meeting
- Subcontracted Provider CEO Meeting
- Adoption Permanency Meetings
- Adoption Review Committee Meetings

PSF will implement new strategies and will continue to utilize the approaches above throughout fiscal year 2012-2013, building on what we have learned and enhancing action plans previously implemented. PSF will continue to work side-by-side with the Case Management Agencies, Providers and other stakeholders to improve the quality of services provided both internally to one another and to the families we serve. PSF will, when appropriate, continue to use the case level data review approach along with the trend analysis approach. In doing so, PSF will continue to review the data and participate in the collaborative monthly meetings with the Case Management Agencies. The Case Management Agencies will continue discuss performance, initiatives, lessons learned and best practices.

______________________________   ____________________
Signatures (deemed pertinent by the CBC)      Date

July 2012