Over the course of the 2013-2014 fiscal year, the Family Integrity Program (FIP), Quality Assurance Department, completed various types of reviews of cases. Reviews were determined by needs assessments guided by the Department of Children and Families and Community Based Care agency input. The review types included Quality Practice Standards (QPS or “base” reviews), Quality Services Reviews (QSR), specialized reviews focusing only on children receiving Psychotropic Medication, and Rapid Safety Feedback reviews (RSF).

In the 1st quarter, ten QPS reviews, two QSR reviews, and six psychotropic medication reviews were conducted. In the 2nd quarter, 11 QPS reviews, two QSR reviews and six psychotropic medication reviews were conducted. The number of reviews conducted were based upon a smaller sample size, given the number of children in out-of-home care served at a given point in time.

The 3rd and 4th quarters changed focus to align with the new Florida Safety Decision Making Methodology and trends of children under 3 being seriously injured or killed while in In-Home care. The focus was changed to children birth to 3 years, who were in home on an open case. Rapid Safety Feedback reviews were completed on those children meeting the criteria. FIP reviewed seven children during the third quarter and 12 children during the 4th quarter. For the fourth quarter, FIP wanted to increase the sample size to correlate to the advised sample of cases to be reviewed. The sample size was increased by increasing the age of the child, by each age group until the advised sample size was reached; the oldest child reviewed during the fourth quarter was seven years old.

Although the four types of reviews differed in questioning, the practice areas of safety, permanency and well-being remained. The data collected through these reviews have helped in determining the agency’s strengths and areas for improvements. Throughout the quarters, there was marked improvements in performance, especially seen between the third and fourth quarters with the RSF reviews. It is believed that this is due to the case consultations held between the QA staff and case management staff.

Practice Trends

An area of strength within the agency, which has remained a strength throughout the years, is promoting case progress, which equates to permanency for the children served. This can correlate to contract performance measures in which FIP meets or exceeds measures relating to permanency. The increase between the 1st and 2nd quarters was slight (89% in the 1st quarter and 93% for the 2nd quarter), but was an improvement, based upon feedback provided to the agency and an emphasis on continuous quality improvement. Consistency and improvements in this practice area are due to agency collaboration with providers, legal staff, ongoing trainings and a general focus of the agency to ensure children achieve permanency in a timely fashion.
Another area of strength for the agency is in regards to assessing for the family’s individual needs and incorporating this into case planning with the family. This can be viewed through both the QPS and the RSF reviews. The assessment of the family’s individual needs is a focus within the agency, as this relates to wellbeing and permanency. The assessment practice area saw a slight decrease from the 1st and 2nd quarters (82% in the 1st quarter to 76% in the 2nd quarter), although this practice area remains above average, ensuring appropriate services were matched according to the children’s and family’s needs. The 4th quarter saw an increase from 57% to 75% in individualizing case plan tasks, once again showing that assessment of family’s needs is a focus within the agency. In understanding and assessing the family’s needs appropriately, the child’s safety and wellbeing are taken into account, especially prior to a reunification. In addition, improvement in detecting behavioral change in parents and/or caregivers, prior to reunification increased from 43% in the 3rd quarter to 83% in the 4th quarter. In understanding behavioral change, the children are able to be more successfully reunified with families, all the while, ensuring safety.

According to performance measures, children reunified within 12 months fell slight below the 78.5% expectation, with 67.4% of children being reunified within the 12 months. In correlation, only 4.8% of children re-entered care after a reunification, which demonstrates positive assessment skills. The Family Integrity Program feels that ensuring the reunification is going to be permanent is paramount to the speediness of the reunification, which shows in the successful outcomes of these families. This can also correlate to safe case closure; the agency’s case management ensures that a case is safe to close and that the family has a plan in place to continue without the security of the agency. In completing one of the In Home QSR reviews, the case manager worked diligently with the mother on the case to line up a mentor and other supports to be in place, even after the case had close, to provide the family with supports beyond the agency.

A large increase was seen during the Rapid Safety Feedback reviews in regards to the stakeholder communication. In helping to determine behavioral change and ensuring for safety, stakeholders and collaterals are an integral part of this assessment. During the 3rd quarter, only 28% of the cases reviewed showed a strength in communicating with the stakeholders. The 4th quarter revealed that 75% of the cases showed communication with stakeholders. This marks a large increase in this measure and demonstrates that the case consultations are successful and useful, as some of these cases reviewed during the 3rd quarter were re-reviewed during the 4th quarter.

During the Rapid Safety Feedbacks, case consultations occurred on each of the cases reviewed and included the Quality Assurance reviewer, QA Supervisor, the case manager and their supervisor. The Program Manager attended these consultations when able. The case consultations were viewed as positive and constructive, allowing for a true CQI process.

