Sarasota Family YMCA, Inc.
Safe Children Coalition

Quality Assurance Review Findings
and Performance Outcome Results

FY 2013-2014 Annual Report

FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM
Summary of Case Management Practice Trends

The primary purpose of the Sarasota Family YMCA, Safe Children Coalition (SCC) Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality and effectiveness of services, and increase natural and enduring community supports for children and families. During Fiscal Year 2013-2014, SCC demonstrated significant progress in several key quality case practice indicators. There were also opportunities identified to improve the quality of services provided to the children and families we serve.

There were several areas of positive performance identified though the Quality Services In-Depth Review and Quality of Practice Review processes during the past fiscal year. Four reviews were conducted during FY13-14 utilizing the Quality of In-Depth Services Review Standards and were conducted in collaboration with our three case management organization Quality Assurance staff. Fourteen reviews were conducted in the first two quarters of FY13-14 and eleven files in the third quarter utilizing the Quality of Practice Standards for Case Management tool. Overall the results from both review processes demonstrated quality case practice and a strong system of care in Circuit 12 to support children and families in accessing appropriate services. Gaps were identified during the reviews, discussed and analyzed at Continuous Quality Improvement meetings, and strategies developed to improve practices both internally and a systems level.

The Quality of Services Review protocol addresses two domains: Child and Family Status and Practice/System Performance. Each domain is composed of a number of indicators used to assess status and success. The following is the performance for FY13 – 14 on these domains:

Child and Family Status Indicators:

Optimal Performance: Stability, Living Arrangement, Permanency, Academic Status, Pathway to Independence
Good to Optimal Performance: Safety from Exposure to Threats of Harm, Child Vulnerability, Physical and Dental Health, Emotional Well-Being,
Fair to Optimal Performance: Early Learning and Development, Parent and Caregiver Functioning

Practice/System Performance Indicators

Optimal Performance: Planning Transitions and Life Adjustments, Maintaining Quality Connections
Good to Optimal Performance: Voice and Choice, Assessment and Understanding, Implementation
Marginal to Optimal Performance: Engagement Efforts, Planning for Safe Case Closure, Evaluating and Adjusting
Poor to Optimal Performance: Teaming (one file reviewed noted poor performance in Teaming)
Psychotropic Medication Monitoring: No files were monitored which were applicable

The Quality of Practice Standards reviews were conducted during the first three quarters of FY13-14. During this time we observed an overall improvement in the following areas:

Strengths:
- Keeping children in out of home care safe from re-abuse, and a decline in the rate of re-entry into care following permanency.
- Concerted efforts were made to identify, locate and evaluate relatives or other potential caregivers to provide possible permanent placement for the child if the child cannot be reunified.
- The current case plan goals were appropriate based on the child's and family's circumstances
- Referrals were made to families to ensure appropriate linkage with services.
- Overall, for children in out of home care, the placements were fairly stable and we have continued to improve over time.
- Maintaining connections was also a strength identified in the QPS reviews.
- Children were encouraged and supported to be an active participant in normalcy activities including extra-curricular activities.
- Ensuring that the children receive appropriate physical and mental health services was identified as a strength.
- Meeting the dental needs of children was identified as a rising strength throughout the year.
- Children were encouraged and supported to be an active participant in shaping decisions pertaining to their life skills, educational, medical and behavioral health needs
- If TPR has occurred, appropriate steps have been taken to identify and recruit an adoptive family, and appropriate steps were taken to process and approve an adoptive family that matched the child's needs.
- An ongoing assessment of the out-of-home care providers, adoptive or pre-adoptive parent's service needs was conducted in order to ensure appropriate care for the child.

Opportunities for Improvement:
- The quality of supervisory reviews was identified as a gap; although these reviews were completed at least quarterly, they did not consistently fully address safety, permanency, and well-being.
- Family assessments have not been consistently completed in FSFN or completed in a qualitative manner.
- Encouragement and support of Fathers to participate in decisions pertaining to their children's needs and activities are not clearly and consistently documented; however there was an improvement in the
assessment of the father's needs and increased efforts for the Father to participate in services.

