United for Families

Community Based Care Annual Summary of Quality Assurance Review Findings

July 29, 2011
**Introduction:**

During the fourth quarter of fiscal year 2010-2011, case file reviews were suspended due to a special review to attest that every child in foster care (defined as licensed out-of-home care) is receiving required health, vision and dental examinations as well as follow-up health care. This report provides findings from the reviews that were conducted during quarters one, two and three of fiscal year 2010-2011. Twenty-five cases were reviewed each quarter with a total of 75 cases reviewed for FY 2010-2011. The QA review of case management practice is a three-step process.

The Regional Quality Management System requires a minimum number of case files to be reviewed by Quality Assurance (QA) staff from the Regions and Community Based Care (CBC) agencies each quarter.

The process known as “Base Reviews” requires CBCs to conduct an internal review of 17 of the 25 randomly selected cases.

The process known as “Side by Side Reviews” requires the Region and CBCs to conduct a review of the remaining eight cases jointly. Regions and CBCs, working together, review the same case, at the same time, using the same standards, and subsequently reach consensus on measuring performance. This process creates an environment that helps ensure ongoing inter-rater reliability and builds effective partnerships.

The process known as “In-Depth Review” requires the Regional QA and CBC staff to identify two cases each from the side-by-sides and base reviews for a more in-depth review. In this process, staff conducts case-specific interviews, e.g., interviews with the child, the parents, foster parents, providers, and others involved in the case.

**Sampling Methodology:**

The Department of Children and Families' Family Safety Program Office data unit provides an extract for CBCs that lists all children who are eligible to be reviewed during the forthcoming review period. The sample represents a range of permanency goals as listed below:

1. Maintain and Strengthen
2. Reunification
3. Adoption
4. Permanent Guardianship
5. Permanent Placement with a Relative
6. Another Planned Permanent Living Arrangement (APPLA)
Summary of Case Management Practice Trends:

During the July 2011 Continuous Quality Improvement (CQI) meeting, the comparison chart below was presented to our subcontracted providers as an overall view of Circuit 19's qualitative record review performance. The chart illustrates Circuit 19's continual commitment to quality improvement. The following chart represents data for FY 2008-2011 with a total of 250 cases reviewed.

Overall Performance in Achieving Safety, Permanency and Well-Being

Below are the results for safety, permanency, well-being and Federal Child and Family Services Review for FY 2010-11.
Overall Performance in Achieving Safety, Permanency and Well-Being for FY 2009-10 – 2010-11

Indian Child Welfare Act – (ICWA)

United for Families compliance has steadily increased in this area with initiatives that have been taken to ensure compliance of this measure including training for case management, practices initiated by DCF’s Protective Investigations to complete all contacts and forms prior to case transfer, and Team One’s role in reviewing the case file upon receipt for all required ICWA notifications and forms.
**FY 2010-2011 Improvements in Case Management Practice:**

United for Families continues to attribute significant improvement in scores in part to quality improvement processes put in place during the past year. Quarterly, United for Families holds Continuous Quality Improvement meetings with all subcontracted providers. Also in attendance for these quarterly meetings are the Department of Children and Families Contract Manager and other DCF representatives. Quarterly CQI meetings focus on reviewing record data, performance measure updates, improvement initiatives, Quality Management Plan activities and conducting quarterly focus groups. Focus groups are held in order to capture information on specific problem areas identified from previous record review data. The focus groups review the identified standard, conduct root cause analysis, promote attendees’ engagement in the improvement process through interactive, hands-on exercises, and provide valuable input for improvement initiatives. United for Families continues to meet with case management agencies individually to review case data and monitor for inter-rater reliability. During this past FY, Quality Management has continually assessed the needs of the case management agencies and has developed resources and assisted in meeting training needs as identified and/or requested.

As a result of the processes and practices initiated, United for Families is showing case practice improvements and strengths in the following areas:

![8 - Immediate and Emerging Safety Concerns](image)

Concerted efforts were made to make sure that all immediate and emerging safety concerns were addressed and additional needed interventions were provided to protect the child. The comparison data between FY 2009-2010 and FY 2010-2011 indicates an improvement from 88% to 92%.
Concerted efforts were made to support the father's engagement in services as evidenced by comparison data between FY 2009-2010 and FY 2010-2011 indicating an improvement from 58% to 83%.