Consistently throughout both types of reviews, the QPS and RSF, the supervisory consult and oversight were a strength. Supervisors provided guidance, and focused on areas of safety, permanency and wellbeing of the child. One area of improvement, which has been communicated to the agency’s management, is “follow through” on previous directives. Supervisors are able to provide guidance, but need to improve on documenting a follow through on the guidance provided to ensure improvement within cases. This measure consistently remains between 70-75%. The QA team also completes an internal audit, quarterly, of
supervisor’s reviews during cases. Approximately 5 cases are reviewed, per supervisor, every quarter, and feedback is provided through the internal audit tool.

One area noted needing improvement within the agency is in regards to family engagement. This was primarily reviewed during the QPS reviews because the RSF reviews focused on In Home children where the parents/guardians were available and engaged. The family engagement practice area did see a slight increase from the 1st to 2nd quarters (54% to 67%), but this is an area that the agency has identified that needs to be improved upon. With the new Safety Methodology being practiced within the agency, the focus will be on family centered practice. The case management team has been trained and will receive ongoing training and coaching in regards to engaging with families and understanding a true “family centered” approach.

Another area that the agency has identified to improve upon is to incorporate the parents/guardian’s background checks into the overall assessment of the family. The criminal background checks of the parents haven’t historically weighed in on the overall totality of the case planning, although with the new methodology, the focus will be to include all information when discussing the family’s strengths and needs. This measure was rated as a 66% overall in the 4th quarter and the goal is to improve upon this measure during future assessments.

In regards to the specialized reviews for children receiving psychotropic medications, there are no concerns or requests for action generated. The main focus has remained on obtaining parental consent or a court order, which all children reviewed, did have one of the two. The concern remains that timeliness of the consent or court order being obtained, which typically is outside of the scope of compliance. This has been addressed through numerous trainings and ongoing reminders from the QA staff to case management staff. Outside factors, such as Children Legal Services and Providers, also can contribute to the overall outcome of this measure. All children reviewed had medication screens updated and completed, as well as appropriate referrals and follow ups. An area in which the agency needs to improve upon in regards to medication is obtaining and documenting medication logs from the out of home caregivers.

There were four QSR reviews completed between the 1st and 2nd quarters, with two reviews completed each quarter. Of the cases reviewed, two were In Home cases and two were Out of Home cases. Due to the small number of reviews completed, it is difficult to analyze the data received; most practice areas “roll up” into 100%, 75% or 50%, which is not a factual barometer of practice trends. In reviewing these four cases, no child safety concerns or administrative concerns were noted. Consultations/debriefings were completed on all four cases at the end of the reviews to provide feedback and guidance as to what was reviewed and received during stakeholder interviews.

There was only one administrative Request for Action (RFA) that was needed throughout all of the reviews. The RFA was generated due to a lack of documentation in regards to the focus child’s dental and educational needs. The case manager assigned was able to gather the requested documents and the RFA was cleared within 14 days. There were no Child Safety RFAs issued on any of the reviews.

The Quality Assurance team is also responsible for conducting other internal audits and reviews throughout the fiscal year. Monitoring of the corrective action plan, set forth by the Contract
Oversight Unit, assists with strengthen the practice areas and ensuring statutory and procedural guidelines are adhered to. As referenced above, internal supervisory audits are conducted every quarter, as well as ongoing Continuous Quality Improvement audits. The CQI audits consist of monitoring the corrective action plan, training needs, reporting needs, and other areas the management team feels is necessary at that moment within the agency.

**Addressing Findings**

The findings for each of the practice areas will continue to be monitored by the Family Integrity Program to provide the staff with opportunities for growth and improvement in the areas demonstrating need. Overall trends noted during these reviews will determine which direction the agency needs to take to improve or maintain service delivery to the children and families in its care. There continues to be noted areas for improvement from the previous fiscal year, which will assist the agency in determining opportunities for training and ongoing supervisory guidance. Case consultations appear to be extremely beneficial in the CQI process, as evidenced by the improvement in the various areas reviewed. At the end of each quarter, the Health and Human Services Director and FIP’s Program Manager are debriefed in regards to findings and trends relating to safety, permanency and wellbeing. In addition, monthly CQI meetings are held with FIP’s management to discuss ongoing quality improvement strategies within the agency.

The agency currently excels in numerous areas, which continue to be monitored to maintain this positive trajectory. In regard to the areas identified as needing improvement, management continues to work with training providers and the QA team to identify growth opportunities. The annual Quality Improvement Plan will be written to reflect ongoing activities for improving and strengthening the quality of work provided to our children and families served.

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