- The frequency and quality of visits with Mothers showed improvement, however there was a lack of documentation on the quality and frequency of visits with the Fathers.

SCC has demonstrated consistent performance in the achievement of safety outcomes. The in-depth reviews noted the areas of Safety from Exposure to Threats of Harm and Child Vulnerability to be a strength within our agency. Children are seen consistently with each child seen every thirty days, with more frequent visits as needed to assess changing circumstances, recognize achievements and modify interventions toward the goal of family stability with safe and successful case closure. The intensity of services, family engagement, and sense of urgency drive focused visits to the home. SCC remains consistently above statewide performance with regard to children seen, with 100% of children being seen in ten of the twelve months of FY13-14.

The in-depth reviews noted stability of children's living arrangement and placements, school settings, and relationships to be strengths within our system of care. A key strength of the SCC is the diligent efforts made to ensure Placement Stability for children who must be removed from their home and placed in an out-of-home care setting.

Permanency is an area identified in the in-depth reviews, case practice reviews and performance outcome measures as a strength. SCC continues to strive to maintain permanent connections for children in care and continues to implement a Family Finders program with the intent to foster connections for children placed in out-of-home settings. In FY13-14 there were 128 placements and 171 successful connections made as a result of the Family Finders program. The percentage of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30 was 43.40% in FY13-14, which exceeded the target of 29.10%. The SCC achieved the performance outcome measure for the goal of reunification for children within 12 months of the latest removal for FY13-14 with an overall performance of 76.70%.

The Safe Children Coalition continues to achieve success in children attaining permanency through adoption. The SCC has exceeded the target for adoptions for several years, and in FY2013-2014 successfully completed 146 adoptions. The percentage of adoptions finalized within 24 months of the latest removal was 48.14% which exceeded our target of 36.6%. SCC attributes its success in exceeding its adoption target for several years to best practices associated with concurrent planning and timely/responsive services. Concurrent planning encourages early assessment of potential adoption to avoid delay to permanency. Case management and adoption specific staff participate in permanency staffings to remain knowledgeable about case progress and potential adoption. Staff dedicated to targeted recruitment events and
presentations within the community have aided in the success of finding permanency for children and youth. Building partnerships increases engagement and trust in the adoptions process. SCC works closely with foster and adoptive parents associations, faith based organizations, the Heart Gallery of Sarasota, and Florida Baptist Children’s Home. Providing consistent support develops trust and encourages solutions. All adoptive families receive support throughout the adoption process: Specialized outpatient counseling such as certified reactive attachment therapy and fetal alcohol syndrome services, counseling and supportive services to children and their families, support groups, parent groups, case management, and coordinated services and support with schools and other agencies.

The SCC places significant emphasis on ensuring the well-being of children served by our agency. Necessary services are arranged for those children with identified physical health needs through the Westcoast Access to Children’s Health (WATCH) program. The WATCH program is coordinated through Children’s Medical Services and provides two nurse care coordinators who are co-located with the case management staff to ensure children’s physical health needs are addressed. Completed service referrals are consistent with the needs identified through assessments for physical and mental health needs, and those children with identified needs receive appropriate treatment. Documentation is present to reflect communication with service providers occurs and the information is utilized to ensure the appropriate services are provided to children and family members to promote successful outcomes. Several challenges have been identified in accessing dental services due to the low number of dental providers that accept Medicaid patients. The SCC performance has shown significant improvement for Healthcare and as of June 30, 2014: Physical/Mental Health Record in FSFN is 100%; Immunizations are 100%; Medical Services 100%; and Dental Services is 95.5% which reflects an 87.7% improvement since 5/18/2011.