Concerted efforts were made to actively involve all case participants in the case planning process as evidenced by comparison data between FY 2009-2010 and FY 2010-2011 indicating an improvement from 63% to 84%.

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Concerted efforts were made to ensure that if educational needs were identified, necessary educational services were engaged. Comparison data between FY 2009-2010 and FY 2010-2011 FY indicates an improvement from 80% to 96%.

Appropriate services were provided to address the child's identified dental health needs. Comparison data between FY 2009-2010 and FY 2010-2011 indicates an improvement from 53% to 86%.

**Other Initiatives**

Another area of consistent performance is ensuring that every child in foster care (to include both licensed and non-licensed out-of-home care) is receiving the required health, vision and dental examinations as well as follow-up health care and that information and documentation is complete and accurate. United for Families’ Director of Clinical Services is working with Quality Management in tracking the completion of the appropriate documentation as well as identifying shortcomings and gaps in service delivery. During the fourth quarter there were 220 cases and 330 children reviewed for compliance with recommended health, vision and dental services.

**Areas for Improvement:**

Supervisory reviews  
Assessments – Initial and ongoing  
Termination of Parental Rights Exceptions  
Mothers’ and Fathers’ participation in decision making about the child’s needs

**Practice Trends**

The charts below represent three quarters of FY 2010-11 and 75 cases reviewed. Note that each standard is not applicable to every case:
1) Assessment: Data for FY 2010-2011 indicates that previous initiatives contributed to an increase in compliance with ongoing family assessments; however, a change in standard ratings for standard (5.0) from FY 09-10 to FY 10-11 in the Quality of Practice standards required that all assessments must be located and approved by the supervisor in FSFN or the standard was no longer met. This led to a significant decline in compliance with initial family assessments. United for Families ensured that both case management agencies were advised of the modification to the requirement. United for Families also implemented an automated report which generates a notification to case management supervisors and program directors of pending actions required in this area.

2) Family Engagement: Following discussion around this area at quarterly Continuous Quality Improvement meetings, actions were undertaken by case management agencies to address the issues identified as root causes. Specific initiatives included concerted efforts to increase contacts with incarcerated parents and collaboration with the court system to guarantee that information necessary to identify and include absent or non-custodial parents and other family members is obtained early in the dependency process.
3) Service Planning and Provision: The area of health and dental records and services continues to be discussed at each quarterly Continuous Quality Improvement meeting. United for Families’ Quality Management Department is currently in the process of reviewing case files for every child in out-of-home care for documentation of medical, dental, and vision care services as recommended by the American Academy of Pediatrics periodicity schedule. Requests for Action are being generated for every case not containing the required documentation.

4) Promoting Case Progress: Modifications were made to the process of obtaining information about available family members early in the case to increase the possibility of children being placed locally and in relative/non-relative placements where there is a higher likelihood of siblings being placed together. Efforts
5) Supervisory Review and Oversight: Once analysis of outcomes from the 10-11 FY was completed and it was determined that there was a decline in the area of supervisory reviews from the previous year, United for Families met with both case management agencies. The data was thoroughly discussed, root causes were identified, and each case management agency was charged with implementing improvement initiatives within their organization. There was discussion on the continued use of the “Mentoring Through Qualitative Discussion” discussion guide. United for Families’ Quality Management Department continuously analyzes the quality of FSFN notes to ensure compliance with the mentoring guide. United for Families will continue to address this practice trend with case management at the quarterly Continuous Quality Improvement meetings as well as collaborating with Quality Management staff at the case management agencies in their efforts to internally monitor compliance and quality of supervisory reviews.
Addressing Findings:

United for Families will continue to address the issues identified by analysis of findings through quality improvement systems currently in place. These include the following processes for analyzing, tracking and trending performance: Ad hoc reviews, High Risk Case Reviews, Performance Measure Workgroup and Independent Living File Reviews. Performance Measure Workgroup and Continuous Quality Improvement (CQI) meetings are held quarterly and work to identify root causes and formulate performance improvement initiatives. The Quality Management Plan and the local Quality Improvement Plan will help to guide future improvement initiatives.

Russell Kline MS, Director of Quality and Data Management 7/29/11
CBC Signature Date