SCC continues to develop and implement strategies to ensure the deployment of family centered practice principles throughout the system of care in order to positively impact outcomes in the critical area of ongoing engagement of families. Concerted efforts are required to promote, support, and maintain positive relationships between the child in care and his or her mother and father. Family team meetings are held at key critical junctures to ensure supports and services are in place to support successful outcomes for children and their families. Concerted efforts were made to actively involve all case participants in the case planning process, the in-depth reviews identified a need for increased participation and engagement of both mothers and fathers to build a relationship with the child and family. The SCC focuses on building a solid foundation for quality case practice as families enter the system of care.
Rapid Safety Feedback reviews:
The Rapid Safety Feedback affords an opportunity to target case reviews on the
highest risk population of children in the child welfare system, children ages 0-3
and receiving services in-home. A key component is the requirement for Quality
Management Specialists to provide coaching to case managers and supervisors
through the consultation process that improves critical thinking skills related to:
identification of present and impending danger threats; safety planning and
management; information collection; and assessment and decision making.

There were 117 Rapid Safety Feedback reviews completed between February 1,
2014 and June 30, 2014. Of the 117 reviews, 40 did not require a follow-up
consult to be conducted as there were no adverse findings noted. Thirteen of the
cases required the Safety Plan to be updated to reflect the interventions needed
to address any current known safety threats or dangers. Seven Requests for
Assistance were needed to address immediate safety concerns. The RFAs are
sent to the CMO Program Directors for immediate review of the situation and
necessary actions were addressed to ensure child safety.

Addressing Findings:
The YMCA implements a complex approach to meeting performance targets that
actively engages all CMO staff and community providers. The system focuses
on analysis of both quantitative and qualitative data: achievement of federal Child
and Family Services Review (CFSR) and Adoptions and Safe Family Act (AFSA)
outcomes, state contract performance outcomes, and internal quality assurance
(QA) outcomes. It provides opportunities to evaluate the overall system of care
and is open and transparent. The YMCA/SCC believes that to strengthen our
system of care we must continually strive to exceed our established outcomes,
improve the quality of our services, and address substandard performance.

The Plan-Do-Check-Act (PDCA) cycle is the foundation of the SCC Quality
Management Plan and demonstrates a continuous QA process that promotes
accurate collection and reporting of data, ongoing analysis of information to
continually improve quality of services provided to children and families we serve.
All SCC staff, CMO managers and supervisors, case managers, and support
staff play an equally active role in continuous QA activities through a system-
wide approach to meeting performance targets. The YMCA and Continuous
Quality Improvement Committee assume the lead role in seeking the appropriate
method to address performance outcomes utilizing the PDCA model to process
improvement. CQIC monthly meetings are conducted to discuss performance,
review performance data, and develop improvement strategies related to internal
and system issues. QM begins with continual review of the day-to-day
operational data and the on-going review of data to ensure that required contract
outcome measures and internal benchmarks are met. Methods include, but are
not limited to, in-depth reviews of the data to ensure accuracy, development of
quality improvement teams, specific studies to determine root cause, training
needs, and general process evaluation. After completion of the quality improvement process, the QM Department supports performance through standardized quality assurance activities or special ad hoc studies to determine increased success and compliance. QM Specialists provide on-going technical assistance and job coaching to all SCC staff, as necessary.

The key to any implementation process is effective and efficient deployment. The YMCA deploys continuous quality improvement through careful analysis of processes and resources, training, meeting technical needs, effective communication, and feedback. The system of care design remains flexible and fluid, with all SCC partners encouraged to provide feedback.

Once an area is identified as an area for improvement based on performance data and quality assurance reviews, the Quality Management department and members of the Continuous Quality Improvement Committee (CQIC) review the data and determine the improvement strategies needed to achieve compliance. Meetings are conducted on a monthly basis; participants include case management program managers and supervisors, quality management staff, and operations staff. A review of the data is completed on all key indicators and results; root cause analysis is conducted, and strategies are developed and monitored to address areas in need of improvement.

Prepared by:

Maureen Coble
Director of Performance Improvement and Support Services
Sarasota Family YMCA, Inc.